



DANVERS HOUSING AUTHORITY

14 STONE STREET DANVERS, MA 01923-1899 (978) 777-0909 FAX (978) 777-0955 SECTION 8 (978) 777-7926 TRS 1-800-439-2370

DAINVERO, IV	FFDFRAT.	APPLICATI	ON FOR ADM	ISSION AN	D REDETE	RMINATION	V V
FEDERAL APPLICATION FOR ADMISSION AND RE Control Number Applicant Address				plicant Name			
☐ Rand Circl☐ Highland M		Phone Number					
Family Member	Name	Birthdate	Relationship	Social Sec.	Age	Sex	Disabled Y or N
1			Head of House	•			
2			*				
3							
4							
5	1						-
6	3						
7 8							
WRITING IN	ORDER FOR YO	OU TO REMAI	D FAMILY COM N ON THE WAIT	ING LIST.			
	_		o(s)				
							
Name, Addres			ζin				
List two perso	nal references (no						
Address			ch additional pape			nces for the ten y	years.)
Landlord's Na Landlord's Ad	me: Idress and Phone	Number:		· · · · · · · · · · · · · · · · · · ·			
Address Landlord's Na			2			6)	
Landlord's Ad	Idress and Phone	Number:			14	€	
Source and Ar	nounts of Income	of ALL Family	Members age 18 y	ears and olde	<u>r</u> :		
Family Member Source Rate per Week/Month			Week/Month	(*)			
	•						
							· ·
Source and Amounts of Family Assets: (include cash, savings, IRA's, CD's, stocks, bonds, annuities, property, etc.							
Family Memb	er	Description			Amount	/Value	196
24		×					

