



EQUAL OPPORTUNITY

DANVERS HOUSING AUTHORITY

14 STONE STREET
DANVERS, MA 01923-1899

(978) 777-0909 FAX (978) 777-0955
SECTION 8 (978) 777-7926
TRS 1-800-439-2370

INSTRUCTIONS TO FAMILY, ELDERLY AND HANDICAPPED APPLICANTS

In order for the housing authority to process your application, you must complete and sign all areas of the application and provide the proof requested. Incomplete applications without proof will be returned.

1. There are two applications in this packet; one is for State housing, one is for Federal housing. If you wish to be placed on both lists, you must fill out both applications.
2. You must provide proof of your income. This means that we need copies of your paystubs; unemployment check; disability check; pension; retirement; a letter or printout from Social Security; SSI; SSDI; AFDC; child support; alimony; etc.
3. You need to show proof of your assets. This means that we need copies of your checking account, savings account, CD's, stocks, bonds, IRA's, real estate value, annuities, gifts, etc.
4. Veterans must provide a copy of their discharge/ separation papers.
5. You need to provide Social Security numbers and birth certificates for all household members.
6. If you were not born in the USA., you must provide copies of both sides of your Alien Registration Card ("green card").
7. You must list your previous rental history. This means you must list your addresses for the past ten years. You must include the names and addresses of your landlords. If there is not enough space on the application, please list them on a separate sheet of paper.

IF YOU ARE CLAIMING A RANKING PREFERENCE FOR OUR FEDERAL PROGRAM, YOU MUST PROVIDE THE FOLLOWING INFORMATION (ADOPTED June 15, 1997):

8. If you are paying in excess of 50% of your gross income toward your rent and utilities, you must provide rent and utility receipts for the last three months. A copy of your lease needs to be attached, as well. No preference will be given unless this information is complete.
9. If you are a Danvers resident, you need to be able to verify this. No preference will be given without this verification.
10. If you are working, you must provide six consecutive paystubs or a letter from your employer stating the start date, hours worked and rate of pay. Preference will be given to those who have been working for a minimum of 90 days.
11. If you claim to be a victim of domestic violence, you must provide a police report, hospital report or a letter from your social worker verifying this. You must also provide a copy of a valid, up-to-date restraining order. No preference will be given without this information.
12. If you are in school or a recognized training program, you will need to obtain a letter from the school documenting this, or make a copy of your latest grade report. Without verification, no preference will be given.
13. If you are claiming a preference for a natural disaster (fire, flood), you must have the local fire dept. send a copy of the fire report directly to the housing authority or have a FEMA report for a flood.
14. Veterans must provide a copy of their discharge/separation papers.

WE AGAIN REMIND YOU THAT WE WILL NOT BE ABLE TO PROCESS INCOMPLETE APPLICATIONS. IT WILL BE RETURNED TO YOU WITHOUT A CONTROL NUMBER AND WILL NOT BE PLACED ON OUR WAITING LIST.



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STANDARD APPLICATION FOR STATE-AIDED HOUSING

1. Name of Applicant _____
- Address of Current Residence: _____ Apt. No. _____
- City/Town: _____ State _____ Zip _____
- Mailing Address: _____ Apt. No. _____
- City/Town: _____ State _____ Zip _____
- Home Telephone: _____ Work Telephone _____

2. Type of Public Housing you are applying for: (circle one or more)
- a. Family
 - b. Elderly/Handicapped
(To be eligible for elderly/handicapped housing, you must be at least 60 years of age or handicapped. If handicapped, your handicap must be other than a history of alcohol or substance abuse).
3. (a) Veteran's Preference (only for Family Housing). You may apply for Veteran's Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of the Veteran.
- (b) Local Veteran's Preference (only for Elderly/Handicapped housing). You may apply for local Veteran's Preference if you are a Veteran who resides in Danvers.
- (c) If you wish to apply for either 3(a) or 3(b) above, list dates of U. S. Military Service:
- Month _____ Year _____ to Month _____ Year _____

A copy of the Veteran's discharge or separation papers must be submitted with this application.

4. Special Needs: Specify _____

Do you need a wheelchair accessible unit? (circle one) YES NO

5. Racial Designation: Responding to this question is optional. Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a minority, you may classify your household in that minority category.

Circle One: Asian American Indian Black Hispanic Other White

6. Number of Bedrooms: (circle one) 1 2 3

7. Members of Household to live in Unit, including head:

First Name, middle initial, and last name of everyone to live in the household.	Relation To Head	Sex	Date of Birth	Social Security

8. Is a change in the household expected? (circle one) YES NO

If yes, what type of change? _____ When? _____

9. **INCOME BEFORE DEDUCTIONS:**

Estimate the **GROSS** income anticipated for all household members from all sources for the next twelve months. Specify all sources.

