IPSWICH HOUSING AUTHORITY
AGAWAM VILLAGE

APPLICATION FOR PROJECT BASED RENTAL ASSISTANCE PROGRAM
Equal Housing Opportunity

The IHA WILL PROVIDE ASSISTANCE IN REVIEWING AND COMPLETING THIS DOCUMENT. PERSONS WITH DISABILITIES MAY REQUEST ALTERNATE FORMATS (LARGE PRINT) OF THIS APPLICATION.

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 drop off, mail or fax to IPSWICH Housing Authority's main office. Upon request to the Agent, you have the right to receive a copy of the Tenant Selection Plan Summary (with Program Description Insert) which summarizes the application process, including eligibility and screening requirements, for occupancy in the Development.

Site Name: Agawam Village	Phone: 978-356-2860 x 205
Address: One Agawam Village Ipswich, MA 01938	Fax: 978-356-7715

PLEASE PRINT AND FILL IN ALL INFORMATION

Date Received _____ Federal Control No. _____

IHA USE ONLY

A. 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: _____

EMAIL ADDRESS: _____

B. What is the Head of Household's racial designation*? (Check one):

White (not of Hispanic origin) ☐	Black (not of Hispanic origin) ☐	American Indian/Alaskan Native ☐
Asian/Pacific Islander ☐	Hispanic ☐	Wish not to disclose ☐

*Information will be used for fair housing programs only as required by State and Federal Laws.

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C. Language: Do you understand and speak English? Y ☐ N ☐ If no, what is language spoken: _____

Do you understand and read English? Y ☐ N ☐ If no, what is language read: _____

Translation and interpretation services are available upon request by appointment only
Sevis tradiksyon ak intepretasyon disponib si w bezen
Servicio de traducción e intepretación estan disponibles, con cita, una vez que lo solicite
Serviço de tradução e interpretação estão disponíveis somente após agendamento

D. Family Status: Check the statement(s) that best describes your family:

1. The Head of Household or spouse is 62 years of age or older ☐
2. The Head of Household or spouse is disabled or handicapped ☐
3. The Head of Household or spouse is a veteran. ☐

E. HOUSING PRIORITY STATUS: You will be required to provide documentation to verify your claim below.

Please select all that apply to your household.
IHA staff will review the basis of your claimed Preference to determine if you are eligible for the Preference.

Current Housing Situation
Please tell us about your current housing situation. Depending on your current housing situation and your ability to verify your circumstance, you may be placed higher on specific waitlists. Making a false statement or misrepresentation may result in the denial of your application.
Note: You will be required to provide documentation to verify your current housing situation. The types of documents you may need to verify your housing situation may include, but are not limited to, a lease, rent receipts, utility bill, etc.

Are you now homeless or in imminent danger of becoming homeless?
☐ Yes ☐ No
If yes, please check ALL of the following statements that apply to you.
☐ **Displaced by natural forces** (e.g., flood, fire, earthquake)
☐ **Displaced by urban renewal** or eminent domain
☐ **Displaced by condemnation** of home or code violations
☐ **No fault loss of housing** - such as condominium conversion, owner wants unit for personal or
family use, or discharge from nursing home or long-term care facility
☐ **Victim of abuse** (domestic violence)
☐ **Homeless due to Severe medical emergency**

Please provide additional details about your housing situation. Use and attach additional sheets of paper if necessary. Details may include, but are not limited to:

- Where you were displaced from and why;
- If you were evicted by your landlord, why you were evicted (e.g., non-payment of rent, condo conversion, etc.);

- If there was a natural disaster, what type of disaster it was; if there was a fire, how did it start;
- If your unit was condemned, what was the reason;
- If you were displaced by public action, what was the nature of that public action;
- If you have a severe medical emergency, how has this impacted your housing situation.

_____
_____
_____
_____

F. Do you have any special needs due to a disability or need for a reasonable accommodation? YES ☐ NO ☐
Specify the accommodation needed:
_____

G. Do you need a wheelchair accessible apartment? (Check One) YES ☐ NO ☐
Do you need a hearing/visual adapted apartment? (Check One) YES ☐ NO ☐

H. CRIMINAL RECORD: Pursuant to 804 CMR 5.05(1) IHA will obtain Criminal Offender Record Information for all applicants and household members 17 years of age or older.

1. Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last five years?* ☐ Yes ☐ No
2. Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years?* ☐ Yes ☐ No
3. Are you or any member of your household registered or required to register as a sex offender under Massachusetts or any other state law? ☐ Yes ☐ No
   If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required) _____
   _____
4. Have you or any member of your household resided outside of Massachusetts ☐ Yes ☐ No
   If yes, please list all other states of residence for each household member.
   _____
   _____
5. If you answered yes to questions 1, 2 and/or 3 please explain:
   _____
   _____

***APPLICANTS WITH SEALED RECORDS PLEASE READ. Applicants with sealed records: You are not required to list convictions that are included in a record that has been sealed.**

NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

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

Name: First, Last	Relationship	Social Security Number*	Sex	Date of Birth	FT Student (check one)
	HEAD				YES☐ NO☐
					YES☐ NO☐
					YES☐ NO☐
					YES☐ NO☐
					YES☐ NO☐
					YES☐ NO☐
					YES☐ NO☐

*Are there any household members on this application who are 62 years or older who have received federal housing assistance somewhere else on or before January 31, 2010? YES☐ NO☐ If answered yes, the applicant is exempt from disclosing their Social Security Number.

J. Is a change in the household composition (number of people in your household) expected? (Check One) YES☐ NO☐

If yes, what type? _____ When? _____

K. **INCOME BEFORE DEDUCTIONS:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 months. **Please specify all sources.**

Employment Income Including Work as Subcontractor (Uber, Door Dash etc.) or Income from a Business You or a Family Member Own: List for all household members regardless of age and/or student status.

Household Member	Employer	Employer Address	Years Employed/ Position	Gross Earnings*
				$ /per _____
				$ /per _____
				$ /per _____
				$ /per _____

*(per week/bi-weekly/monthly)

Social Security, Disability, and Other Non-employment Income: List sources including but not limited to Social Security, Disability, Child Support, Alimony, Welfare, Food Stamps, Unemployment, Annuities, Pensions, Retirements, V.A. Benefits, Gifts, Scholarships, Trusts/Inheritances, Gambling Winnings, etc.

Household Member	Source	Amount	Frequency

L. Medical, Childcare, and Handicapped Care Expense Deductions – If head of household or spouse is 62+ or disabled, household members may be eligible to deduct unreimbursed out of pocket medical expenses. Childcare/Handicapped Care expenses must be incurred to allow family members to work or enroll in school fulltime.

Type	Name/Source of Expense	Address of Expense	Yearly Amount

M. Assets: List all assets including but not limited to Bank Accounts (Checking and Savings), CDs, IRAs, Money Market, Investment, 401Ks, Stocks, Bonds, Real Estate, etc.

Household Member:		**Asset/Bank Name & Address:**	
Account Type:	**Interest Rate:**	**Annual Income:**	**Total:**
Household Member:		**Asset/Bank Name & Address:**	
Account Type:	**Interest Rate:**	**Annual Income:**	**Total:**
Household Member:		**Asset/Bank Name & Address:**	
Account Type:	**Interest Rate:**	**Annual Income:**	**Total:**
Household Member:		**Asset/Bank Name & Address:**	
Account Type:	**Interest Rate:**	**Annual Income:**	**Total:**

Have you sold assets for less than fair-market value in the last two years? Check One: YES ☐ NO ☐

N. Have you or any member of your household ever received housing assistance from this or any other Housing Agency or Housing Authority? Check One: YES ☐ NO ☐

If **yes**: Name of Head of Household at that time: _____

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? _____

Address_____

Are you or any member of your household currently receiving any federal (HUD) or state housing assistance? Check One: YES ☐ NO ☐ If yes, list the household members, type of assistance being received, and location.

_____

_____

O. REFERENCES

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or the past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/ Official _____ Telephone_____

Address _____

How long have you lived at the present address? _____
What are your reasons for moving? _____
How did you hear about this housing development? _____

Name of Previous Landlord/ Official _____ Telephone_____

Address_____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____ Address
_____

Name of Character Reference _____ Telephone _____ Address
_____

P. Assistance for Persons with Disabilities

The IHA uses MassRelay TTY at 711. You can also ask for disability-related assistance when you contact the IHA, including reasonable accommodations and auxiliary aids and services.

