



Newton Housing Authority
82 Lincoln Street
Newton Highlands, MA 02461

Tel: (617) 552-5501
Fax: (617) 964-8387

Michael Lara
Executive Director

Section 8 Moderate Rehabilitation SRO - West Suburban YMCA

Low-Income Housing Tax Credit Property

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. If you have a disability and require a reasonable accommodation in completing this application please contact Newton Housing Authority at (617) 552-5501.

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this application.

A. GENERAL INFORMATION:

Applicant Name: _____

Address: _____

Telephone Number: _____

Occupation or Student status: _____

No. of BR's in current unit: _____ Do you: ☐ Rent or ☐ Own (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If you own, do you receive monthly rental income from the property? ☐ YES ☐ NO
(Check One)

Amount of Monthly rental income from the property: \$ _____

Check utilities you pay: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify) _____

Approximate monthly cost of utilities you pay (excluding phone & cable TV) \$ _____

Bedroom type requested: ☐ Studio ☐ Handicap Studio

Description of present housing conditions: _____

B. HOUSEHOLD COMPOSITION:

Name:	Relationship to HOH	DOB	Age	Social Security #	Are you a student
					Y / N

Have there been any changes in the household composition in the last 12 months?

☐ Yes ☐ No If yes, explain:

Will the head of household be or have been a full-time student during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Check One

Are you a full-time student that is married and filing a joint tax return?	☐ Yes	☐ No
Are you a student that is enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐ Yes	☐ No
Are you a full-time student that is a title IV recipient or TANF?	☐ Yes	☐ No
Are you a full-time student that is a single parent living with a minor child who is not a dependent on another's tax return?	☐ Yes	☐ No

C. INCOME

List ALL sources of income as requested below. If a section does not apply, write N/A

Source of Income	Gross Monthly Amount
Social Security Benefits	\$
SSI Benefits	\$
Pension (list source)	\$
Pension (list source)	\$
Veteran's Benefits (list claim #)	\$
Unemployment Benefits (list claim #)	\$
Title IV/TANF	\$
Interest Income (source)	\$
Long Term Medical Insurance Payment more than \$180/day	\$

D. ASSETS

Checking Account(s)	Account #	Bank	Balance
	#		\$
	#		\$
Trust Account			
			\$

Savings Account(s)	Account #	Bank	Balance
	#		\$
	#		\$
	#		\$

Savings Bonds	Account #	Maturity Date	Value/Balance
CD's	#		
Money Market Funds	#		
Stocks	#		

Have you disposed of any assets in the last 2 years? (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? ☐ YES ☐ NO

If yes, describe the asset: _____

Date of disposition: _____

Amount disposed: _____

E. ADDITIONAL INFORMATION

Check One

Have you ever been convicted of a felony?	☐ YES	☐ NO
If yes, describe: _____		
Have you ever been evicted from any housing?	☐ YES	☐ NO
If yes, describe: _____		
Briefly describe your reasons for applying: _____		

In which year did you last file a Federal Income Tax? _____

Have you applied for assistance from the Newton Housing Authority at any previous time?

☐ YES ☐ NO

Where did you hear of the Section 8 Program? _____

If you are receiving assistance from Welfare, please give the name of your social worker and the address of the Welfare office: _____

Source of Income	Monthly Amount
Employment Amount	\$
Employer:	
Position Held:	
How long employed: (/ /) to (/ /)	

Employment Amount	\$
Employer:	
Position Held:	
How long employed: (/ /) to (/ /)	

Are you obligated to pay, or do you receive?:

Child Support ☐ YES ☐ NO If yes, Amount \$ _____ paid / received Explain: _____

Alimony ☐ YES ☐ NO If yes, Amount \$ _____ paid / received Explain: _____

Child Care ☐ YES ☐ NO If yes, Amount \$ _____ paid / received Explain: _____

Un-reimbursable medical expenses Amount \$ _____ paid / received Explain: _____

Medical/ living expenses for a person not living with you Amount \$ _____ paid / received
Explain: _____

