



EQUAL HOUSING OPPORTUNITY

This box is for Office Use Only	
Date of Receipt:	_____
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Control Number:	_____
Bedrooms:	_____

Emmaus, Inc.

STANDARD APPLICATION FOR PROJECT BASED SECTION 8 VOUCHER PROGRAM

Haverhill Housing Authority
25C Washington Square
Haverhill, Ma 01830
Attn: Occupancy/Tenant Selection Department
Phone: (978) 372-6761
Fax: (978) 373-1107

Emmaus Inc.
127 How Street
Haverhill, Ma 01830
Phone: (978) 241-3400
Fax: (978) 241-3422

(PLEASE PRINT)

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure to sign the last page. If you need additional space to provide an answer, please attach an additional sheet(s). Once completed please mail or hand carry to either the Haverhill Housing Authority main office located at 25 C Washington Street, Haverhill, MA or Emmaus Inc. at 127 How St. Haverhill, MA, 01830.

- 1. Name of Applicant:
Address of Current Residence: Apt. No.
City/Town: State: Zip:
Mailing Address: Apt. No.
City/Town: State: Zip:
Home Phone ( ) Work Phone ( ) Cell Phone:

2. Type of Project Based Section 8 Housing You Are Applying For:

EMMAUS(single room for single individual with economic and self-sufficiency supportive services attached to the housing unit):Single Room Occupancy \_\_\_\_

3. Do you have any special needs due to a disability or need a reasonable accommodation YES NO
such as a first floor unit for medical reasons? Specify:

4. Do you need a wheelchair accessible apartment? (Circle One) YES NO

5. Members of household to live in Unit, including Head of Household: (Attach additional sheet if necessary).

Table with 6 columns: Name: First, Middle, Last; Relationship; Social Security Number\*; Sex\* (M/F); Date of Birth; Occupation or Student Status. Includes a row for HEAD.



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6. Is a change in the household composition expected? (Circle One)

YES NO

If yes, what type? \_\_\_\_\_ When? \_\_\_\_\_

**7. INCOME BEFORE DEDUCTIONS:**

Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 months.

Please specify all sources.

Household Member Name		Name and Address of Employer or Source of Income	Gross Income For Next 12 months
	Salaries, Wages, Including Overtime/Tips		\$
	Net Income From Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Pensions & Annuities		\$
	Regular Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and/or SSI		\$
	T.A.F.D.C., Public Assistance or EAEDC		\$
	Regular Alimony Support Payments, Gifts		\$
	Other Income		\$

**TOTAL INCOME:** \$ \_\_\_\_\_

**8. EXPENSES:**

Expense for Care of Children or Sick/Incapacitated Person If necessary for Employment	\$
Un-reimbursed Medical Expenses	\$
Alimony or Child Support Payment Health Insurance	\$
Other	\$

**TOTAL EXPENSES:** \$ \_\_\_\_\_



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9. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks, bonds, trust agreements, 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
		\$		
		\$		

10. Have you sold, transferred or given away any real property or assets in the last two (2) years? YES NO

**IF YES:** Date of sale/transfer: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
Amount of the sale/transfer: \_\_\_\_\_  
Value of the sale/transfer: \_\_\_\_\_

11. Does anyone in your household own a car? (Circle One) YES NO

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_  
Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

12. List Addresses for each Adult Household Member for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if someone other than yourself. Use additional sheet if necessary.

(a.) Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ From: \_\_\_\_\_ To: *Present*

Name of Primary Leaseholder: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? (Circle One) YES NO

Did this landlord return your security deposit? (Circle One) YES NO N/A

Were you evicted from this address? (Circle One) YES NO



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(b.) Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ From: \_\_\_\_\_ To: **Present**

Name of Primary Leaseholder: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? (Circle One) YES NO

Did this landlord return your security deposit? (Circle One) YES NO N/A

Were you evicted from this address? (Circle One) YES NO

(c.) Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ From: \_\_\_\_\_ To: **Present**

Name of Primary Leaseholder: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? (Circle One) YES NO

Did this landlord return your security deposit? (Circle One) YES NO N/A

Were you evicted from this address? (Circle One) YES NO

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

(a.) Name: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(b.) Name: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 14. Have you, or any member of your household ever received housing assistance from this or any other Housing Agency or Housing Authority? (Circle One) YES NO

If yes: Name of Head of Household at that time: \_\_\_\_\_

Relation to Present Applicant: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_

Name of Housing Agency: \_\_\_\_\_

Reason Moved Out: \_\_\_\_\_

When you moved out, were you in compliance with the lease and other program requirements? (Circle One) YES NO  
If NO, please explain: \_\_\_\_\_



# EQUAL HOUSING OPPORTUNITY

15. Are you a Board Member, employee, or a member of the immediate family of any employee of a board member of the Haverhill Housing Authority? (If so, this will not necessarily disqualify your Application.)

