

Wakefield Housing Authority

26 Crescent Street
Wakefield, MA 01880-2430
Tel. (781) 245-7328
Fax. (781) 245-5136

April 2019

Wakeha@rcn.com

Dear Applicant:

Enclosed please find our application for Lincoln School Housing

Lincoln School is SMOKE FREE

Elder/Disabled Applicants:

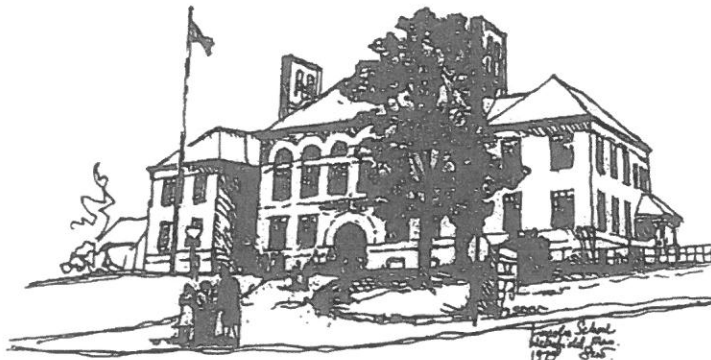
Age: You must be 62 years old or Handicapped for this Federal Program.

Income for Federal Housing:

1 person	\$51,950
2 people	\$59,400

Preferences and Priorities:

- Wakefield Residents
- Veterans



Lincoln School

26 CRESCENT STREET WAKEFIELD, MA 01880



Lincoln School House

Control# _____

THE LINCOL SCHOOL IS SMOKE FREE HOUSING

Wakefield Housing Authority, 26 Crescent Street, Wakefield, MA 01880
 Phone (781) 245-7328 Fax (781) 245-5136 Mass Relay (800) 439-2370

Name of Applicant: _____

Address of Current Residence: _____ Apt. No. _____

City/Town: _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt. No. _____

City/Town _____ State _____ Zip Code: _____

Home Telephone () _____ Work Telephone () _____

I work in Wakefield (Circle one) YES NO

Members of household to live in Unit, including Head of Household:

Name	Relationship	Social Security Number*	Sex	Date of Birth	Gross Income
	HEAD				

* This information will be used to verify income, assets, and criminal record information.

** Employed, at home, Handicapped, or Student

Do you have any special needs due to a disability or need a reasonable accommodation? Specify:

Do you need a wheel chair accessible apartment? (Circle one) YES NO

Types of Housing You are applying for? (Circle)

Elderly Non-Elderly Congregate Elderly/Handicapped

Note: To be eligible for Federal elderly/handicapped housing you must be 62 years old or a person with a handicap. If you have a handicap, the handicap must be other than a history of drug or alcohol abuse, you must provide certification by a doctor clearly stating that you have a handicap and it is expected to be of a long and indefinite duration lasting at least six months.



ASSETS

Do you own any real estate? (Circle One) YES NO

If yes, please provide the address? _____

Please list below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture, or cars.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account Number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

EXPENSES

Unreimbursed Medical Expenses	\$
Disability Expenses (i.e. durable medical equipment, personal care assistance)	\$
Health Insurance and Long Term Care Premiums	\$
Other	\$

TOTAL EXPENSES: \$ _____

Does anyone in your household own a car? (Circle one) YES NO

Make of Car _____ Year _____ Registration No: _____

Make of Car _____ Year _____ Registration No: _____

References: List two references. These should not be relatives or household members.

(1) Name: _____ Telephone #: () _____

Address: _____ City: _____ State: _____ Zip: _____

(2) Name: _____ Telephone #: () _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Reference: Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency.

Name: _____ Relationship: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: () _____ () _____

Criminal Record:

Have you or any member of your household who will live in the unit been **charged or convicted** of a felony or misdemeanor? (Circle one) YES NO

If YES, please explain:

Are you or any member of your household who will live in the unit subject to lifetime state sex offender registration?
YES NO

If YES, please explain: _____

Do you or any member of your household who will live in the unit have any criminal matters pending? (Circle one) YES NO

If YES, please explain: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that a Housing Authority will make no more than one offer of an appropriate housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any preferences that were granted on the prior application for a three (3) year period.

Based on this application, I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from a Housing Authority. **I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition.** I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. I understand that any false statement or misrepresentation may result in the denial of my application. , title 18, Section 1001 of the U.S. Code states that it is a felony to intentionally make false or fraudulent statements to any federal department or agency. **I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.**

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's Signature: _____ Date: _____

Acceptable INS Documentation for Purposes of Eligible Immigrant Status

INS Form #	Type of Form	Status Criteria
I-551	Alien Registration Receipt Card (AKA "Green Card")	Permanent Resident Alien Status
I-94	Arrival-Departure Record with annotation	Admitted as Refugee pursuant to Section 207
		Section 208 or Asylum
		Section 243(h) or Deportation Stayed by Attorney General
		Paroled pursuant to Section 212(d)(5) immigration Naturalization Act (INA)
I-94	Arrival-Departure Record Without annotation	Letter from an INS Asylum Officer granting Asylum and application filed on or after 10/1/90
		Letter from an INS District Director granting Asylum if application filed before 10/1/90
		Final court decision granting Asylum (no appeal)
		Court decision Withholding of Deportation
		Letter from an INS Asylum Officer granting Withholding of Deportation and application filed on or after 10/1/90
I-688	Temporary Resident Card	With "Section 245A" or "Section 210" annotation
I-688-B	Employment Authorization Card	With "Provision of Law 274s.12(11)" or "Provision of Law 274a.12" annotation
INS Receipt	Request for Replacement Documents	Must be for one of the accepted documents and status listed above.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Wakefield Housing Authority
26 Crescent Street
Wakefield, MA 01880
Office 781-245-7328
Fax 781-245-5136

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.