

NORTH ADAMS HOUSING AUTHORITY
Instructions for Application for Housing

The following information is offered to assist you in the proper completion of your application for housing. The attached is an original application. No photocopies or facsimiles will be accepted.

Please do not write in the shaded areas of the application form.

Sec. 1. List all household members who will occupy the subsidized unit along with requested information for each member. Occupant #1 is always Head of Household. DOB= Date of Birth. Provide Social Security cards and Birth Certificates for each family member.

Sec 2 & 3 Answer accordingly

Sec. 4. List all sources of income for all family members except from assets (Sec. 6.). A listing of what is considered income is attached. Attach written verification of all income.

Sec. 5. Childcare expenses for children under 13 necessary to allow head of household to be gainfully employed or to further his/her education can reduce rent obligation. You must provide written verification from the childcare provider.

If you are elderly or handicapped, out of pocket medical expenses in excess of 3% of your income can reduce your rent. You must provide written verification of such expenses.

Sec. 6. List all assets, (real estate, savings, investments) their value, the type of income they generate, (rent, interest, etc.) rate of interest, if applicable, and the amount. Again, written documentation required.

Sec. 7 thru 10. Answer accordingly

Sec. 11 Be sure your housing history is continuous. (NO GAPS)

**SIGN AND DATE YOUR APPLICATION & INCLUDE THE FOLLOWING WITH YOUR APPLICATION
OR IT CANNOT BE PROCESSED**

1. Copies of Social Security cards for each family member.
2. Copies of Birth Certificates or evidence of eligible immigration status for each family member.
3. Written verification of childcare and medical expenses.
4. Handicapped accessibility form. (enclosed)
5. Information Release of Information. (enclosed)
6. Preference qualification form.
7. Statement of "Income Sources to be Declared" --- signed and dated. (enclosed)
8. Written verification of ALL income sources.

WHEN ALL OF THIS IS COMPLETED, CALL THE HOUSING AUTHORITY OFFICE AT **(413)663-5379**
AND ASK FOR AN **APPOINTMENT** WITH **LISA LABONTE**.

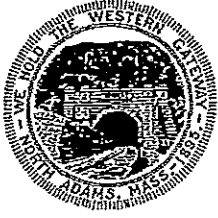
Income Sources to be Declared

1. The full amount, *before any payroll deductions*, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
2. The net income from operations of a business or profession.
3. Interest, dividends and other net income of any kind from savings and checking accounts, certificates of deposit, stocks, bonds, or any real or personal property;
4. The full amount of regular periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump sum payment for the delayed start of a periodic payment;
5. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay; (Lump sum additions to family assets, such as inheritances, insurance payments, capital gains and settlements from personal or property losses are excluded.)
6. Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from persons not residing in the dwellings;
7. All regular pay, special pay and allowances of a member of the Armed Forces. Special pay to a member exposed to hostile fire is excluded;
8. Any earned income tax credit to the extent it exceeds income tax liability.

I have read and understand the above and certify that I have listed all sources of income, as defined above, on my application.

Applicants Signature

Date



NORTH ADAMS HOUSING AUTHORITY

150 ASHLAND STREET - P.O. BOX 666
NORTH ADAMS, MASSACHUSETTS 01247-0666

PHONES (413) 663-5379 AND 663-5370

FAX (413) 664-7223

TTY (413) 664-7710

Date: _____

Applicant Signature: _____

Applicant: Sign and date above. By doing so you authorize this agency to request information from former landlords concerning previous residencies.

DO NOT WRITE BELOW THIS LINE. FOR OFFICE AND LANDLORD USE ONLY.

_____ has applied for housing assistance with the North Adams Housing Authority. By his/her signature, above, he/she has authorized this agency to request information related to residency in your dwelling. This information is to be used only for the purposes of housing and will be kept in a confidential file. Please answer the questions below, and return this form to us as soon as possible. Thank you for your assistance.