(Circle One) YES NO

If yes, please explain: \_\_\_\_\_

16. Do you have any pets? (Circle One) YES NO If yes, how many? \_\_\_\_\_

If yes, Please describe: \_\_\_\_\_

17. **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 in the case of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

### 18. Criminal Record:

(a.) Have you or any member of your household who will live in the unit ever been convicted of a crime?

(Circle One) 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 it is my responsibility to inform the Haverhill Housing Authority, in writing, of any change of preference status, address, income or household composition. I authorize the Haverhill 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 all adult household members will be required to sign a Declaration of U.S. Citizenship form and adults responsible for minor children under the age of 18 will also sign a Declaration of a U.S. Citizenship form. The Haverhill Housing Authority will verify that those not claiming U.S. citizenship are eligible non-citizens. I understand that the Haverhill Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and 3<sup>rd</sup> party verification of all income and assets reported for all adult members of the household. I understand each adult family member is required by HUD to sign an Authorization for the Release of Information/Privacy Act Notice (HUD form 9886).



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**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY;** I understand that a photocopy of this application and a photocopy of this signature is as valid as the original.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Warning:** 18 U.S.C. 1001 provides among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.



**This is an important notice. Please have it translated.  
Este é um aviso importante. Queira mandá-lo traduzir.  
Este es un aviso importante. Siyraso mandarlo traducir.  
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XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY  
Ceci est important. Veuillez faire traduire.  
本通知很重要。请将它译成中文。  
នេះគឺជាជំពាក់សំខាន់ សូមបញ្ជូនមកប្រែជូនផង**



**EQUAL OPPORTUNITY HOUSING/EQUAL OPPORTUNITY EMPLOYER**



**EQUAL HOUSING OPPORTUNITY**



**HAVERHILL HOUSING AUTHORITY**  
**Occupancy Department/Tenant Selection**  
**Haverhill, Massachusetts 02148**  
**Telephone: Phone: (978) 372-6761 Fax: (978) 373-1107**

*Federal Privacy Act Statement/Fair Information Practices Act Statement of Rights*

Re: \_\_\_\_\_ SSN/Client ID: \_\_\_\_\_  
**Applicant/Tenant Name**

**FEDERAL PRIVACY ACT STATEMENT**

The U.S. Department of Housing and Urban Development (HUD) will collect and verify information you gave to the HAVERHILL HOUSING AUTHORITY (HHA) at application and re-examination. HUD will collect the information on Form HUD-50058. the data it will collect includes name, sex, birth date, Social Security number (SSN), income (by source), assets, certain deductible expenses, and the rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD may use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543, requires applicants and residents to give the HHA the SSN(s) of household members at least six (6) years old. If you are an applicant and you have been issued or use a SSN(s) and you do not give them to the HHA, the HHA is required to deny or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. seq., and the Housing Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the HHA. If you are an applicant and you fail to give the HHA this information, the HHA may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the HHA this information, the HHA may have to evict you or withdraw your housing assistance.

**FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS**

The Haverhill Housing Authority (HHA) collects information about applicants and tenants to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law; it may be released to government agencies, local public housing authorities, other regional non-profit housing agencies, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by HHA staff in the course of their duties.

The Fair Information Practices Act established requirements governing HHA's use and disclosure of the information it collects. Applications and tenants may give or withhold their permission when requested by HHA to provide information (subject to the exceptions above); however, failure to permit HHA to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be voluntarily disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the HHA about how we collect and use you information.

You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may refer to the HHA's Section 8 Housing Choice Voucher Program Administrative Plan.

I/We have read this Statement and have also received a copy for my/our reference.

\_\_\_\_\_  
**Signature, Head of Household**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature, Head of Household**

\_\_\_\_\_  
**Date**