
BILLERICA HOUSING AUTHORITY

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APPLICANT REQUIREMENTS FOR WAITING LISTS

667-2	16 River Street – FEDERAL ELDERLY/DISABLED (NO SMOKING FACILITY) AGE: 62 years of Age or Older
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If you are applying for elderly housing and you are a veteran, or spouse of a veteran, you need to submit a copy of your Veterans paper (DD214)

NON-ELDERLY HOUSING (HANDICAPPED OR DISABLED)

If you are applying for non-Elderly/Disabled Housing you need to be handicapped or disabled and a physician needs to provide verification on the Billerica Housing Authority physician verification form.

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED ALONG WITH THE COMPLETED APPLICATION(S):

√ CHECKLIST

- Proof of residency (i.e., driver's license, utility bill, voter registration card, etc.)
- Proof of age (i.e., copy of birth certificate, baptismal certificate, census record, Passport/Green card, etc.)
- Copy of Social Security Card
- Copy of Social Security Benefit letter (if applicable)
- Veterans paper DD214 (if applicable)
- Physician verification form (if applicable)



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16 River Street, Billerica, MA 01821
Telephone (978) 667-2175 - Fax (978) 667-1156

STANDARD APPLICATION FOR FEDERALLY SUBSIDIZED HOUSING

Standard Control No. _____

PART I

A. Name of Applicant: _____

Current Address: _____

City/Town: _____ State: _____ Zip: _____

City/Town: _____ State: _____ Zip: _____

Mailing Address: _____ Apt. No. _____

Home Telephone No.: _____ Work Telephone No.: _____

B. Type of Housing you are applying for: (circle one)

- a. Elderly/Disable b. Disabled/or Handicapped

C. De your need a wheelchair accessible unit? (circle one) YES NO

PART II - HOUSEHOLD COMPOSITION

List the head of household and all other persons who will be living in the unit should we be able to find you eligible. List name, the relationship of each person to the head of household (son, daughter, husband), birth date, sex, and social security of all persons listed.

Table with 5 columns: First, middle and last name of everyone in the household, Relationship to the head of household, Sex (M/F), Date of Birth, Social Security Number. Includes three empty rows for data entry.

Please circle and/or fill in the appropriate answer.

1. Are you being displaced or evicted from your current housing unit?

YES NO If yes, please explain: _____

2. Were you or a member of your household, a former participant of a BHA Public Housing or rental assistance program whose participation was terminated in bad standing or who currently owes back rent, fees or costs to BHA?

YES NO If yes, please explain: _____

3. Where you or a member of your household ever a participant in a Federal Housing Program?

YES NO If yes, please explain: _____

4. Do you plan to have anyone live with you in the future who is not listed on this application?

YES NO If yes, please explain: _____

PART III HOUSEHOLD INCOME

Please circle the appropriate answer for each of the following questions. Provide the details of your income in the charts in paragraph 16 and 17 below.

1. In any member of your household employed, part time, full-time or seasonal? YES NO
2. Does any member of your household expect to work during the next twelve months? YES NO
3. Does any member of your household receive or expect to receive alimony payments? YES NO
4. Does any member of your household receive unemployment benefits? YES NO
5. Does any member of your household receive or expect to receive welfare payment (TAFDC, SSI or EAEDC)? YES NO
6. Does any member of your household receive or expect to receive Social Security benefits? YES NO
7. Does any member of your household receive or expect to receive an income from a pension or annuity? YES NO
8. Does any member of your household receive income from assets including interest on checking or saving accounts, interest or dividends from certificates of deposits, stocks, bonds, or income from the rental of property? YES NO
9. Does any member of your household receive or expect to receive an earned income tax credit? YES NO
10. Do you own a home or any other real estate?
11. Have you sold or given away any real property or any other assets in the past two years? YES NO
If yes, please provide a description and value of the disposal of asset(s).

12. Do you pay for a care attendant or an equipment for a handicapped member of your household, that is necessary to permit the person or spouse or someone else in the household to work? YES NO

13. Do your pay for Medicare? YES NO

14. Do you pay for any other king or insurance? YES NO
if yes, please list the insurance company and monthly premium.

15. Do you have any medical bills not covered by insurance that you expect to pay during the next 12 months? YES NO
if yes, please list the amount and description of the bills.

16. FOR EACH TYPE OF INCOME, PLEASE LIST THE TYPE (WAGES, TAFDC, SSI, ETC.), THE AMOUNT OF THE INCOME, AND HOW OFTEN RECEIVED (WEEKLY, MONTHLY, BI-MONTHLY, BI-WEEKLY, ETC.).

Household Member First Name	Income Type	Income Amount	Frequency Received
1.			
2.			
3.			
4.			
5.			

17. ASSETS

Household Member First Name	Asset Type	Asset Current Value	Name of Financial Institution	Account No.
1.				
2.				
3.				
4.				
5.				

PART IV APPLICANT STATUS

Please circle and/or fill in the appropriate answer.