And years are home areas areas and a second and a second areas areas areas areas areas areas areas areas areas	The state of the s	wances (elderly/disabled only)	#
Family Member Provider Rate per week/month	Family Member	Description .	Cost
Family Member Provider Rate per week/month Family Characteristics - Minority Code: White/Non Minority Black American Indian Spanish-American Oriental Other Ethnicity: Bispanic Non-Hispanic Housing Characteristics: Present Housing Standard Substandard Without (or about to be without) Housing Preferences: Resident (living or working in Danvers) Working (at least 90 consecutive days) Attending school, college or recognized training programs Paying 50% of Income to Rent * * Displacement due to documented domestic violence. Displacement due to documented natural disaster. Veteran Status (must provide copy of Discharge Papers). Previous Participation: Have you brought, sold or transferred property within the last two years? Y N Have you way any assets in the past two years? Y N Have you every committed fraud in connection with any Federal Programs? Y N Have you every committed fraud in connection with any Federal Programs? Y N Have you received an Earned Income Tax Credit during the past 12 months? Y N Have you received an Earned Income Tax Credit during the past 12 months? Y N Have you brought and place of Tenancy Name of Agency Dates of Tenancy Reason for Leaving Programs Prog			-
Family Member Provider Rate per week/month Family Characteristics - Minority Code: White/Non Minority Black American Indian Spanish-American Oriental Other Ethnicity: Bispanic Non-Hispanic Housing Characteristics: Present Housing Standard Substandard Without (or about to be without) Housing Preferences: Resident (living or working in Danvers) Working (at least 90 consecutive days) Attending school, college or recognized training programs Paying 50% of Income to Rent * * Displacement due to documented domestic violence. Displacement due to documented natural disaster. Veteran Status (must provide copy of Discharge Papers). Previous Participation: Have you brought, sold or transferred property within the last two years? Y N Have you way any assets in the past two years? Y N Have you every committed fraud in connection with any Federal Programs? Y N Have you every committed fraud in connection with any Federal Programs? Y N Have you received an Earned Income Tax Credit during the past 12 months? Y N Have you received an Earned Income Tax Credit during the past 12 months? Y N Have you brought and place of Tenancy Name of Agency Dates of Tenancy Reason for Leaving Programs Prog		(3)	
Family Characteristics — Minority Code: WhiteNon Minority Black American Indian Spanish-American Oriental Other Ethnicity: Hispanie Non-Hispanie Housing Characteristics Present Housing Housing Characteristics Present Housing Without (or about to be without) Housing Preferences: Resident (living or working in Danvers) Working (at least 90 consecutive days) Attending school, college or recognized training programs Paying 50% of Income to Rent * * Displacement due to documented domestic violence. Displacement due to documented natural disaster. Veteran Status (must provide copy of Discharge Papers). Previous Participation: Have you brought, sold or transferred property within the last two years? Y N Have you given away any assets in the past two years? Y N Have you or own money to any other PHA as a result of Public Housing Programs? Y N Have you every committed fraud in connection with any Federal Program? Y N Have you received an Earned Income Tax Credit during the past 12 months? Y N Have you received an Earned Income Tax Credit during the past 12 months? Y N Have you received an Earned Income Tax Credit during the past 12 months? Y N Have you have you ever been a tenant with another public housing agency? N N Have you have you ever been a tenant with another public housing agency? N N Have you for household who will lie in the unit been convicted of a misdemeanor in the sit five years? Y N If yes, please explain Y N N Have you or any member of your household who will lie in the unit been convicted of a misdemeanor in the sit five years? Y N If yes, please explain Y N N Have you or any member of your household who will lie in the unit been convicted of a misdemeanor in the sit five years? Y N If yes, please explain Y N N Have you or any member of your household who will lie in the unit been convicted of a misdemeanor in the sit five years? Y N If yes, please explain Y N N N N N N N N N N N N N N N N N N		ents who either work or attend school only)	•
WhiteNon Minority	Family Member	Provider	Rate per week/month
WhiteNon Minority			
WhiteNon Minority		(6)	
Standard □ Substandard □ Without (or about to be without) Housing Preferences: □ Resident (living or working in Danvers) □ Working (at least 90 consecutive days) □ Attending school, college or recognized training programs □ Paying 50% of Income to Rent * * □ Displacement due to documented domestic violence. □ Displacement due to documented natural disaster. □ Veteran Status (must provide copy of Discharge Papers). Previous Participation: Have you brought, sold or transferred property within the last two years?	☐ White/Non Minority ☐ E	lack	-American . 🗆 Oriental 🗆 Other
□ Resident (living or working in Danvers) □ Working (at least 90 consecutive days) □ Attending school, college or recognized training programs □ Paying 50% of Income to Rent ** □ Displacement due to documented domestic violence. □ Displacement due to documented natural disaster. □ Veteran Status (must provide copy of Discharge Papers). Previous Participation: Have you brought, sold or transferred property within the last two years? Y N Payer you given away any assets in the past two years? Y N Payer you given away any assets in the past two years? Y N Payer you one yet on any other PHA as a result of Public Housing Programs? Y N Payer you every committed fraud in connection with any Federal Program? Y N Payer you received an Earned Income Tax Credit during the past 12 months? Y N Payer you or have you ever been a tenant with another public housing agency? Pates of Tenancy Pates of Tenancy Paesson for Leaving Priminal Record: Have you or any member of your household who will lie in the unit been convicted of a misdemeanor in the ast five years? Y N Highest PHA NO OLDER. PLEASE NOTE: THE DANVERS HOUSING AUTHORITY REQUESTS A CORI (Criminal Offenders Record Information N ALL APPLICANTS AGE 17 AND OLDER. Applicants must verify all information checked on this application, in order to determine the proper priority and preference information is not supplied, no preference or priority will be given. understand that this is not a contract and does not bind either party. The above information is all true and complete to the est of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.	Housing Characteristics: Standard Substandard	Present Housing Without (or about to be without) Housing	