Lisa LaBonte, Program Manager

Are you? Current Landlord Former Landlord Friend or relative

Dates of Applicant's Tenancy: From _____ To _____

1. Rent Payment

Amount of Monthly Rent \$ _____

Does (did) applicant pay rent on time? Yes No

If no, how late? Days Months Other

How often are/were payments late? _____

Have (had) you ever begun/completed eviction proceedings for non payment? Yes No

Were tenant paid utilities ever disconnected? Yes No

2. Caring for the Unit

Does (did) applicant(s) keep the unit clean, safe and sanitary? Yes No

Has the applicant(s) damaged the unit? Yes No If Yes please describe _____

Will (did) you keep any security deposit? Yes No

Did the applicant(s) have problems with rodent or insect infestation? Yes No

Did the applicant(s) housekeeping contribute to the infestation? Yes No

3. General

Is (was) applicant listed on the lease for the unit? Yes No
Does (did) applicant permit persons other than those listed on the lease to live in the unit?
 Yes No If yes, please explain _____
Has (had) the applicant(s), family members or guests damaged the common areas?
 Yes No If yes, please explain _____
Does (did) the applicant(s), family members or guests create/cause any physical hazards to
The property and/or other residents? Yes No If yes, please explain. _____

Does (did) the applicant(s), family members or guests interfere with the rights and quiet
enjoyment of other tenants? Yes No If yes, please explain _____

Have the applicant(s), family members or guests engaged in any criminal activity, including
drug trafficking activity, in the unit or building? Yes No If yes, please explain _____

Have applicant(s), family members or guests given you any false information? Yes No
If yes, please explain _____

Have applicant(s), family members or guests acted in a physically violent and/or verbally
abusive manner towards neighbors, and/or landlord's staff? Yes No
If yes, please explain _____

Does applicant owe any money? Yes No
If yes, is applicant on a repayment agreement? Yes No
Would you re-admit this applicant? Yes No If no, please explain _____

4. Optional

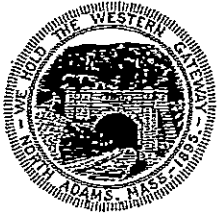
If any of your answers indicate tenancy related problems, do you believe that the above
Described behavior is likely to reoccur? Yes No

If any of your answers indicate tenancy related problems that cannot be explained by
Mitigating circumstances, do you believe that there are reasonable accommodations that the
housing provider could make or a service plan from a service agency that could resolve the
problem? Yes No

Note section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful
false statements or misrepresentation to any Department or Agency of the United States as to any
matter within its jurisdiction.

Signature _____ Title _____ Date _____





NORTH ADAMS HOUSING AUTHORITY

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TTY (413) 664-7710

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above named individual, have authorized the North Adams Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources:

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------|
| Previous landlords | Past and present employers | Utility Companies |
| Courts and Post Offices | Welfare Agencies | Medical Providers |
| Veterans Administration | Retirement Systems | State Unemployment Agencies |
| Credit Providers | Credit Bureaus | Social Security Administration |
| Law Enforcement Agencies | Support & Alimony Providers | |
| Banks & other Financial Institutions | Criminal Offender Record Information | |

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

(signature) Date signed: _____

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.



North Adams Housing Authority

150 Ashland Street -- P.O. Box 666
North Adams, MA 01247
Tel 413 663-5379 Fax 413-664-7223

HANDICAPPED ACCESSIBILITY

In accordance with Section 504 of the Rehabilitation Act of 1973, the North Adams Housing Authority is required to make reasonable accommodations to its programs and facilities (housing and non-housing) in order to provide otherwise eligible individuals with handicaps equal access to participation in or the benefits of those programs and facilities.

By providing the following information you will facilitate the process of providing accessible resources where they are needed most. Responses to the following questions are confidential and will only be used for purposes of determining eligibility for assistance or the need for accommodation.

1. Do you require a specific accommodation to fully utilize our programs and services? YES NO
2. Do you or any member of your family have a physical or mental impairment that substantially limits one or more major life activities? YES NO

IF THE ANSWER TO QUESTION #2 IS NO, DO NOT ANSWER QUESTION 3

3. Would you or any member of your family, because of a particular handicap, benefit from accommodations that the Authority could provide such as an accessible housing unit, auxiliary aides, seeing eye dog etc.? YES NO

IF THE ANSWER TO QUESTION 3 WAS YES, PLEASE DESCRIBE BELOW THE TYPE OF ACCOMMODATIONS THAT WOULD MOST BENEFIT YOU OR THE MEMBER OF YOUR FAMILY.