1. Is your current housing subsidized? YES NO
2. What is the head of household race?
1. White 4. Hispanic
2. Black 5. Asian/Pacific Islander
3. American Indian 6. Other _____
3. If you are applying for elderly/handicapped housing or if you will live alone, which answer describes your household?
a. Household head over 62
b. Household head disabled or handicapped
c. Household head over 50 years or age but under 62
d. Household head displaced by government action or a federally declared disaster
e. None of the above
4. Do you or members of your household have special medical needs requiring any handicapped accessible accommodations in your dwelling unit? YES NO
If yes, please explain. _____

5. Veteran's Preference. You may apply for Veteran's Preference if you are a Veteran, the Spouse, dependent parent or child, or divorced spouse with a dependent child of the Veteran. A copy of the Veteran's discharge or separation papers must be submitted with this application.
Dates of Military Service: From _____ To _____
6. Number of bedrooms needed to house your family?
1 2 (BHA use only)
7. Do you currently work, or do you have a firm commitment of employment in BHA? YES NO
If yes, where? _____
8. Please circle the circumstances most relevant to your household.
a. I am not displaced
b. Displaced or by fire or natural forces

- c. Displaced or will soon be displaced by government action
- d. Displaced or will soon be displaced by no-fault eviction
- e. Displaced or will soon be displaced by domestic violence
- f. Displaced or will soon be displaced by Code Enforcement
- g. I have a medical emergency

9. Please circle the answer that best describes your current housing situation.

- a. Substandard b. Homeless c. Standard or not known.

if you circle a or b, please describe the circumstances below.

10. List the following information for the last five years in reverse order.

(a) Address: _____ from _____ to present

Name of Landlord: _____ Telephone _____

Address of Landlord: _____

(b) Address: _____ from _____ to present

Name of Landlord: _____ Telephone _____

Address of Landlord: _____

(c) Address: _____ from _____ to present

Name of Landlord: _____ Telephone _____

Address of Landlord: _____

11. References: List two people who know you well. These should not be relatives or household members. They may be employers, neighbors, clergy or social workers.

(a) Name _____ Telephone _____

Address: _____

City: _____ State _____ Zip code _____

(b) Name _____ Telephone _____
Address: _____
City: _____ State _____ Zip code _____

12. Emergency Contact: Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency.

Name: _____ Relationship: _____

Address: _____ Telephone: _____

13. Do you have any pets? (circle one) YES NO
If ye, please describe: _____

Criminal Record: Pursuant to 803 CMR 5.05(1) the BHA will obtain Criminal Offender Record Information for all applicants and household members 17 years and older.

14. Have you or any members of your household who will live in the unit been convicted of a misdemeanor in the last five years?

(circle one) YES NO DON'T KNOW

15. Have you or any members of your household who will live in the unit been convicted of a felony in the last ten years?

(circle one) YES NO DON'T KNOW

16. Are you or any members of your household registered or required to register as a sex offender?

(circle one) YES NO DON'T KNOW

If you answered yes to #14, #15, or #21 above, please explain:

Applicant's Certification:

I understand that this application is not an offer of housing. I understand that the Billerica Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list.

Based on this application, I understand that it is my responsibility to inform the Housing Authority in writing on any change of address, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Department of Criminal Justice Information Services for all adult members of the household.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult member of the household.

SIGNED UNDER THE PAIN AND PENALTIES OF PERJURY.

Applicant's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

NOTE: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENCE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

THIS PROVISION APPLIES TO FEDEREAAL HOUSING PROGRAMS

STATEMENT OF RESIDENCE

The undersigned hereby states that as of this date, the following statements are true. Please check the appropriate box:

_____ The family headed by the undersigned is presently residing in Billerica.

_____ The applicant is presently working in Billerica.

_____ The applicant has been notified that he/she has been hired to work in Billerica.

If you are presently residing in Billerica, please provide the following information:

Current Address: _____

Type of Building: _____
(Single family, two family, three family house, apartment building, etc.)

On what date did you begin residence in this apartment? _____

Name of Landlord: _____

Address of Landlord: _____

IF YOU ARE PRESENTLY WITHOUT A PERMANENT ADDRESS, please list last permanent address.
(Include City and State)

Dates of Occupancy: From _____ To _____

Name and Address of Last Landlord _____

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

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16 RIVER STREET, BILLERICA, MA 01821

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IMPORTANT NOTICE

NOTICE TO APPLICANTS REGARDING RESTRICTIONS ON ASSISTANCE TO NON-CITIZENS

NOTICE TO APPLICANTS ON THE WAITING LIST

THIS NOTICE IS FOR YOUR INFORMATION ONLY. IF YOU ARE CURRENTLY ON THE WAITING LIST AND HAVE NOT BEEN NOTIFIED FOR A UNIT OFFER, YOU DO NOT NEED TO CALL OR VISIT THE BILLERICA HOUSING AUTHORITY. YOUR ONLY RESPONSIBILITY IS TO BE SURE THAT ALL NON-CITIZENS IN YOUR FAMILY WHO WISH TO RECEIVE PUBLIC HOUSING OBTAIN ALL NECESSARY DOCUMENTS REQUIRED UNDER THIS NEW RULE. YOU MAY CONTACT THE INS AT 617-565-3879 OR GO TO THEIR OFFICE IN GOVERNMENT CENTER AT THE JOHN F. KENNEDY BUILDING, FLOOR 5, IN BOSTON, TO OBTAIN THE PROPER DOCUMENTATION.

