



<u>STANDARD APPLICATION FOR</u> <u>PROJECT BASED SECTION 8 VOUCHER PROGRAM</u>

This box is fo	or Office Use Only
Date of Receipt:	
Time of Receipt:_	
Control Number:	
Bedrooms:	
Language:	

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. <u>Make sure you sign the last page</u>. 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 ()	Ce	ll Phone:
2.	Type of Public Housing You Are Applying For:		
	Salem Towers (at least 62 years of age or older): Studio1 bedroom W/C Acce		oms oms W/C Access
	Heritage Apartments (at least 62 years of age or older) Studio1 b	pedroom1	bedroom W/C Access
	Cross Street (Family needing supportive services after being homeless	s) 2 bedrooms	3 bedrooms4 bedrooms
	YWCA (Single Room Occupancy (SRO) (Single adult female needing s	supportive service	es)
	Cedar House (SRO/disabled individuals) Single Room Occupancy/One Staff will be available to support activities of daily living; including and food preparation. Each resident will also have a case manage	g personal care, i	

Local Resident (4 points): You may receive a local preference status if you principally resi Melrose, Winchester, Reading, Wakefield or Stoneham, Revere, Everett, Medford, Arlingtor Woburn, North Reading, Wilmington, Saugus, Lynnfield and have a verifiable physical addr locations (a P.O. Box is not acceptable).	n, Lexii	ngton,
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 fam for the following additional local preference.	ily may	y also qualify
Veteran/Active Serviceperson Preference (2 points): applies to applicant head of house or active servicepersons of the U.S. Armed Services as defined in and verified pursuant to surviving spouses of such veterans or active service persons, provided such spouse has not time of admission to the MHA's program	the Ad	min Plan , or
Are you applying the for the Veteran's Preference? (Circle One) YES N	NO	
If yes: Include service dates for service in the U.S. Army, Navy, Marine Corps, Coast Gua or full time National Guard duty. From: To: To:		Force
A copy of the Veteran's Department of Defense (Form DD214) must be submitted with the	his app	lication
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:	YES	NO

Preferences: The Malden Housing Authority will verify your claim of preferences prior to making an offer of

receives, the higher the applicant's place on the waiting list.

housing. Each verified preference will receive an allocation of points. The more preference points an applicant

3.

First & Last Name	Relationship To Head of Household	Social Security Number*	Racial Design ation	Ethnic Design ation	Sex*	Date of Birth	Occupation/ Student Statu
					M		
	HEAD				F		
					M F		
					M		
					F		
					M		
					F		
					M		
					F M		
					F		
					M		
					F		
cial Designation: Native casian/While; other (Plea Cthnic Designation: Hisp Responding to the two quest information. "Minority"	se Specify). panic/Latino or Not ions above is optional.	Hispanic/Latino _Your status with res	spect to te	nant selec	tion proce	dures may be af	fected by this
*This information is requir	ed and will be used	to verify income,	assets, a	nd crimi	nal recor	d information	
Is a change in the househo	old composition exp	ected? (Circle On	e)			YES 1	NO
		(,				

5. Do you need a wheelchair accessible apartment? (Circle One)

YES NO

Q	INCOME	REFORE	DEDUCTIONS:

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

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## 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.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account Number
		\$		
		\$		
		\$		
		\$		

11. Have you sold, transferred or given away	any real property or as	sets in the last two (2) years?	YES NO
IF YES: Date of sale/transfer: Month 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 Year	Reg. NumberReg. Number	
13. List Addresses for each Adult Househol primary lease holder (head of household) if			
(a.) Address:	Apt. #	From:	To: Present
Name of Primary Leaseholder:			
City/Town:	State:	Zij	p:
Name of Landlord:		Telephone: ( )	
Landlord Address:	City:	State:	_ Zip:
Did this landlord bring any court action agains	at the leaseholder or yo	u? (Circle One) YES N	Ю
Did this landlord return your security	deposit? (Circle One)	YES NO N/A	
(b.) Address:	Apt. #	From:	To: <i>Present</i>
Name of Primary Leaseholder:			
City/Town:	State:	Zi _l	o:

	Name of Landlord:		Telephone: ( )_	
	Landlord Address:	City:	State:	Zip:
	Did this landlord bring any court action	n against the leaseholder or	you? (Circle One)	YES NO
	Did this landlord return your security of	leposit? (Circle One)	YES NO N/A	
(c	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	n against the leaseholder or	you? (Circle One)	YES NO
	Did this landlord return your security of	leposit? (Circle One)	YES NO N/A	
14. <b>R</b>	References: List two references. These s	hould not be relatives or ho	ousehold members.	
(a.)	Name:	Telephone N	Tumber: ( )	
	Address:	City:	State:	Zip:
(b.)	Name:	Telephone N	Number: ( )	
	Address:	City:	State:	Zip:
	Iave you, or any member of your househor Housing Authority?	old ever received housing a	ssistance from this or a (Circle One)	any other Housing Agency 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 con	npliance with the lease and	other program require	ements?
	ICNO alara 1.		(Circle One)	YES NO
	If NO, please explain:			

<ol><li>Are you a Board Member, employ of the Malden Housing Authorit</li></ol>				ard member	
		(Circle One)	YES	NO	
If yes, please explain:					
Do you have any pets? (Circle C	One) YES NO	If yes, how many?			
If yes, Please describe:					
Emergency Reference: Name of we are not able to reach you in the		T planning to live with you.	We will conta	act this person i	
Name:		Relationship:			
Address:			Apt.	No	
City:	State: _		Zip:		
Telephone: ( )	(	)			
. Criminal Record:					
(a.) Have you or any member of	f your household who wil	l live in the unit ever been cor	victed of a c	rime?	
If yes, please explain:		(Circle One)	YES	NO	
you or any member of your house	ehold who will live in the	unit have any criminal matter	rs pending?		
If yes, please explain:		(Circle One)	YES	NO	
PPLICANT'S CERTIFICATION					

<u>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</u>. 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

<u>household</u>. 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).

<u>SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY</u>; 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:

<u>Warning</u>: 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.



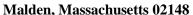
This is an important notice. Please have it translated. Este é um aviso importante. Queira mandá-lo traduzir. Este és un aviso importante. Sirvase mandarlo traducir. ĐÂY LÀ MỘT BẮN THỐNG CÁO QUAN TRONG XIN VUI LÒNG CHO DỊCH LẠI THỐNG CÁO ÂÝ Ceci est important. Veuillez faire traduire. 本通知復至。请将之译成中文。

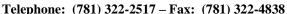


**EQUAL OPPORTUNITY HOUSING/EQUAL OPPORTUNITY EMPLOYER** 

### MALDEN HOUSING AUTHORITY

### 630 Salem Street









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 red	ceived a copy for my/ou	ır reference.	
Signature, Head of Household		Date	Signature
Head of Household	Date		Signature
	EQUAL HO	OUSING OPPORTUNITY	