STANDARD APPLICATION FOR
PROJECT BASED SECTION 8 VOUCHER PROGRAM

Malden Housing Authority
630 Salem Street
Malden, Massachusetts 02148
Att: Occupancy/Tenant Selection Department
Telephone: (781) 322-2517
Fax: (781) 322-4838
TDD/TTY: (800) 545-1833 x103 (24 hrs.)
www.maldenhousing.org

(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 you 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 the Malden Housing Authority main office located at 630 Salem Street, Malden, MA 02148.

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 Public Housing You Are Applying For:
   Salem Towers (at least 62 years of age or older): Studio______1 bedroom______2 bedrooms______
   1 bedroom W/C Access______2 bedrooms W/C Access______
   Heritgage Apartments (at least 62 years of age or older) Studio______1 bedroom______1 bedroom W/C Access______
   Cross Street (Family needing supportive services after being homeless) 2 bedrooms______3 bedrooms______4 bedrooms______
   YWCA (Single Room Occupancy (SRO) (Single adult female needing supportive services)____
   Cedar House (SRO/disabled individuals) Single Room Occupancy/One person household/shared bath______
   Staff will be available to support activities of daily living; including personal care, laundry, housekeeping and food preparation. Each resident will also have a case manager.

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3. **Preferences:** The Malden Housing Authority will verify your claim of preferences prior to making an offer of housing. Each verified preference will receive an allocation of points. The more preference points an applicant receives, the higher the applicant’s place on the waiting list.

   **Local Resident (4 points):** You may receive a local preference status if you principally reside in Malden, Melrose, Winchester, Reading, Wakefield or Stoneham, Revere, Everett, Medford, Arlington, Lexington, Woburn, North Reading, Wilmington, Saugus, Lynnfield and have a verifiable physical address within these locations (a P.O. Box is not acceptable).

   Do you principally reside in any of the above locations (Circle One) YES NO

   Are you currently employed or training for employment with an approved Training Agency in any of the above locations? (Circle One) YES NO

   If YES: Provide the name of your Employer/Training Agency and their address:

   ________________________________________________________________
   ________________________________________________________________

   Provide the Dates of Employment: From: __________________________ To: _________________________

   **Additional Local Preference:** If an applicant’s claim of Local Residency is verified, then the family may also qualify for the following additional local preference.

   **Veteran/Active Serviceperson Preference (2 points):** applies to applicant head of households who are veterans or active servicepersons of the U.S. Armed Services as defined in and verified pursuant to the Admin Plan, or surviving spouses of such veterans or active service persons, provided such spouse has not remarried prior to the time of admission to the MHA’s program.

   Are you applying the for the Veteran’s Preference? (Circle One) YES NO

   If yes: Include service dates for service in the U.S. Army, Navy, Marine Corps, Coast Guard, Air Force or full time National Guard duty. From: __________________ To: __________________.

   **A copy of the Veteran’s Department of Defense (Form DD214) must be submitted with this application**

4. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? Specify:

   ________________________________________________________________

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

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

<table>
<thead>
<tr>
<th>First &amp; Last Name</th>
<th>Relationship To Head of Household</th>
<th>Social Security Number*</th>
<th>Racial Designation</th>
<th>Ethnic Designation</th>
<th>Sex*</th>
<th>Date of Birth</th>
<th>Occupation/Student Status</th>
</tr>
</thead>
<tbody>
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<td>HEAD</td>
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</tbody>
</table>

*Racial Designation: Native American Indian or Alaskan Native; Black or African American; Asian or Pacific Islander, Caucasian/White; other (Please Specify).

**Ethnic Designation: Hispanic/Latino or Not Hispanic/Latino

Responding to the two questions above is optional. Your status with respect to tenant selection procedures may be affected by this information. “Minority” does not include “White” unless there is also a designation of another race or “Hispanic/Latino”.

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

7. Is a change in the household composition expected? (Circle One)  
   
   YES  NO

If yes, what type? ___________________________________________  When?____________________
8. **INCOME BEFORE DEDUCTIONS:**
   Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 months. Specify all sources.

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

**TOTAL GROSS INCOME $______________**

9. **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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10. **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.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Asset Type</th>
<th>Asset Value or Current Balance</th>
<th>Name of Financial Institution</th>
<th>Account Number</th>
</tr>
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<tr>
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</table>

11. 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: ________________________________

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

- Make of Car __________________ Year __________ Reg. Number________________
- Make of Car __________________ Year __________ Reg. Number________________

13. **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**

(b.) Address:__________________________Apt. # _______ From: __________________To: **Present**

- Name of Primary Leaseholder: __________________________________________________________
- City/Town:___________________________ State: _______________________ Zip: _____________

**EQUAL HOUSING OPPORTUNITY**
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
(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

14. 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:  ______

15. 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: ____________________________________________________________________
Date Moved Out: __________________________________________________________________________
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: _____________________________________________________________________

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

(Circle One)  YES  NO

If yes, please explain: __________________________________________________________

17. Do you have any pets?  (Circle One)  YES  NO

If yes, how many? _______________________

If yes, Please describe: __________________________________________________________

18. 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: (___)_____________ (___)_____________

19. 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 Malden Housing Authority, in writing, of any change of preference status, address, income or household composition. I authorize the Malden 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 Malden Housing Authority will verify that those not claiming U.S. citizenship are eligible non-citizens. I understand that the Malden Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and 3rd party verification of all income and assets reported for all adult members of the

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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).

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY:** I understand that a photocopy of this application and a photocopy of this signature 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.

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Occupancy Forms/FEDERAL/standard application for Federal Section 8 9/2015
Malden Housing Authority
630 Salem Street
Malden, Massachusetts 02148
Telephone: (781) 322-2517 – Fax: (781) 322-4838

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 MALDEN HOUSING AUTHORITY (MHA) 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 MHA 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 MHA, the MHA 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 MHA. If you are an applicant and you fail to give the MHA this information, the MHA may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the MHA this information, the MHA may have to evict you or withdraw your housing assistance.

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Malden Housing Authority (MHA) 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 MHA staff in the course of their duties.

The Fair Information Practices Act established requirements governing MHA’s use and disclosure of the information it collects. Applications and tenants may give or withhold their permission when requested by MHA to provide information (subject to the exceptions above); however, failure to permit MHA 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 MHA 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 MHA’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

_________________________________________________
Head of Household

Date

Signature

Head of Household

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