Dear Applicant:

THE LAW: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of Housing and Urban Development (HUD) from making financial assistance available to persons other than United States citizens, nationals and certain categories of eligible noncitizens. Section 214 was implemented by a final rule entitled, Restrictions on Assistance to Noncitizens, which was published in the Federal Register on Monday, March 20, 1995 (60FR 14816-1861).

WHEN THE RULE BECAME EFFECTIVE: The rule became effective on June 19, 1995.

WHAT THE RULE MEANS TO YOU: The Declaration Forms listed below must be signed and the documentation for all non-citizens must be provided to the Billerica Housing Authority and verified by the Immigration and Naturalization Service (INS) for you (as an applicant) to receive acceptance into Conventional Public Housing at the time you are selected from the waiting list.

WHAT EVIDENCE WILL BE REQUIRED: If you are a citizen: A signed Declaration of U.S. Citizenship – Declaration forms will be available to you from the Tenant Selector (ONLY WHEN NOTIFIED BY THE MHA OF THE OFFER OF A UNIT IN PUBLIC HOUSING.).

If you are a non-citizen who is age 62 or over: Signed Declaration of Eligible Immigration status and an original proof of age document.

If you are a non-citizen who does not fall into the category above: Signed Declaration of Eligible Immigration Status, Signed Verification Consent Form and one of the documents listed below:

1. Registered Alien Card (I-551 Form).
2. Arrival Departure Record (I-94 Form) annotated (a) "Admitted as a refugee pursuant to Section 207". (b) Section 208" or "Asylum". (c) "Section 243 (h)" or "Deportation Stayed by the Attorney General" (d) "Paroled Pursuant to Section 212. (d) (5) of the INA".
3. Arrival Departure Record (I-94 Form) not annotated accompanied by one of the following documents: (a) A final court decision to which no appeal was taken granting asylum. (b) A letter from an INS asylum officer granting asylum (If application filed on or after 10/1/90) or from an INS district director (If application filed before 10/1/90). (c) A court decision granting withholding or deportation. (d) A letter from an asylum officer granting withholding of deportation (If application filed on or after 10/1/90).
4. Temporary Resident Card (I-688 Form) which must be annotated "Section 245A" or "Section 210".
5. Employment Authorization Card (Employment Authorization Card I-688B Form) which must be annotated "Provision of Law 272a.12(11)" or Provision of Law 274a.12").
6. Receipt Indicating Application for Issuance of Replacement Document.

WHEN THE EVIDENCE MUST BE SUBMITTED: This documentation must be presented to the Tenant Selector when you have been notified of an offer of a public housing unit.

WHEN AN EXTENSION OF TIME TO OBTAIN THE DOCUMENTS WILL BE GRANTED:
You may be given additional time to bring in these documents if you certify that:

1. The evidence is temporarily unavailable, and
2. Additional time is required for it to be obtained, and
3. Prompt and diligent efforts will be undertaken to obtain the evidence.

To request an extension, you must fill out a form which is available from the Tenant Selector. These extensions will be in writing. If you do not have something in writing do not assume you have or will be granted additional time to bring these documents to your Tenant Selector.

PLEASE NOTE THAT THIS IS ONLY A NOTIFICATION TO INFORM YOU OF YOUR RESPONSIBILITIES AS AN APPLICANT. THE ABOVE INFORMATION IS REQUIRED ONLY WHEN YOU HAVE BEEN NOTIFIED THAT YOU HAVE REACHED THE TOP OF THE WAITING LIST AND ARE BEING OFFERED A UNIT IN PUBLIC HOUSING.

Sincerely,

BILLERICA HOUSING AUTHORITY

NOTICE TO ALL APPLICANTS:

REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS WITH MENTAL AND/OR PHYSICAL DISABILITIES

The Billerica Housing Authority does not discriminate against applicants based on mental or physical disabilities. In addition, the Billerica Housing Authority has an obligation to provide “reasonable accommodation” on account of a disability if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the Billerica Housing Authority can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the Billerica Housing Authority’s housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant 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 Billerica Housing Authority, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The Billerica Housing Authority has an Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the Billerica Housing Authority. You must also submit medical documentation verifying the existence of a disability, and the need for an accommodation to overcome these limitations and to participate in the Billerica Housing Authority’s housing or programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the Billerica Housing Authority can reasonably do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you 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.



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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

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.

Form HUD- 92006 (05/09)