

Wellesley Housing Authority

109 Barton Road, Wellesley, MA 02481

Tel: 781-235-0223

Fax: 781-239-0802

CAREFULLY READ THE ATTACHMENTS BEFORE COMPLETING THEM. KEEP A COPY FOR YOUR RECORDS.

Dear Applicant:

Please take your time filling out the application. Make sure that it is complete before returning it with the requested documentation to the Wellesley Housing Authority at the above address. If you need help completing or translating the application, please do not hesitate to contact us at the above address or phone numbers. **All incomplete application with missing documentation will be returned.**

After we determine that your application is complete, we will notify you by mail concerning your eligibility and control number. This may take several weeks. Please be patient.

Since our waiting lists are long, we most likely will request updated and additional information and documentation from time to time. Wellesley Housing Authority uses data services to verify income, assets, rental activity and credit and criminal records of all applicants so it is very important that you answer all questions accurately. Failure to do so may lead to disqualification of your application.

If your circumstances and/or mailing address changes, it is necessary to notify us in writing of the changes. Failure to answer written communication from us will result in the removal of your name from the waiting list.

If, **after carefully reviewing** the criteria on the Department of Housing and Community Development's web page for Emergency Applications, www.mass.gov/dhcd/phra/ph/hm/emergapp.htm, you find that a form is applicable to your circumstances, you may download, complete and bring or mail it to the Wellesley Housing Authority **in addition** to the standard application packet. The form may also be submitted after a standard application is filed with the Authority.

If you are not able to download these forms, need more information or assistance with filling them out or require a translation of any application, call the Wellesley Housing Authority at 781-235-0223 or write the Authority at the above address.

Please be advised, however, that priority given for Emergency and Reasonable Accommodations applicants does not mean that you will be immediately housed. There may be many other applicants before you on the wait list with priority status; furthermore, there is no way of knowing when a vacancy will occur. You should continue to seek affordable housing from all sources.

Wellesley Housing Authority will not provide any information regarding the status of your request for housing unless it is in writing and will not accept applications faxed the Authority.

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STANDARD STATE-AIDED APPLICATION PACKAGE

Dear Applicant:

In order to apply for state-aided housing, you must fill out the standard application, the attached forms and provide documents that the Wellesley Housing Authority needs to determine your eligibility for the programs(s) for which you have applied. Your application will not be processed until you have provided everything required. A complete application will contain:

1. The Standard Application for State-Aided Housing filled out completely, signed and dated.
2. Copies of each household members Social Security card, birth certificate and picture identification (driver's license, passport, etc.) of the head-of-household and spouse.
3. Verification of income – Examples of income are, but not limited to, the following: five (5) payroll checks or pension/annuity checks or, if self-employed, copies of three (3) years 1040s including Schedule C and 1099s and W-2s. If you are receiving Social Security or SSI, you must submit the latest statement of benefits (a copy of the Social Security check or a statement showing the amount deposited into your bank account is not acceptable).
4. Verification of assets – Example of assets are, but not limited to, the following: three (3) bank statements (all pages), two (2) quarterly or three (3) monthly statements for IRAs, 401Ks, stocks, bonds (all pages) and the property tax assessment for any real estate owned.
5. The Fair Information Practice Act Statement of Rights form – signed and dated by the head-of-household
6. Authorization for Release of Information form – signed and dated by each household member who is 18 years or older.
7. Application Addendum Regarding CORI Records form – signed and dated by each household member who is 17 years or older.

**Applications must be brought to or mailed to
the Wellesley Housing Authority at the above address.**

STANDARD STATE APPLICATION

BRING OR MAIL TO:

WELLESLEY HOUSING AUTHORITY
109 Barton Road
Wellesley, Massachusetts 02481
Tel: 781-235-0223
Fax: 781-239-0802

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier free:	_____
First Floor:	_____
Elderly	_____
Handicapped:	_____
Race:	_____
Priority Category:	_____
Language:	_____

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 carry to Wellesley Housing Authority.**

1. Name of Applicant: _____

Current Residence Address: _____ Apt No: _____

City / Town: _____ State _____ Zip: _____

Mailing Address: _____ Apt No: _____

Home Telephone _____ - - Work Telephone _____ - -

2. Type of Public Housing You are Applying For:

- Elderly Non-Elderly, Handicapped Family AHVP

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or a person with a handicap. If you have a handicap, the handicap must be other than a history of alcohol/drug abuse. If you have a handicap, you must provide certification by a doctor clearly stating that you have a handicap and it is expected to be of long and indefinite duration lasting at least six months. In addition, the WELLESLEY HOUSING AUTHORITY will need to determine that certain special architectural features OR low rent housing is not available in the private market AND that the applicant is faced with living in an institution or decadent substandard housing OR the applicant is paying excessive rents.