Total Gross Annual Income (based on the monthly amount listed, times 12)	\$
Total Gross Annual Income from previous year	\$
Do you anticipate any changes in this income in the next 12 months	☐ YES ☐ NO
Are you Legally entitled to receive income assistance?	☐ YES ☐ NO
Are you likely to receive income or assistance (monetary or not) from a friend or family member?	☐ YES ☐ NO
If yes to any of the above, explain:	
Is the income received?	☐ YES ☐ NO

F. REFERENCE INFORMATION

Current Landlord	Name	
	Address	
	Home Phone	
	Business Phone	
	How Long?	

Prior Landlord	Name	
	Address	
	Home Phone	
	Business Phone	
	How Long?	

Prior Landlord	Name	
	Address	
	Home Phone	
	Business Phone	
	How Long?	

Prior Landlord	Name	
	Address	
	Home Phone	
	Business Phone	
	How Long?	

Prior Landlord	Name	
	Address	
	Home Phone	
	Business Phone	
	How Long?	

Credit Reference #1	
Address:	
Account #	Phone #

Personal Reference #1	
Address:	
Account #	Phone #

Personal Reference #2	
Address:	
Account #	Phone #

Personal Reference #3	
Address:	
Account #	Phone #

In case of an emergency notify: Name:	
Address:	
Phone #	Phone #

G. VEHICLE INFORMATION

List any car, truck, or other vehicle owned. Parking will be provided for one vehicle.

Type of Vehicle:	License Plate #
Year/Make:	Color:

Do you own any pets?	☐ YES ☐ NO
If yes, describe: _____	

Certification

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I certify that all information in this application is true and complete, to the best of my knowledge and I understand that false statements and information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature of Applicant

Date

Newton Corner Place does not discriminate on the basis of race, color, religion, nation origin, sexual orientation, age, familial status, marital status, disability, perceived disability, gender, pregnancy, genetic background, veteran's status, gender identify in the access or administration to its programs, functions and services.



H. OPTIONAL INFORMATION

(Please note that completing this section is optional. The information will be used only for fair housing as required by Federal and State Law).

Select from the following:

☐ African America ☐ Asian ☐ Hispanic ☐ Native American ☐ White

☐ Other (specify) _____

Newton Housing Authority does not discriminate on the basis of race, color, religion, nation origin, sexual orientation, age, familial status, marital status, disability, perceived disability, gender, pregnancy, genetic background, veteran's status, gender identify in the access or administration to its programs, functions and services.

Newton Corner Place does not discriminate on the basis of race, color, religion, nation origin, sexual orientation, age, familial status, marital status, disability, perceived disability, gender, pregnancy, genetic background, veteran's status, gender identify in the access or administration to its programs, functions and services.



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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
☐ Emergency	☐ Assist with Recertification Process
☐ Unable to contact you	☐ Change in lease terms
☐ Termination of rental assistance	☐ Change in house rules
☐ Eviction from unit	☐ Other: _____
☐ Late payment of rent	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

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Signature of Applicant

Date

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.

AUTHORIZATION TO RELEASE INFORMATION

Re: Applicant/Tenant: _____ Unit # _____

Property Name: Newton Corner PlaceAddress: 276 Church StreetNewton, MA 02458

As managing agents for this Low-Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.

Authorized Signature_____
Title_____
Print Name_____
Date**Release by Applicant/Tenant**

I hereby authorize you to furnish all requested information.

Authorized Signature_____
Date**Verification form is attached.**

West Suburban YMCA – Newton Corner Place Housing
National Sex Offender Public Registry Check

I understand that because I have applied to live in a residence with/around children that a check of my background is required. I hereby authorize the West Suburban YMCA to conduct a background check against the National Sex Offenders Public Registry. I understand that I must have a background free of conduct that bears adversely upon my ability to provide for the safety and well-being of all children/participants/members in order to live in Newton Corner Place located at the West Suburban YMCA.