Signed _____

Date _____

North Adams Housing Authority
150 Ashland Street – P.O. Box 666
North Adams, MA 01247
Tel 413 663-5379 Fax 413-664-7223

PREFERENCE QUALIFICATION FORM

Dear Applicant:

The following are housing need preferences used for determining priorities for housing programs.

If you feel that you qualify for any of these preferences, please mark the appropriate box and explain the situation below.

- Involuntarily displaced by a natural disaster or governmental action. Includes displacement to avoid reprisals or hate crimes.

- Involuntarily displaced by landlord's decision not to renew a lease or occupancy agreement or other action beyond applicant's control or if the applicant has been involuntarily displaced and is not living in standard replacement housing. Includes displacement by inaccessibility of unit and victims of domestic violence.

- Substandard Housing (includes homeless or residing in a shelter)

- Applicant is paying more than 50% of family income for housing costs.

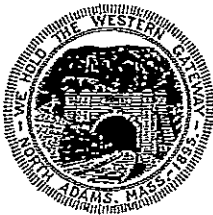
- Health Conditions – Disability or physical handicap affecting housing need.

- Military Service – Veteran, serviceman, or survivor of a veteran or serviceman.

Explain why you qualify for the above preference.

Applicant's Signature

Date



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NADHA
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CORI REQUEST FORM

North Adams Housing Authority has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested but not required)

MOTHERS MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: ___ ft. ___ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE



AFFIRMATIVE ACTION AGENCY / EQUAL OPPORTUNITY EMPLOYER



DECLARATION OF U.S. CITIZENSHIP

The Housing Assistance, for which you have applied, is restricted to U.S. Citizens and non-citizens with eligible immigration status. This restriction applies to all family members who will be occupying or occupy the subsidized unit. Please complete the certifications, below, for each family member who is a U.S. citizen.

Non citizens should complete a declaration of eligible immigration status.

I, _____, certify, under penalty of perjury, that I am a citizen by birth, a naturalized citizen or a national of the United States.

Signature

Date

Check here if signature is of an adult who resides or will be residing in the subsidized unit and is responsible for the child named on the statement above.

I, _____, certify, under penalty of perjury, that I am a citizen by birth, a naturalized citizen or a national of the United States.

Signature

Date

Check here if signature is of an adult who resides or will be residing in the subsidized unit and is responsible for the child named on the statement above.

I, _____, certify, under penalty of perjury, that I am a citizen by birth, a naturalized citizen or a national of the United States.

Signature

Date

Check here if signature is of an adult who resides or will be residing in the subsidized unit and is responsible for the child named on the statement above.

I, _____, certify, under penalty of perjury, that I am a citizen by birth, a naturalized citizen or a national of the United States.

Signature

Date

Check here if signature is of an adult who resides or will be residing in the subsidized unit and is responsible for the child named on the statement 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)

NORTH ADAMS HOUSING AUTHORITY
150 Ashland Street
PO Box 666
North Adams, MA 01247

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.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

<input type="text"/>	<input type="text"/>		
Head of Household	Date		
<input type="text"/>		<input type="text"/>	<input type="text"/>
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	Date	Other Family Member over age 18	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Family Member over age 18	Date	Other Family Member over age 18	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent

HUD, the HA and any officer (or any employee of HUD, the HA or the officer) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the officer responsible for the unauthorized disclosure or improper use.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

North Adams Housing Authority
 150 Ashland Street
 PO Box 666
 North Adams, MA 01247

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

North Adams Housing Authority
 150 Ashland Street - P.O. Box 666
 North Adams, MA 01247-0666
 Tel 413-663-5379 Fax 413-664-7223
 TDD (413) 664-7710