3. If you want to apply for emergency Housing you must select one of the categories below:

Note: To be eligible for Emergency applicant status you must be "homeless", which is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and tried to locate alternative housing, and who is displaced from his/her primary residence for one of the following reasons. Please check the reason that applies to your situation:

- Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)
- Displaced by Public Action (i.e. Urban renewal, eminent domain)
- Displaced by Public Action (i.e. Condemnation of home, code violations)
- Displaced by No-fault of housing, Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to, or is a direct threat to the life and safety of the applicant.

If you have selected one of the above emergency categories in this section, you must complete an EMERGENCY APPLICATION in addition to this Standard Application. All emergency applications must be accompanied by third party written documentation.

4. **Local Preference:** In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed.

Please answer the following:

-Provide the name of the City/Town in which you are employed: _____

-Provide the dates of employment:

From: _____ To: _____

Home Telephone _____ - _____ - _____ Work Telephone _____ - _____ - _____

5. **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

- a. with a dependent child of a Veteran.

Only for Elderly / Handicapped Housing: You may apply for Veteran's Preference if

- b. you are a Veteran who resides in the City or Town.

If you wish to apply for Veteran's Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: From: _____ To: _____

A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? yes no

Please Specify: _____

7. Do you need a wheelchair accessible apartment? yes no

8. Number of Bedrooms needed: 1 2 3 4 5

Note: Most elderly / handicapped housing developments only have 1 bedroom units.

9. Are you currently living in non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? yes no

10. **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.

American Indian Asian Black Hispanic White Other

11. Does anyone in your household own a car? yes no

Make of car: _____ Year: _____ Reg. Number: _____

Make of car: _____ Year: _____ Reg. Number: _____

12. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship	Social Security No.	Sex	Date of Birth	Occupation <ul style="list-style-type: none"> • Employed • At Home • Handicapped • Student
	Head				

This information will be used to verify income, assets, and criminal record information.

13. Is a change in the household composition expected? yes no

If yes, what type? _____ When? _____

14. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 months. Specify all sources.

Household Member Name		Name & Address of Employer or Source of Income	Gross Income for Next 12 Months
	Salaries, Wages, including Overtime / Tips	_____	\$
	Salaries, Wages, including Overtime / Tips	_____	\$
	Net Income from Business or Profession	_____	\$
	Trust Income, Interest & Dividends	_____	\$
	Unemployment or Disability Compensation	_____	\$
	Pensions & Annuities	_____	\$
	Regular Social Security Benefits and / or SSI	_____	\$
	VA Disability Income	_____	\$
	TAFDC or Public Assistance	_____	\$
	Regular Alimony or Support Payments	_____	\$
	Other Income	_____	\$
Total Gross Income:			\$ _____

15. **Expenses:**

Un-reimbursed Medical Expenses:	\$
Alimony or Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of children, or of a sick or incapacitated person if necessary for employment)	\$

16. **Assets:** Do you own any real estate? yes no

If yes, please provide the address: _____

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

17. Have you sold, transferred or given away any real property or assets in the last three (3) years? yes no

If yes: Date of sale / transfer: Month _____ Day _____ Year _____
 Amount of the sale / transfer: _____
 Value of the sale / transfer: _____

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

(1)
Name _____ Telephone No. _____
Address: _____ City _____ State _____ Zip _____

(2)
Name _____ Telephone No. _____
Address: _____ City _____ State _____ Zip _____

19. **List Addresses for each Adult Household Member** for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if someone other than yourself. (Use additional sheet if necessary)

(1) Name of Primary Leaseholder: _____
Address: _____ Apt # _____ Date From: _____ To: _____
City _____ State _____ Zip _____
Landlord Name _____ Telephone No. _____
Landlord Address: _____ City _____ State _____ Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) yes no
Did this landlord return your security deposit? (check one) yes no n/a

(2) Name of Primary Leaseholder: _____
Address: _____ Apt # _____ Date From: _____ To: _____
City _____ State _____ Zip _____
Landlord Name _____ Telephone No. _____
Landlord Address: _____ City _____ State _____ Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) yes no
Did this landlord return your security deposit? (check one) yes no n/a

(3) Name of Primary Leaseholder: _____
Address: _____ Apt # _____ Date From: _____ To: _____
City _____ State _____ Zip _____
Landlord Name _____ Telephone No. _____
Landlord Address: _____ City _____ State _____ Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) yes no
Did this landlord return your security deposit? (check one) yes no n/a

20. Have you, or any member of your household ever received housing assistance from this or any other housing agency? (check one) yes no

If yes, Name of Head of Household at that time: _____

Relation to Applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

When you moved out, were you in compliance with the lease and other program requirements? (check one) yes no

If No, Please Explain: _____

21. Are you a Board Member, employee, or a member of the immediate family of an employee or a board member of this housing Authority? yes no If so, this will not necessarily disqualify your application.

