



Maureen Cayer, P.H.M.
Executive Director

AGAWAM HOUSING AUTHORITY

66 Meadowbrook Manor
Agawam, MA 01001
(413) 786 - 1297 • Fax (413) 789 - 6218
www.agawamhousing.org



This is an important notice. Please have it translated.
Este é um aviso importante. Quem mandou-lo traduzir.
Este es un aviso importante. Sieme mandarlo traducir.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO NÀY
Ceci est important. Veuillez faire traduire.

本通知很重要。請將之譯成中文。
នេះគឺជាសំណើសុំបកប្រែសំខាន់

Этот важный уведомление необходимо перевести на русский язык

NOTICE TO APPLICANTS

Please be sure that all writing is legible.

The following documentation MUST be included with your application:

1. Birth Certificate(s)
2. Social Security Card(s)
3. State Picture ID (18yrs of age and older)
4. Source of income:
 - ❖ Wages/Salary
 - Weekly - 6 consecutive pay stubs
 - Bi-Weekly - 3 consecutive pay stubs
 - ❖ Social Security Award Letter
 - ❖ Department of Transitional Assistance
 - Cash Benefits letter
 - ❖ Child Support
 - ❖ Pension
 - ❖ Unemployment
 - 6 consecutive pay stubs
 - ❖ Latest Bank Statement
(IRA's, stocks, bonds, real estate, etc.)

***If any of the above is not included, your application will be considered incomplete and will not be processed

After receiving the completed application with all of the documentation, we will verify the information and you will be placed on the waiting list. Once you are placed on a list you will be sent an applicant receipt with your new control number.

INCOMPLETE APPLICATIONS WILL BE DENIED!

- ✓ Please note that you must be deemed eligible for a standard application before any emergency application can be considered
- ✓ Adults 18yrs and over must also sign the following forms:
 - General Authorization for Release of information
 - Fair Information Practices Act Statement of Rights
 - CORI request form must be filled out and signed at the top



Universal STANDARD Application for State-Aided
Public Housing, MRVP, & AHVP
AGAWAM HOUSING AUTHORITY

66 Meadowbrook Manor Agawam, MA 01001
T(413) 785 - 1297 F(413) 789 - 6218

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier fee:	_____
First Floor:	_____
Elderly Handicapped:	_____
Race and/or Ethnicity:	_____
Priority /Preference	_____
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 local housing authorities at which you want to apply. Please check the list of local housing authorities for availability of family or elderly/non-elderly handicapped housing.

1. Name of Applicant: _____

Current Residence Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

Home Telephone: _____

Best # to Reach Applicant _____ Work Telephone _____

Mailing Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

2. Type of Public Housing You are Applying For: Elderly Non-Elderly, Handicapped
 Congregate Elderly/Handicapped Family MRVP 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 in duration lasting as least six months. In addition, the LHA 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 and institution or decadent substandard housing OR the applicant is paying extensive 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 of 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 to locate alternative housing, and who is displaced from is/her primary residence for one of the following reasons. Please check the reason that applied 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 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 Preference:

- Only for Family Housing: You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a
- a. dependent child of a Veteran.

- Only for Elderly / Handicapped Housing: You may apply for Veteran Preference if
- b. you are a Veteran who resides in the City or Town.

If you wish to apply for Veteran 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 a non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? yes no

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

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

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

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

First & Last Name	Relationship To Head of Household	Racial Designation*	Ethnic Designation**	Social Security Number***	Sex	Date of Birth	Occupation • Employed • At Home • Handicapped • Student
	Head						

*Racial Designation: American Indian or Alaska Native; Black or African American; Native Hawaiian or Other Pacific Islander, White; Other (specify).

**Ethnic Designation: Hispanic/Latino or Not Hispanic/Latino

Responding to these questions is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".

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

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

If yes, what type? _____

When?



13. Income Before Deductions: Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 month. 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 Support Payments		\$
	Other Income		\$
Total Gross Income:			\$



14. Expenses:

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

15. 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.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

16. 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: _____



17. 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 _____

18. 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) <input type="checkbox"/> yes <input type="checkbox"/> no	
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> 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) <input type="checkbox"/> yes <input type="checkbox"/> no	
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> 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) <input type="checkbox"/> yes <input type="checkbox"/> no	
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	



19. 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: _____

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

If Yes, Please
Explain: _____

21. Do you have any pets? yes no If so, how many? _____
Please
describe: _____

22. 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: _____

23. 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: _____

24. 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 as valid as the original.

Applicant's Signature: _____

Date: _____

Reviewer's Signature: _____

Date: _____





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Этот очень важное сообщение обязательно переведите

Massachusetts Department of Housing and Community
 Development Resident Notice and Consent Form for
 State-Aided Public Housing and State Rental Assistance

Pursuant to state law, Chapter 334 of the Acts of 2006, The Department of Housing and Community Development (DHCD) must gather, compile, and report data in order to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units (including state-aided public housing) and recipients of state or federal rental assistance. DHCD will also evaluate the data to ensure that housing choice and inclusive patterns of housing are available across the Commonwealth.

In response to the above cited law, DHCD is requiring local housing authorities administering state-aided public housing and state rental assistance and regional agencies administering state rental assistance to collect and report certain resident household data to DHCD. Much of this information is already collected pursuant to separate authority. DHCD will annually report to the state legislature on its data collection efforts and may provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Massachusetts General Laws Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, relevance, or type of information held about you.