Displacement due to documented domestic violence. Displacement due to documented natural disaster. Veteran Status (must provide copy of Discharge Papers). Previous Participation: Have you brought, sold or transferred property within the last two years? Have you given away any assets in the past two years? Do you owe money to any other PHA as a result of Public Housing Programs? Have you every committed fraud in connection with any Federal Program? Have you received an Earned Income Tax Credit during the past 12 months? Are you or have you ever been a tenant with another public housing agency? Name of Agency Dates of Tenancy Reason for Leaving Criminal Record: Have you or any member of your household who will lie in the unit been convicted of a misdemeanor in the ast five years? YN If yes, please explain PLEASE NOTE: THE DANVERS HOUSING AUTHORITY REQUESTS A CORI (Criminal Offenders Record Information and the proper priority and preference of information is not supplied, no preference or priority will be given. understand that this is not a contract and does not bind either party. The above information is all true and complete to the est of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.		n Danvers)	ive days)
Previous Participation: Have you brought, sold or transferred property within the last two years? Have you brought, sold or transferred property within the last two years? Have you given away any assets in the past two years? Do you owe money to any other PHA as a result of Public Housing Programs? Have you every committed fraud in connection with any Federal Program? Have you received an Earned Income Tax Credit during the past 12 months? Are you or have you ever been a tenant with another public housing agency? Name of Agency Dates of Tenancy Reason for Leaving PLEASE NOTE: THE DANVERS HOUSING AUTHORITY REQUESTS A CORI (Criminal Offenders Record Information) and LL APPLICANTS AGE 17 AND OLDER. Applicants must verify all information checked on this application, in order to determine the proper priority and preference of information is not supplied, no preference or priority will be given. Signature of Applicant Signature of Applicant	Attending school, college or i	ecognized training programs Paying 50% or	f Income to Rent * *
Previous Participation: Have you brought, sold or transferred property within the last two years? Have you brought, sold or transferred property within the last two years? Have you given away any assets in the past two years? Do you owe money to any other PHA as a result of Public Housing Programs? Have you every committed fraud in connection with any Federal Program? Have you received an Earned Income Tax Credit during the past 12 months? Are you or have you ever been a tenant with another public housing agency? Name of Agency Dates of Tenancy Reason for Leaving PLEASE NOTE: THE DANVERS HOUSING AUTHORITY REQUESTS A CORI (Criminal Offenders Record Information) and LL APPLICANTS AGE 17 AND OLDER. Applicants must verify all information checked on this application, in order to determine the proper priority and preference of information is not supplied, no preference or priority will be given. Signature of Applicant Signature of Applicant		₹	
Previous Participation: Have you brought, sold or transferred property within the last two years? Have you given away any assets in the past two years? Do you owe money to any other PHA as a result of Public Housing Programs? Have you every committed fraud in connection with any Federal Program? Have you received an Earned Income Tax Credit during the past 12 months? Are you or have you ever been a tenant with another public housing agency? Name of Agency Dates of Tenancy Reason for Leaving Driminal Record: Have you or any member of your household who will lie in the unit been convicted of a misdemeanor in the ast five years? Y N If yes, please explain LEASE NOTE: THE DANVERS HOUSING AUTHORITY REQUESTS A CORI (Criminal Offenders Record Information and ALL APPLICANTS AGE 17 AND OLDER. Applicants must verify all information checked on this application, in order to determine the proper priority and preference information is not supplied, no preference or priority will be given. understand that this is not a contract and does not bind either party. The above information is all true and complete to the est of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. Signature of Applicant		2	
Name of Agency Dates of Tenancy Reason for Leaving Criminal Record: Have you or any member of your household who will lie in the unit been convicted of a misdemeanor in the ast five years? Y N If yes, please explain PLEASE NOTE: THE DANVERS HOUSING AUTHORITY REQUESTS A CORI (Criminal Offenders Record Information and ALL APPLICANTS AGE 17 AND OLDER. Applicants must verify all information checked on this application, in order to determine the proper priority and preference of information is not supplied, no preference or priority will be given. understand that this is not a contract and does not bind either party. The above information is all true and complete to the est of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. Signature of Applicant	Have you brought, sold Have you given away a Do you owe money to a Have you every commi	ny assets in the past two years? ny other PHA as a result of Public Housing Pro ted fraud in connection with any Federal Progr	grams? Y N N
Criminal Record: Have you or any member of your household who will lie in the unit been convicted of a misdemeanor in the ast five years? Y N If yes, please explain	Name of Agend Dates of Tenan	y cy	Y N
Applicants must verify all information checked on this application, in order to determine the proper priority and preference f information is not supplied, no preference or priority will be given. understand that this is not a contract and does not bind either party. The above information is all true and complete to the est of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. Signature of Applicant	Criminal Record: Have you or	any member of your household who will lie in th	e unit been convicted of a misdemeanor in the
understand that this is not a contract and does not bind either party. The above information is all true and complete to the est of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. Signature of Applicant	LEASE NOTE: THE DANVE IN ALL APPLICANTS AGE 1	RS HOUSING AUTHORITY REQUESTS A CO 7 AND OLDER.	ORI (Criminal Offenders Record Information
est of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. Signature of Applicant	pplicants must verify all information is not supplied, n	nation checked on this application, in order to do o preference or priority will be given.	etermine the proper priority and preference.
Signature of Applicant	understand that this is not a co est of my knowledge. I have no	ntract and does not bind either party. The abov objections to inquiries being made for the purp	e information is all true and complete to the ose of verifying the statements made herein.
	ate	Signature of Applican	nt .
	aterviewed by (DHA Represent	7	
VARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.	ARNING: Section 1001 of Tit	le 18 of the U.S. Code makes it a criminal offense	e to make willful, false statements of mis-

