



EQUAL HOUSING OPPORTUNITY



<b>This box is for Office Use Only</b>	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Bedrooms:	_____
Language:	_____

**APPLICATION FOR FEDERAL PUBLIC HOUSING**

***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](http://www.maldenhousing.org)

**Incomplete applications will not be processed.** Please complete all information requested on the application. If a question is not applicable, please write N/A. **Please make sure you sign the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** Please mail or deliver completed form to the Malden Housing Authority, Occupancy Dept., 630 Salem Street, Malden, MA 02148.

1. Applicant's Name: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

2. Type of Federal Public Housing You Are Applying For:  Elderly/Disabled  Family

Note: To be eligible for elderly/disabled housing you must be at least 62 years of age or older or a person with a disability. If you have a disability, the disability must be other than a history of alcohol/drug abuse.

3. Do you need a wheelchair accessible apartment?  yes  no

Note: Family wheelchair accessible housing units have 1 and 2 bedrooms only.

4. Number of Bedrooms needed:  1  2  3  4  5

Note: Elderly/disabled housing developments only have 1 bedroom units.

5. **Preferences:** The Malden Housing Authority will verify all claims of preference made by you 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.

**MHA Section 8 Housing Choice Program Transfer Super Preference (10 points):** Consistent with applicable regulation, this MHA Super Preference allows any MHA Section 8 Housing Choice Program assisted Participant family to surrender their voucher in order to be placed above all others on the wait list and to be offered the first available public housing unit having the appropriate bedroom size to accommodate the household. In adopting this Super Preference, the MHA acknowledges the fact that all federally assisted families were placed in accordance with MHA's wait list requirements.

Are you an MHA assisted Voucher family who is surrendering a voucher? YES NO

**Local Residency (4 points):** You may receive a local preference status if you live, work or have been hired to work, or are training for employment with a federal, state or local government approved training agency/entity 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 one of these municipalities (**a P.O. Box is not acceptable**).

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

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

**If YES:**

Please provide the name of your Employer/Training Agency and their address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide Dates of Employment/Training: From: \_\_\_\_\_ To: \_\_\_\_\_

**Additional Local Preference:** If an applicant's claim of Local Residency is verified, then the family may also qualify for the MHA's 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 ACOP, 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**

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons?  yes  no

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



10. **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	Sources of Income	Name & Address of Employer or Source of Income	Gross Income for Next 12 months
	Salaries, Wages, including Overtime/Tips, Income From Self-Employment		\$
	Salaries, Wages, including Overtime/Tips, Income From Self-Employment		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and/or SSI and or SSDI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance or EAEDC		\$
	Regular Alimony Support Payments or Child Support Payments received		\$
	Other Income		\$
		<b>Total Gross Income:</b>	\$

11. **Expenses:**

Annual Un-reimbursed Medical Expenses:	\$
Annual Alimony or Child Support Payments Made to Someone Else:	\$
Annual Health Insurance Expenses:	\$

Annual Un-reimbursed Disability Expenses Necessary for Employment:	\$
Annual Un-reimbursed Child Care Expenses:	\$

12. **Assets:** Do you own any real estate?  YES  NO

If yes, please provide the complete address: \_\_\_\_\_

List below **ALL** assets for everyone who will reside in the unit. Include **ALL** bank accounts, stocks and bonds, trusts, real estate, life insurance policies, etc. **DO NOT INCLUDE** clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		

13. Have you sold, transferred or given away any real estate, property or assets in the last two (2) years?  yes  no

**If yes:**

Date of sale/transfer: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Amount of sale/transfer: \$ \_\_\_\_\_

Value of sale/transfer: \$ \_\_\_\_\_

14. **References: Please list two references.** Please **DO NOT LIST** relatives or household members.

(1) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

(2) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

15. Please List All 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.

(1) Name of Primary Leaseholder: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Did this landlord bring any court action against the leaseholder or you? (check one)  yes  no  
Did this landlord return your security deposit? (check one)  yes  no

(2) Name of Primary Leaseholder: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Did this landlord bring any court action against the leaseholder or you? (check one)  yes  no  
Did this landlord return your security deposit? (check one)  yes  no

(3) Name of Primary Leaseholder: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Did this landlord bring any court action against the leaseholder or you? (check one)  yes  no

Did this landlord return your security deposit? (check one)  yes  no

16. Have you, or any Household Member ever received housing assistance from this or any other Housing Authority or Agency? (check one)  yes  no

**If yes:**

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

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

Name of Housing Authority/Agency: \_\_\_\_\_

Reason for Moving Out: \_\_\_\_\_

- When you moved out, were you in compliance with the Housing Authority/Agency lease and were all debts including all outstanding rent amounts paid in full? (check one)  yes  no

If no, please explain: \_\_\_\_\_

17. Are you a Board Member, employee, or immediate family member of any employee of a board member of the Malden Housing Authority? (check one)  yes  no

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

18. Do you have any pets? (check one)  yes  no

If yes, how many? \_\_\_\_\_

Please describe: \_\_\_\_\_

19. **Emergency Reference:** Name of a relative or friend **NOT** planning to live with you. MHA will contact this person if unable to reach you in the case of an emergency.

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

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

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

Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

20. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a crime? (check one)  yes  no

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

21. Do you or any household member who will live in the unit have any criminal matters pending?  yes  no

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

**APPLICANT’S CERTIFICATION:**

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

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written Unit Offer from the Malden Housing Authority. **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 as soon after such change as possible.** I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. **I understand that any false statement or misrepresentation may result in the denial of my application.**

I understand that all adult household members will be required to sign a Declaration of U.S. Citizenship form, and that adults responsible for minor children under the age of 18 will also sign a Declaration of a U.S. Citizenship form for such children. 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 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).

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY:** I understand that a photocopy of this application and a photocopy of this signature is considered 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. Sirvase mandarlo traducir.  
**ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG**  
**XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY**  
Ceci est important. Veuillez faire traduire.  
**本通知很重要。请将其译成中文。**  
**នេះគឺជាជំពូកដ៏សំខាន់ សូមមេត្តាបកប្រែជូនផង**



**EQUAL OPPORTUNITY HOUSING/EQUAL OPPORTUNITY EMPLOYER**

**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 Admissions and Continued Occupancy Policy (ACOP).

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**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**  
This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

<b>Signature of Applicant</b>	<b>Date</b>
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The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

