

North Andover Housing Authority

One Morkeski Meadows
North Andover, MA 01845



(978) 682-3932
(978) 794-1142 FAX
(800) 545-1833 Ext. 100 TDD

FEDERAL ELDERLY/HANDICAPPED PUBLIC HOUSING APPLICATION

Please read carefully. 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 deliver to the North Andover Housing Authority.**

1. CONTACT INFORMATION

Name of head of household: _____

Name of adult co-head of household: _____

Current Street Address: _____ Apt#: _____

Current City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above):

Home Phone #: _____ Cell Phone #: _____

Email: _____

Are you 62 years or older? Are you disabled? Do you need a wheelchair accessible unit?

Local Preference: In addition to receiving local preference for the City or Town where you principally reside or from which you became Homeless, you may receive Local Preference based on where you are employed. Please answer the following:

Provide the name of your employer: _____

Mailing Address: _____

City, State & Zip: _____

Provide the dates of employment Start: _____ End: _____

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

2. FAMILY INFORMATION

Beginning with you (Head of Household), list all household members 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	Date of Birth	Sex	Social Security Number	Relation to Head	Disable Person?	Birthplace Country	Full-Time Student
				Head of Household			

3. FAMILY INCOME INFORMATION

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

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.

4. **ASSETS:**

Do you have any checking, savings or money market accounts, or own any certificates of deposit, stocks, bonds, etc.? Yes No

If yes, list each account below:

Family Member	Asset Type (Checking, Savings, stocks, bonds, etc.)	Asset Value or Current Balance	Name of Financial Institution and Address	Account Number
		\$		
		\$		
		\$		
		\$		

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

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: _____

Do you own any real estate? Yes No

If yes, what is the address: _____

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

If yes, what is the address: _____

5. **QUALIFYING FOR DEDUCTIONS IN CALCULATING RENT**

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. _____

6. RENTAL HISTORY

The North Andover Housing Authority will be contacting all former landlords for the period three (3) years from the date of application. Please list all current and previous residences and landlords during that time period.

Current Residence

Street Address, Apt. #: _____
City, State & Zip: _____
Date moved in (month/year): _____
Current landlord's Name: _____
Current landlord's Phone #: _____
Current landlord's Address: _____

Previous Residence #1

Previous Street Address, Apt. #: _____
City, State & Zip: _____
Date moved in (month/year): _____ Date moved out (month/year): _____
Previous landlord's Name: _____
Previous landlord's Phone #: _____
Previous landlord's Address: _____

Previous Residence #2

Previous Street Address, Apt. #: _____
City, State & Zip: _____
Date moved in (month/year): _____ Date moved out (month/year): _____
Previous landlord's Name: _____
Previous landlord's Phone #: _____
Previous landlord's Address: _____

7. Have you ever been evicted from housing? Yes No
If yes, why? _____
8. Have you ever lived in public housing before? Yes No
If yes, where? _____
Dates: From _____ to _____ Name of lessee: _____
9. Do you owe any money to any Public Housing Authority? Yes No
If yes, explain: _____
10. 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: _____
11. Do you have any pets? Yes No If so, how many? _____
Please Describe: _____

12. 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: _____

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

If yes, explain: _____

14. Do you own a motor vehicle or motorcycle? Yes No

Make/model of vehicle: _____ Year: _____ Reg. #: _____

Make/model of vehicle: _____ Year: _____ Reg. #: _____

Driver's License # or State ID # Applicant: _____ Co-Applicant: _____

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.

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 change that the 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 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.



Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator
North Andover Housing Authority
One Morkeski Meadows
North Andover, MA 01845

From: _____
Resident First and Last Name (please print)

Date of Birth: _____

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



FAIR INFORMATION PRACTICES ACT
STATEMENT OF RIGHTS

The North Andover Housing Authority collects information about applicants and tenants for its 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. When 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 housing authorities 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 regard to the information collected about you:

1. No information may be used for any purpose other than those described above or 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 may 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, and 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 references.

Signature (Head of Household): _____ Date: _____

Signature (Spouse or other adult): _____ Date: _____

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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 & Credit Bureau	CORI (Criminal Offender Record Information)
Utility Companies	
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: _____
Head of Household

Signature: _____ Date: _____
Spouse or Other Adult

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



Required Documentation

1. Please submit a copy of your Driver's License or a government issued photo ID and a copy of your Social Security Card at the time of application.

2. Local Preference Documentation:

You will receive local preference on the waitlist if you live or work in North Andover.

- If you **live in North Andover** you must submit three (3) forms of documentation verifying that you live in the town of North Andover. Listed below are examples of the documentation you can provide:
 - Driver's License
 - Bank Statements
 - Income Verification
 - Utility Bills in your name
 - A lease or letter from the landlord
 - Social Security statement
- If you are **employed in North Andover**, please provide a copy of the following:
 - Pay stub from your current employer

**If you do not provide documentation verifying that you are eligible for a local preference, you will be placed on the waiting list as a standard applicant.

3. If you own any real estate, please provide the following:

- A copy of your current real estate tax bill