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)

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

Danvers Housing Authority 14 Stone Street Danvers, MA 01923 and Urban Development
Office of Public and Indian Housing

U.S. Department of Housing

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:	9			
	· .	0	8	2 2
Head of Household		Date	•	15
	22 20		*	3
Social Security Number (if any) of Head of Household			Other Family Member over age 18	Date
			34	
Spouse		Date	Other Family Member over age 18	Date
X. **			AND	
04 . = 4			<u> </u>	
Other Family Member over age 18	#) N.	Date	Other Family Member over age 18	Date
307	9¥01 ,π 14 ≥e			
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 owner (or any employee of HUD, the HA or the owner) 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 owner responsible for the unauthorized disclosure or improper use.





DANVERS HOUSING AUTHORITY

14 STONE STREET DANVERS, MA 01923-1899 (978) 777-0909 FAX (978) 777-0955 SECTION 8 (978) 777-7926 TRS 1-800-439-2370

AUTHORIZATION

I,	, do hereby authorize the Danvers	i
Housing Authority, and their	staff, to contact any agencies, offices, groups or	
organizations to obtain any in	formation or materials which is deemed necessary	/ tc
complete my application for p	participation in Public Housing programs.	
	es e	
Signed:		*
Date:		
Witness:		

÷ * SA AN





DANVERS HOUSING AUTHORITY

14 STONE STREET DANVERS, MA 01923-1899 (978) 777-0909 FAX (978) 777-0955 SECTION 8 (978) 777-7926 TRS 1-800-439-2370

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

The Danvers Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

- 1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past ten years? Yes No
- 2. Do you currently use illegal drugs or abuse alcohol? Yes No
- 3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes No
- 4. Have you been convicted of any drug-related crime within the last ten years? Yes No
- 5. Have you been convicted of any felony within the past ten years? Yes No
- 6. Have you been convicted of any crime involving fraud or dishonesty within the past ten years? Yes No
- 7. Have you been convicted of any crime involving violence within the past ten years? Yes No
- 8. Are you currently charged with any of the above criminal activities? Yes No
- 9. Please list all states in which you have lived or have held licenses to drive (include drivers license #'s) _____
- 10. Have you ever used or been known by any other name? Yes No

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for denial or termination of my lease. I authorize the Danvers Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Danvers Housing Authority, or to an agency contracted by the Danvers Housing Authority to conduct criminal background checks. All members age 18 and older will need to sign below.

Applicant's Signature	I	Date	
Applicant's Name (please print)		Date	<u> </u>
Applicant's Signature	· D	ate	5.57
Applicant's Name (please print)	D	Pate	
Applicant's Signature	·	ate	
Applicant's Name (please print)	D	ate	a 8 a