

North Andover Housing Authority
 Cathy Hoog, Executive Director
 One Morkeski Meadows
 North Andover, MA 01845

TEL (978) 682-3932
 FAX (978) 794-1142
 TDD (978) 545-1833 Ext. 378

FEDERAL PUBLIC HOUSING APPLICATION
 Please read carefully. Incomplete applications will not be processed.

For North Andover Housing Authority use only:

Date/Time of Application: _____ Application Control ID: _____

1. Name of head of household: _____
2. Name of adult co-head of household: _____
3. Current address, street, apt. #: _____
 Current city, state, zip: _____
 Current area code, home & work phone #s: _____

Are you 62 years or older? Are you disabled? Do you need a wheelchair accessible unit?
 Definition of Elderly/Disabled can be found on last page of application.

Local Preferences

Are you a North Andover resident?
 Definition of North Andover resident can be found on last page of application.

Optional: For Statistical Purposes Only

Race of Head: Caucasian/White African/American/Black Asian or Pacific Islander
 Native American/Alaskan Native
 Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

FAMILY INFORMATION

Beginning with you, list all persons who will live in the North Andover Housing Authority's unit, including live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

NOTE: North Andover Housing Authority's Elderly/Disabled units are one-bedroom only.

	First Name & Last Name (if different from Head)	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace Country	Full-Time Student
H								
2								
3								

FAMILY INCOME INFORMATION

Please list the source and amount of all income expected for the coming 12 months for all family members, including you. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, Pensions, SSI, SSDI, Unemployment, Worker's Compensation, Child Support, etc.

4. Is any adult family member employed? Yes No

If yes, name, address & phone # of employer(s): _____

Family Member's Name	Income Source	Amount \$	Frequency
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

List any additional income on a separate sheet of paper and attach to this application.

5. Do you have a checking, savings or money market account, or own any certificates of deposit, stocks, bonds, etc.? Yes No If yes, list each account below:

Type of asset, account #, current balance: _____
 Name & address of bank or institution where account is held: _____

Type of asset, account #, current balance: _____
 Name & address of bank or institution where account is held: _____

Type of asset, account #, current balance: _____
 Name & address of bank or institution where account is held: _____

List additional accounts on a separate sheet of paper and attach to this application.

6. List life insurance policies for all household members:

Policy #: _____ Face value of policy \$: _____ Cash value of policy \$: _____
 Insurance company name and address: _____

Policy #: _____ Face value of policy \$: _____ Cash value of policy \$: _____
 Insurance company name and address: _____

7. Do you own any real estate? Yes No

If yes, what is the address: _____

8. Have you sold any real estate in the past two years? Yes No

If yes, what is the address: _____

The North Andover Housing Authority will be contacting all former landlords for the period three years from the date of application. Please list all current and previous residences and landlords during that time period.

9. Current landlord's name, address and phone #: _____

Date family moved to this location _____

10. Most recent former address, street, apt. #: _____

Most recent former city, state & zip: _____

Landlord's name, address & phone #: _____

Date moved in: _____ Date moved out: _____

11. Previous address, street, apt. #: _____

Previous city, state & zip: _____

Landlord's name, address & phone #: _____

Date moved in: _____ Date moved out: _____

12. Have you ever been evicted from housing? Yes No

If yes, why? _____

13. Have you ever lived in public housing before? Yes No

If yes, where? _____

Dates: From _____ to _____ Name of lessee: _____

14. Do you owe any money to any Public Housing Authority? Yes No

If yes, explain: _____

15. Are you a Board member, employee or a member of the immediate family of an employee or

Board member of the North Andover Housing Authority? Yes No (If so, this will not

disqualify your application) If yes, explain: _____

16. Have you, or any member of the applicant household ever been arrested or convicted of a crime,

other than a traffic violation? Yes No

If yes, explain the nature of the problem and who was involved: _____

17. Is anyone in your household currently on parole or probation? Yes No

If yes, explain: _____

18. Do you have any pets? Yes No If so, how many? _____

Please Describe: _____

QUALIFYING FOR DEDUCTIONS IN CALCULATING RENT

19. Does your household have any medical expenses (including insurance, Medicare deductions, doctor visits, hospital or clinic costs, prescriptions, therapy, supplies, medical transportation, etc.)? Yes No
If yes, describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses. _____

20. Drivers license or state ID #: Applicant: _____ Co-applicant: _____

Automobile: Year: _____ Make: _____ Model: _____

I/we certify that the information on this application are true to the best of my/our knowledge, and understand that they will be verified. I/we authorize the release of information to the North Andover Housing Authority by my/our employer(s), the Department of Public Assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant signature: _____ Date: _____

Co-applicant signature: _____ Date: _____

Warning: 18 U.S. 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 any department of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator _____

Housing Authority: _____

Address: _____

From: _____
Applicant or Resident Name (please print) Control Number

Address _____

Town/City, State, Zip _____

(____) _____
Area Code/Telephone Number

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

2. This request for a reasonable accommodation/modification is necessary so that I can:

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

Signature of Applicant or Resident (or authorized representative)

Date



Notice to All Applicants and Residents: Reasonable Accommodations and Modifications are available for Applicants and Residents with Mental and/or Physical Disabilities

Local Housing Authority (LHA) does not discriminate against applicants or residents on the basis of mental (including psychiatric) or physical disabilities. In addition, the LHA has an obligation to provide "reasonable accommodations" and "reasonable modifications" on account of a disability if an applicant or resident or a household member is limited by the disability and for this reason needs such an accommodation or modification. A reasonable accommodation is a change that the LHA can make to its rules, policies, practices, or services, and a reasonable modification is a change an LHA can make to its facilities (including physical alterations to the housing unit or public or common use areas) that will assist an otherwise eligible person with a disability to have equal opportunity to use and enjoy the housing or common or public use areas or to participate fully in the LHA's programs, activities, or services. Such changes may not be reasonable if they are not financially and programmatically feasible for the housing authority.