APPLICATION FOR HOUSING

PROGRAM: PUBLIC

PROJECT: _____

1. FAMILY COMPOSITION

OCCUPANT NUMBER	NAME	SS#	RELATION	SEX	DOB	AGE	SS	BC
1			HEAD OF HOUSEHOLD					
2								
3								
4								
5								
6								

Describe any anticipated change in family composition _____

2. PRESENT ADDRESS

STREET, NUMBER, APT.#		
CITY	STATE	ZIP
TELEPHONE	OR LEAVE MESSAGE AT	

3. CURRENT HOUSING COSTS

CURRENT RENT _____ BELOW LIST ANY UTILITIES FOR WHICH YOU ARE RESPONSIBLE

UTILITY	AMT/MO	UTILITY	AMT/MO	UTILITY	AMT/MO

4. INCOME

OCC#	SOURCE	AMT.	V

5. DEDUCTIONS AND ALLOWANCES

CHILD CARE EXPENSES: PROVIDER _____ AMT/PER _____

MEDICAL EXPENSES: (ELDERLY ONLY)
 INSURANCE PREMIUMS: CARRIER _____ AMT/PER _____
 PLEASE LIST OTHER MEDICAL EXPENSES ON SUPPLEMENTAL SHEET

6. ASSETS

OCC#	DESCRIPTION	AMT.	INCOME TYPE	RATE	AMT.

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE WITHIN THE PAST TWO YEARS? YES NO

APPLICANT NAME
NUMBER
B/R
PROT.
PRTY
E/F

7. VETERANS STATUS:
N/A _____ BRANCH _____ SERIAL # _____ DISCHARGE _____

8. DESCRIBE ANY PETS THAT YOU INTEND TO KEEP _____

9. MINORITY STATUS: WE REQUEST THE FOLLOWING INFORMATION FOR THE PURPOSE OF PROVIDING ACCURATE STATISTICAL DATA TO THE DEPT. OF HOUSING AND URBAN DEVELOPMENT.
CHECK ONE: WHITE BLACK AMER. INDIAN ASIAN
CHECK ONE: HISPANIC NONHISPANIC

10. WHY DO YOU WISH TO MOVE? _____

11. HOUSING HISTORY PLEASE LIST ADDRESSES FOR THE LAST FIVE YEARS

CURRENT ADDRESS	ADDRESS:
	DATES: FROM: _____ TO: _____ LANDLORD: _____
	LANDLORDS ADDRESS:
	REASON FOR LEAVING:
PREVIOUS ADDRESS	ADDRESS:
	DATES: FROM: _____ TO: _____ LANDLORD: _____
	LANDLORDS ADDRESS:
	REASON FOR LEAVING:
PREVIOUS ADDRESS	ADDRESS:
	DATES: FROM: _____ TO: _____ LANDLORD: _____
	LANDLORDS ADDRESS:
	REASON FOR LEAVING:
PREVIOUS ADDRESS	ADDRESS:
	DATES: FROM: _____ TO: _____ LANDLORD: _____
	LANDLORDS ADDRESS:
	REASON FOR LEAVING:

HAVE YOU EVER BEEN EVICTED: _____ IF YES, WHEN? _____

FROM WHERE? _____
ARE YOU IN THE PROCESS OF AN EVICTION? _____

ARE YOU NOW LIVING OR HAVE YOU EVER LIVED IN A GOVERNMENT RENTAL UNIT? _____

DO YOU OWE ANY MONEY TO ANY PUBLIC HOUSING AUTHORITY AS A RESULT OF PUBLIC HOUSING PROGRAMS? _____ IF YES: AGENCY _____ AMT. _____

HAVE YOU EVER COMMITTED FRAUD IN CONNECTION WITH ANY FEDERAL PROGRAM? _____

Have you or any member of your household who will live in the unit ever been convicted or charged with a felony or a misdemeanor?
Yes or No If yes, Please explain _____

I understand that this is not a contract and does not bind either party. The above information is all true and complete to the best of my knowledge. I understand that any false statement or misrepresentation may result in the cancellation of my application. I have no objections to inquiries being made for the purpose of verifying the statements made herein. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Boards for all adult members of the household.

DATE: _____ SIGNATURE OF APPLICANT: _____

DATE: _____ SIGNATURE OF COAPPLICANT: _____

INTERVIEWED BY: _____

WARNING

SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OF THE U.S. GOVERNMENT.

CERTIFICATION (FOR OFFICE USE ONLY)
ON THE BASIS OF THE DETERMINATION SET FORTH, THE APPLICANT FAMILY NAMED HERE HAS BEEN FOUND TO BE:

_____ ELIGIBLE FOR ADMISSION/PARTICIPATION

_____ INELIGIBLE FOR ADMISSION/PARTICIPATION

SIGNED: _____ DATE: _____
TITLE: PROGRAM MANAGER