If Yes, Please Explain: _____

22. Do you have any pets? yes no

If so, how many? _____

Please describe: _____

23: 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 in the case of an emergency.

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Business Phone: _____ Cell: _____

Email: _____

24. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a felony? yes no
If Yes, Please
Explain: _____

25. Do you or any member of your household who will live in the unit have any criminal matters pending?
 yes no
If Yes, Please
Explain: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that a 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; and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a three (3) year period.

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** from a Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, 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 denial of my application. **I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature is as valid as the original.

Applicant's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

Wellesley Housing Authority
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Fair Information Practice Act
Statement of Rights

Wellesley 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. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

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

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application for housing to the Wellesley Housing Authority.

Date _____ **Signature** _____



**Wellesley Housing Authority
Application Department
109 Barton Street
Wellesley, MA 02481**

**Phone: 781-235-0223
Fax: 781-239-0802**

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to the Wellesley Housing Authority information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under Section 8, Rental Rehabilitation, low-income Public and Indian Housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) and/or the Department of Housing and Community Development (DHCD) in administering and enforcing program rules and policies.

I also consent for HUD, DHCD and/or Wellesley Housing Authority to release information from my file about my rent history to HUD, DHCD, credit bureaus, collection agencies or future landlords. This includes records on my payment history and any violation of my lease or Wellesley Housing Authority policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include but are not limited to:

- Identity and Marital Status
- Employment, Income, Assets
- Residences and Rental Activity
- Credit and Criminal Activity
- Medical or Childcare Allowances

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, or continued participation in, a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | |
|-------------------------------------|---------------------------------------|
| - Current and/or Previous Landlords | - Past and Present Employers |
| - Veterans Administration | - Welfare Agencies |
| - Retirement Systems | - Court and Post Offices |
| - State Unemployment Agencies | - Bank & Other Financial Institutions |
| - Schools and Colleges | - Social Security Administration |
| - Credit Providers | - Credit Bureaus |
| - Law Enforcement Agencies | - Medical & Child Care Providers |
| - Utility Companies | - Support & Alimony Providers |

CRIMINAL OFFENDER RECORD INFORMATIN (CORI)

Wellesley Housing Authority has been certified by the Criminal History Board for access to conviction and pending criminal case data. As an applicant for housing assistance, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me.

(CONTINUED)

AUTHORIZATION FOR RELEASE OF INFORMATION

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD, DHCD or the Wellesley Housing Authority may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD, DHCD or the Wellesley Housing Authority may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the US Postal Services, the Social Security Agency, State Welfare and Food Stamp Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated in the Authorization for Release of Information form. The original of this authorization is on file with the Wellesley Housing Authority and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES

_____ Signature of Head of Household	_____ Print Name	_____ Date
_____ Signature of Spouse	_____ Print Name	_____ Date
_____ Signature of Other Adult Member	_____ Print Name	_____ Date
_____ Signature of Other Adult Member	_____ Print Name	_____ Date
_____ Signature of Other Adult Member	_____ Print Name	_____ Date
_____ Signature of Other Adult Member	_____ Print Name	_____ Date

Note: This general consent may not be used to request a copy of a tax return. If a copy of the tax return is needed, IRS Form 4506, Request for Copy of Tax Return, must be prepared and signed separately.

THIS AUTHORIZATON IS VALID FOR A PERIOD OF FIFTEEN MONTHS FROM DATE NOTED ABOVE

Wellesley Housing Authority
109 Barton Road, Wellesley, MA 02481
Tel: 781-235-0223
Fax: 781-239-0802

APPLICATION ADDENDUM REGARDING CORI RECORDS

NOTICE TO APPLICANTS: As part of its tenant selection process, the Wellesley Housing Authority will be acquiring **Criminal Offender Record Information (CORI)** on all members of your household who are age seventeen (17) or older. These Records will be used for tenant selection purposes only.

This form is part of your application for public housing. It must be completed and returned to the Authority with your application. If it does not accompany your application, **the application will not be processed.**

All members of the Applicant's household who are seventeen (17) or older **MUST** sign this form.

CERTIFICATION: I/We, the undersigned, certify that we are aware that the Wellesley Housing Authority will be acquiring Criminal Offender Record information on me/us as part of its tenant selection process.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Applicant's Name (PRINT): _____

Address: _____