An applicant or resident household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to The LHA, and to avoid disturbing neighbors), but an accommodation or modification may be the basis by which the household is able to meet those obligations of tenancy.

The LHA has an Accommodation Coordinator. If you need an accommodation or modification because of a disability, please complete the attached form and return it to the LHA. Upon reasonable request by the LHA, you must also submit documentation verifying the existence of a disability and the disability-related need for the accommodation or modification. Within thirty (30) calendar days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the LHA can reasonably do to provide you an accommodation or modification on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result needs an accommodation or modification, you, the household member, or authorized representative, may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.



Verification of Handicapped Status for State-Aided Elderly/Handicapped Housing

Name of Physician or Other Professional: _____

Profession: _____

Address

Date _____

VERIFICATION OF HANDICAPPED STATUS FOR STATE-AIDED ELDERLY/HANDICAPPED HOUSING

Applicant's Name _____

Applicant Control Number _____

Applicant's Address _____

I hereby authorize release of the following information: _____ Applicant's Signature

The Housing Authority may request verification that an applicant has a qualifying physical or mental impairment in order to determine the applicant's eligibility for elderly/handicapped housing. The applicant has authorized above your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

Executive Director or Tenant Selection Coordinator

(continued on next page)

THE FOLLOWING TO BE COMPLETED BY PHYSICIAN (OR OTHER PROFESSIONAL)

Note: an applicant's eligibility for Elderly/Handicapped Housing is contingent on the Authority being able to identify, and understand whether the applicant has a qualifying impairment and how it affects his or her housing needs. Please be sure to complete this form legibly and in a manner that allows the Authority to meaningfully evaluate the applicant's eligibility.

1. Does the applicant have one or more physical, or mental impairments, other than a history of alcohol or substance abuse, which substantially impede(s) his or her ability to live independently? Circle the appropriate answer.

Yes / No

Comment:

2. If Yes to question 1 above, would suitable housing conditions improve the applicant's ability to live independently and, if so, what sort? Be specific.

3. If Yes to question 1 above, is the anticipated duration of the applicant's impairment(s) more than six (6) months? Circle the appropriate answer.

Yes / No

If the anticipated duration is indefinite so specify, and estimate the approximate duration to the best of your ability:

4. Other comment:

CERTIFICATION

I certify that the information provided above represents my professional judgment and is true and accurate to the best of my knowledge and belief.

Signature

Date

Printed Name

Telephone

Street

City & State

Zip

Note: an applicant that has a history of alcohol or substance abuse may still be eligible for Elderly/Handicapped Housing if the applicant has one or more qualifying physical or mental impairments in addition to the history of alcohol or substance abuse and is otherwise eligible and qualified for such housing.



Fair Information Act; Statement of Rights

Local Housing Authorities collect information about applicants and tenants for their housing programs as required by law in order 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. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the 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 punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards 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 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 have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. 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 appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Date _____ Signature _____



Request for Accommodations

To: Accommodation Coordinator _____ Housing Authority
Authority Address: _____

From: _____

Applicant Name (please print) Control Number

Address

Town/City, State, Zip

()

Area Code/Telephone Number

1. I have a disability which limits me in the following ways (describe):

2. On account of these limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing programs. (Describe)

3. Documentation verifying the existence of my disability, my limitations on account of it, and my need for accommodation is attached. (Attach appropriate documentation).

4. I attest that the foregoing information is true and correct.

Signature of Applicant

Date

North Andover Housing Authority
Cathy Hoog, Executive Director



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North Andover, MA 01845

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(800) 545-1833 Ext. 100 TDD

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above named individual have authorized the North Andover Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources:

- | | |
|---|--------------------------------------|
| Previous Landlords | Court & Post Offices |
| Schools & Colleges | Support & Alimony Providers |
| Past & Present Employers | Welfare Agencies |
| State Unemployment Agencies | Social Security Administration |
| Medical & Child Care Agencies | Veterans Administration |
| Retirement Systems | Banks & Other Financial Institutions |
| Credit Providers & Cred Bureau | CORI (Criminal Offender Record |
| Utility Companies | Information |
| Massachusetts Wage Reporting and
Bank Match System | |

I hereby give you my permission to release this information to the North Andover Housing Authority subject to the condition that it is kept confidential. I would appreciate your prompt attention in supplying the information on the attached page to the North Andover Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signature: _____ Date: _____

THIS AUTHORIZATION IS VALID FOR A PERIOD ONE YEAR
FROM THE DATE NOTED ABOVE.