Household Member Name		Name & address of employer Or source of Income	Gross Income for the Next twelve months
	Salaries, wages, including Overtime/tips		
	Salaries, wages, including Overtime/tips		
	V.A. Disability		
	Net Income from Business or profession		
	Trust Income, Interest & Dividends		
	Pensions & Annuities IRA Distributions		
	Regular Social Security Benefits and/or SSI		
	EAEDC, AFDC or Public Assistance		
	Regular Alimony, Support payments, Gifts		
	Unemployment or Other Income		

TOTAL GROSS INCOME \$ _____

10. **EXPENSES:**

Extraordinary expenses required by employer:	
Expense for care of children or sick/incapacitated Person if necessary for employment:	
Unreimbursed medical expenses:	
Alimony or Child Support Payments:	
Health Insurance:	
Other:	

TOTAL EXPENSE \$ _____

11. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. Do not include clothing, furniture and cars.

Household Member	Asset Type	Asset Value	Interest Income	(Office Use Only) Asset-Imputed Value

Have you brought, sold or transferred property within the last four years? (circle one) YES NO

12. Does anyone in your household own a car? (circle one) YES NO

Make of car: _____ Year _____ Registration No. _____

Make of car: _____ Year _____ Registration No. _____

Make of car: _____ Year _____ Registration No. _____

13. References: List two references. These should not be relatives or household members.

1. Name: _____ Telephone # _____

Address: _____ City _____ State/Zip _____

2. Name: _____ Telephone # _____

Address: _____ City _____ State/Zip _____

14. List addresses for the last five years in reverse order:

(1) Address: _____ Year _____ to Present

(2) Address: _____ Year _____ to _____

Name of Landlord: _____ Telephone # _____

(3) Address: _____ Year _____ to _____

Name of Landlord: _____ Telephone # _____

15. Have you or any member of your household, ever received housing assistance from this or any housing agency or group? This includes Rental Assistance programs (Section 8/MRVP). (circle one) YES NO

If Yes: Name of Head of Household at that time: _____

Relation to present applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

Did you leave as a tenant in good standing? (circle one) YES NO

If no, please explain: _____

16. **CURRENT RENT:** \$ _____ **UTILITIES:** \$ _____ (Electric)
\$ _____ (Gas)
\$ _____ (Fuel-Heating)

17. Do you have a firm commitment of employment in Danvers? (circle one) YES NO

If yes, where? _____

18. Are you a Board Member, employee or a member of the immediate family of any employee or Board Member of this Housing Authority? (If so, this will not necessarily disqualify your application.)

19. Do you have any pets? (circle one) YES NO

If yes, please describe: _____

20. Emergency Reference: 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 # _____

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

Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last five years? (circle one) YES NO

Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years?
(circle one) YES NO

If yes, please explain: _____

APPLICANT'S CERTIFICATION:

I understand that this agreement is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate apartment. If I do not accept that offer, I will lose any priority or preference status. If I re-apply for housing, I understand that I am not entitled to any priority or preference received on the prior application(s) for a period of three (3) years.

Based on this application, I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have given 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.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's Signature

Date

Interviewer/Reviewer's Signature

Date

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Danvers 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 or prosecutors. Otherwise, the information will be kept confidential and used only by the 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 a housing authority to provide information, however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the housing authority holds about you. If you object, it will investigate your objection, and either correct the problem or make your objection part of the file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

I have read and understood this Fair Information Practices Act Statement of Rights and have received a copy for future reference.

Date: _____

Applicant's Signature

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above named individual, have authorized the Danvers Housing Authority to verify the accuracy of the information which I have provided the Housing Authority from the following sources (specify):

- | | | |
|------------------------------------|--------------------------|------------------|
| Social Security | Unemployment Records | Criminal Records |
| Pensions/Annuities | Support/Alimony Payments | |
| Salaries/Wages | Veteran's Benefits | |
| Disability Benefits | IRA Withdrawals | |
| Workers Compensation | Banks/Credit Unions | |
| Asset/Interest Income | Landlord Reference | |
| (IRA's, CD's, Stocks, Bonds, etc.) | | |
| TAFDC/EAEDC | | |

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the 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 cooperation in this matter.

(signature) Date signed: _____

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



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AUTHORIZATION

I, _____, do hereby authorize the Danvers Housing Authority, and their staff, to contact any agencies, offices, groups or organizations to obtain any information or materials which is deemed necessary to complete my application for participation in Public Housing programs.

Signed: _____

Date: _____

Witness: _____