Print Name: _____ Date: _____

Signature: _____ Date: _____

**Commonwealth of Massachusetts
Sex Offender Registry Board**

M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 392, N Billerica, MA 01862, along with a self-addressed stamped envelope or scanned as PDF and emailed to SORI.SORI@MASS.GOV. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

SORB USE ONLY

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

*Requestor's name: _____ Date of birth: _____

*Organization name: (if any) _____

*Address: _____ *Telephone number: (____) _____

*Email Address: _____

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: _____ Date: _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Subject's LAST NAME:

Subject's FIRST NAME:

Subject's MIDDLE INITIAL:

Date of birth or approximate age:

M M D D Y Y Y Y

AGE

Address (PRINT): _____

Personal identifying characteristics:

Sex: _____ Race: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Other information (e.g. license plate number, parents' names, etc.): _____

If additional information is needed, please contact the Requestor at the telephone number above.

*****WARNING*****

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C - 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

The West Suburban YMCA is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, licensed applicants, current licensees, and applicants for rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, licensed applicants, current licensees, and applicants for rental or lease of housing, I understand that a CORI will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **The West Suburban YMCA** to submit a CORI check for my information with the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **The West Suburban YMCA** with notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY: The **West Suburban YMCA** may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that **The West Suburban YMCA** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUBJECT INFORMATION:

Last Name First Name Middle Initial Suffix

Maiden Name (or other name(s) by which you have been known)

Last Six Digits of Your Social Security Number Date of Birth/Place of Birth

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Drivers License Number: _____ State Issued: _____

Mothers Full Maiden Name Fathers Full Name

Current and Former Addresses :

Street Number & Name City/Town Zip

Street Number & Name City/Town Zip

The above information was verified by reviewing the following form(s) of government issued identification.

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee



82 Lincoln Street
Newton Highlands, MA 02461

Tel: (617) 552-5501
Fax: (617) 964-8387
TD: (617) 332-3802

Amy Zarechian
Executive Director

Criminal Offender Record Information (CORI) Acknowledgement Form

The Newton Housing Authority is registered under the provision of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Newton Housing Authority to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Newton Housing Authority with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: I also understand that the Newton Housing Authority may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that the Newton Housing Authority must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date

Below to be completed by Notary Public (if applicable)

Commonwealth of Massachusetts

County of _____

On this _____ [day] of _____ [month], 20____, before me, the undersigned notary public, _____ [name of document signer] personally appeared, proved to me through satisfactory evidence of identification, which were _____ [type of identification], to be the whose name is signed on the preceding or attached document in my presence.

[Seal]

Notary Public Signature

Complete this section using the information of the person whose CORI is being requested. The fields marked with an asterisk (*) are required.

Subject Information

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Maiden Name or other name(s) by which you have been known: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: _____ -- _____ ☐ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number (if available): _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Mother's Maiden Name: _____

Address Information

Current Street Address: _____

Apt. # or Suite: _____ City: _____ State: _____ Zip: _____

Former Street Address #1: _____

Apt. # or Suite: _____ City: _____ State: _____ Zip: _____

Former Street Address #2: _____

Apt. # or Suite: _____ City: _____ State: _____ Zip: _____

Subject Verification

The above information was verified by reviewing the following form(s) of government-issued identification (if applicable): _____

Name of Verifying NHA Employee (please print)

Signature of Verifying NHA Employee

Date

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing
OMB Control Number 2577-0295
Expiration Date 1/31/2025

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

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. 2000d), 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 other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward 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. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:
 Newton Housing Authority
 82 Lincoln Street
 Newton Highlands, MA 02461

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: Section 214 of the Housing & Community Development Act of 1980, as amended, limits eligibility for Section 8 assistance to U.S. citizens, nationals, and certain categories of eligible noncitizens. Please read the Declaration statement carefully and sign and return it to the Section 8 office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury**, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

Box #1 ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or

Box #2 ☐ I am a citizen of the Federated States of Micronesia, the Republic of Palau, or the Republic of Marshall Islands and is now a lawful resident in the United States and its territories; or

Box #3 ☐ I have eligible immigration status, and have reached the age of 62. Attach proof of age; or

Box #4 ☐ I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form. (See reverse side for listing of ACCEPTABLE INS DOCUMENTS.)

☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA), or resident card (temporary form I-SSI)

☐ Permanent residence under §249 of INA; or

☐ Refugee, asylum or conditional entry status under §§207, 208, or 203 the INA; or

☐ Parole status under §§212(d)(5) of the INA; or

☐ Threat to life or freedom under §243(h) or the INA; or

☐ Amnesty under §245A of the INA

Box #5 ☐ I do not have eligible immigration status; or

Box #6 ☐ I do not wish to declare my citizenship/immigration status. If this box is chosen, please call our office for a NON-CONTENDING FAMILY MEMBER FORM.

(Signature of Family Member)
Responsible Adult to sign for minor

(Date)

☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

****WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly 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 United States, shall be fined not more than \$10,000.00, imprisoned for not more than five years, or both.

ACCEPTABLE INS DOCUMENTS: The original of one of the following documents is acceptable evidence of eligible immigration status, subject to verification with INS:

- 1) Form I-51, Alien Registration Receipt Card (issued to lawful permanent residents prior to 1979). For I-51 will no longer be valid after March 20, 1996. Detailed information on how and where to apply for a new green card may be obtained by telephoning the INS toll-free number 1-800-755-0777.
- 2) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- 3) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - a) "Admitted as Refugee Pursuant to Section 207";
 - b) "Section 208" or "Asylum";
 - c) "Section 243(h)" or "Deportation stayed by Attorney General";
 - d) "Paroled Pursuant to Section 212(d)(5) of the INA";
- 4) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) *or* from an INS district director granting asylum (if application filed before October 1, 1990);
 - c) A court decision granting withholding or deportation; or
 - d) A letter from an asylum officer granting withholding or deportation (if application filed on or after October 1, 1990).
- 5) Form I-688B, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210;
- 6) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12";
- 7) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified; or
- 8) If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

APPENDIX D. VERIFICATION CONSENT FORM

CONSENT: I consent to allow the Newton Housing Authority (HA) to request and to obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that the HA cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member, except as provided in HUD regulations. In addition, I understand I must be given an opportunity to contest the determination with the INS or the HA, or both.

This consent form expires 15 months after signed.

Signatures:

ADULT:

_____ Head of household	_____ Alien #	_____ Date
_____ Spouse	_____ Alien #	_____ Date
_____ Family member age 18 or over	_____ Alien #	_____ Date
_____ Family member age 18 or over	_____ Alien #	_____ Date
_____ Family member age 18 or over	_____ Alien #	_____ Date

CHILD:

_____ Family member under age 18	_____ Alien #	_____ Signature of responsible adult	_____ Date
_____ Family member under age 18	_____ Alien #	_____ Signature of responsible adult	_____ Date
_____ Family member under age 18	_____ Alien #	_____ Signature of responsible adult	_____ Date
_____ Family member under age 18	_____ Alien #	_____ Signature of responsible adult	_____ Date

Who Must Sign: In order to be eligible to receive housing assistance, each noncitizen adult or child applying for, or currently receiving, housing assistance must be lawfully within the U.S. Please read the Verification Consent Form carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

Privacy Act Statement: The information on this form is being collected by the (Name of HA) to determine the applicant's or tenant's eligibility for housing assistance. The HA may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to: (1) the Department of Housing and Urban Development (HUD), as required by HUD; and (2) to the Immigration and Naturalization Service (INS) for purposes of verification of the immigration status of each individual and not for any other purpose.