Discrimination and Fair Housing Rights:
If you believe you have been discriminated against, call the HUD Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777. Or, you may contact the local HUD field office at Boston Regional Office of FHEO, U.S. Department of Housing and Urban Development, Thomas P. O'Neill, Jr. Federal Building; 10 Causeway Street, Room 308, Boston, Massachusetts 02222, (617) 994-8300, (800) 827-5005. TTY (800) 877-8339

The IPSWICH Housing Authority, acting as management agent for Agawam Village (the "Development") does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or its programs, activities, functions or services.

Limited English Proficiency
You are entitled to free translation and interpretation services upon request by calling the IHA at (978) 744-4431

Violence Against Women's Act (VAWA) Protections and Coverage
If you are applying for or receiving assistance under any housing operated by a public housing authority, you may have housing protections under VAWA. The Violence Against Women Act (VAWA) is a federal law that, in part, provides housing protections for people applying for or living in units subsidized by the federal government and who have experienced domestic violence, dating violence, sexual assault, or stalking, to help keep them safe and reduce their likelihood of experiencing homelessness.

Please see two important VAWA forms provided under Forms and Application on the IHA website: "Notice of Occupancy Rights under the Violence Against Women Act VAWA" (HUD form 5380) and "Certification of Domestic Violence" (HUD Form 5382).

Q. APPLICANT'S CERTIFICATION

I/We understand that this application is not an offer of housing. I/we understand that I/we will have to provide proof of all the facts before the IPSWICH Housing Authority can make a final decision on my eligibility. Based on this application, I/we understand that I/we should not make any plans to move with assistance from the IPSWICH Housing Authority.

I/We understand it is my responsibility to inform IHA in writing of any change of address, household size, or change in circumstances as I/we have described them in this application. I/we understand I/we must respond promptly to all IHA inquiries, or my application may be cancelled.

I/We certify that the information provided in this application is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are criminal offenses punishable under state and federal law. I also understand that false statements or information are grounds for rejection of this application or termination of tenancy.

I/We herby certify that we have received a notice form from the management agent describing the right to reasonable accommodations for persons with disabilities.

<u>Signed under the pains and penalties of perjury:</u>

Applicant Signature: _____ Date: _____

Spouse/Co-Head Signature: _____ Date: _____

R. Authorization for Release of Information

I_____, hereby authorize the IPSWICH Housing Authority to obtain any and all information necessary to determine my eligibility and the eligibility of my household under the Housing Choice Voucher Program. I understand that all information is regarded as confidential in nature and will be used only for program purposes. I understand that a consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may be requested.

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. 200d), 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 the amount your family will pay towards 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.

Signed under the pains and penalties of perjury:

Applicant Signature: _____ Date: _____

Spouse/Co-Head Signature: _____ Date: _____

IHA Reviewer: _____ Date: _____

*__Warning:__ 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, IHAll be fined no more than $10,000, imprisoned for not more than five years, or both.

NOTE: In completing this application, the Applicant has the right to include, as part of the application, the name, address, telephone number, and other relevant information of a family member, friend or social, health advocacy or other organization as contact person to provide assistance to the Applicant in connection with the application. Applicant must include completed Form HUD-92006 (Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants).

Translation and interpretation services are available upon request
Sevis tradiksyon ak intepretasyon disponib si w bezen
Servicio de traducción e intepretación estan disponibles, con cita, una vez que lo solicite
Serviço de tradução e interpretação estão disponíveis somente após agendamento

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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 IPSWICH HOUSING AUTHORITY 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 IPSWICH Housing Authority 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 IPSWICH Housing Authority, then IPSWICH Housing Authority will be 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 IPSWICH Housing Authority. If you are an applicant and you fail to give IPSWICH Housing Authority this information, IPSWICH Housing Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give IPSWICH Housing Authority this information, IPSWICH Housing Authority may have to evict you or withdraw your housing assistance.

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

IPSWICH Housing Authority 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 IPSWICH Housing Authority staff in the course of their duties.

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

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