Penalties for Misusing this Consent: HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected on the consent form is restricted to the purposes cited on the form. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

APPENDIX E. LISTING OF NON-CONTENDING FAMILY MEMBERS

I, _____ certify, under penalty of perjury, that the persons listed below are members of my household. Each person listed below has elected not to contend that he or she has eligible immigration status.

(First Name, Middle Initial, Last Name)

(First Name, Middle Initial, Last Name)

(First Name, Middle Initial, Last Name)

(First Name, Middle Initial, Last Name)

(Signature of Head of Household)

(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, shall be fined not more than \$ 10,000, imprisoned for not more than five years, or both.

Instructions: If one or more members of a family elect not to contend that he or she has eligible immigration status, and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance despite the fact that no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the HA the family member(s) who will elect not to contend that he or she has eligible immigration status. In the space(s) provided above, type or print the names of the family members who elect not to contend that he or she has eligible immigration status. Listed members of the family do not sign above. However, the Head of Household or Spouse must sign and date the form in the space provided. The Head of Household or Spouse who is the signer must be either a citizen or have eligible immigration status.

APPENDIX F. NOTICE OF SECTION 214 REQUIREMENTS

NOTICE TO APPLICANTS APPLYING FOR AND TENANTS CURRENTLY RECEIVING SECTION 214 HOUSING ASSISTANCE

The Law. Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of the Department of Housing and Urban Development (HUD) from making financial assistance available to persons who are other than United States citizens, nationals, or certain categories of eligible noncitizens either applying to or residing in specified Section 214 covered programs. Section 214 was implemented by a final "Noncitizens Rule" entitled, Restrictions on Assistance to Noncitizens which was published in the Federal Register, on Monday, March 20, 1995 (60 FR 14816-4861).

When The Law Became Effective. The Noncitizens Rule became effective on June 19, 1995. Until the final rule took effect, the Housing Authority (HA) was prohibited from taking any action based on the citizenship or eligible immigration status of applicants and tenants.

What The Law Means to You. The receipt of financial housing assistance is contingent upon you and your family submitting evidence either of 1) citizenship, or 2) eligible immigration status.

Type of Programs This Law Applies To. The Noncitizens Rule applies to the following HUD-assisted housing programs:

- 1) Section 8 Rental Certificate Program
- 2) Section 8 Rental Voucher Program
- 3) Section 8 Moderate Rehabilitation Program
- 4) Public and Indian Housing Programs

What Persons Are Covered by This Law. Section 214 applies to all applicants who apply for housing assistance, applicants who are already on a waiting list for housing assistance, and tenants who are already receiving housing assistance under a covered program. Section 214 covers: 1) Citizens and 2) Noncitizens who have eligible immigration status.

What Evidence Will Be Required? Each family member, regardless of age, is required to submit the following evidence:

For Citizens or nationals: A signed declaration of U.S. citizenship (whether by birth or naturalization).

For Noncitizens who are 62 years of age or older and receiving housing assistance on June 19, 1995: A signed declaration of eligible immigration status and proof of age.

For All Other Noncitizens. The evidence consists of: 1) a signed declaration of eligible immigration status; 2) the Immigration and Naturalization Service (INS) documents listed below on this page; and 3) A signed verification consent form.

For All Other Noncitizens, What Immigration Status is Eligible? Under the Noncitizens Rule, a noncitizen would have eligible immigration status under any one of the following six categories which are determined by the INS pursuant to the Immigration and Nationality Act (INA):

1. **Immigrant Status Under §101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the INA, as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
2. **Permanent Residence Under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
3. **Refugee, Asylum, or Conditional Entry Status Under 207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
4. **Parole Status Under 212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [*parole status*].
5. **Threat to Life or Freedom Under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
6. **Amnesty Under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

What INS Documents Are Acceptable? The original of one of the following documents is acceptable evidence of eligible immigration status, subject to verification with INS:

1. Form I-151, Alien Registration Receipt Card (issued to lawful permanent residents)