Please respond to the following household data questions authorized by Chapter 334 of the Acts of 2006:

1) What is the race of the head of household?

Circle all that apply:

- White
- Black

Asian
American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander
Other

2) Is the head of household Hispanic (yes or no)? _____

3) What is the number of children under 6 years of age in the household that reside in the unit? _____

4) What is the number of children between 6 and 18 years of age in the household that reside in the unit: _____

5) What is the household type?

Circle one of the following choices below:

- Single/non-Elderly
- Elderly
- Related/Single Parent (a single parent household with a dependent child or children 18 years old or younger)
- Related/Two parent (a two-parent household with a dependent child or children 18 years old or younger)
- Other (any household not included in the above four definitions, including two or more unrelated individuals)

In signing this consent form, you acknowledge that after reading this form you voluntarily provided the information above, that you understand that there are no penalties if you do not wish to provide the information, and that you have received a copy of this form for future reference.

Head of household signature

Date

Fair information Act - Statement of Rights

Local Housing Authorities collect information about applicants and tenants for their 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 to each authority where you apply for housing.

Date _____ Signature _____

Date _____ Signature _____



AGAWAM HOUSING AUTHORITY

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Agawam, MA 01001
(413) 786 - 1297 • Fax (413) 789 - 6218
www.agawahousing.org

Maureen Cayer, P.H.M.
Executive Director

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

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

- ✓ Employers
- ✓ Government funding agencies
- ✓ Banks and Financial Institutions
- ✓ Landlord
- ✓ Personal references
- ✓ Credit report
- ✓ Cori
- ✓ Other: _____

I hereby give you my permission to release the information to the Agawam Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested in the attached page to the Agawam Housing Authority within ten (10) days of receipt of this request.

I understand that a photocopy of this authorization is valid as the original.

Thank you for your assistance and cooperation in this matter.

Signature

Date



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Executive Director

Criminal Offender Record Information (CORI) Request Form

First Name: _____ Last Name: _____

Middle Initial: _____ Suffix: _____ Date of Birth: _____

Maiden Name (If Applicable): _____

Social Security Number: _____ - _____ - _____

Address:

Street 1: _____ Street 2 (Apt, Suite, Bldg): _____

City/Town: _____ State: _____ Zip: _____

Phone: _____

Agawam Housing Authority has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for housing, I understand that a criminal record check will be conducted.

I hereby swear, under the penalties of perjury, that the information I have provided above is true to the best of my knowledge and belief.

Signature of individual named in criminal record

Date

Requested By: _____
Signature of CORI authorized Employee

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Agawam, MA 01001-3128
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Executive Director

Certification and Consent to Verification

Notice: The Agawam Housing Authority may use your name, date of birth, address, social security number, or other identifying information for purposes permitted by federal and state law, including to verify the information you have provided on this application, such as any information that you have provided about your wages, income, assets and receipt of public benefits or services. We may use the identifying information in conducting matches to confirm your eligibility for assistance and to detect fraud. We may also match the identifying information that you provided on this application relating to your family members, such as your spouse, an absent parent, or your dependents. Names, dates of birth, addresses, social security numbers or other identifying information may be matched with computer or other files, to include but not be limited to, files from the following Data Holders: Internal Revenue Service; Social Security Administration; Alien Verification Information System; Center for Medicare and Medicaid; MassHealth; Registry of Motor Vehicles; Department of Revenue; Department of Revenue Child Support Enforcement; Department of Transitional Assistance; Department of Early Education and Care; Division of Unemployment Assistance; Department of Veterans' Services; Bureau of Special Investigations; Bureau of Vital Statistics; SAVE; Department of Criminal Justice Information Services; employers; landlords; Local Housing Authorities, schools, insurance companies, banks and/or financial institutions.

Certification: I certify, under penalty of perjury, that the information that I have provided on this application is correct and complete to the best of my knowledge.

Consent: To the extent that my consent is required, I authorize the (Agency) to use identifying information on this application to perform matches with the Data Holders to confirm the information on this application as it pertains to the determination of my eligibility for assistance and to detect fraud. I also authorize the Data Holders to release my wage, tax, child support, benefits, income or other information to (AGENCY) for purposes of verifying the information on this application and for detecting fraud.

This form must be read and signed by all adult family members of the household listed on this application.

Signature of Applicant or Legal Representative Name (Print) Date

Signature of Adult Household Member Name (Print) Date

Signature of Adult Household Member Name (Print) Date

This certification and consent is valid until superseded by a subsequent application or revoked in writing by a signatory or a person legally authorized to act on his or her behalf.



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References in Lieu of Complete Landlord History

If you do not have 5 consecutive years of rental history with a landlord and you must provide the housing authority with two professional references. Please be advised that these letters are mandatory in order to complete your application. Enclosed you will find an outline with the requirements that each letter must have. Professional letters that do not meet the requirements will not be accepted.

*** Please be advised, the above letters must be submitted with your application. Otherwise your application will be considered incomplete and will not be processed.

Any questions, please feel free to call the office at 413-786-1297 X 104. Thank you.

Sincerely,

Sarah Bray
Waitlist Coordinator

References in Lieu of Complete Landlord History

For eligibility determination in the absence of a complete verifiable landlord history the Agawam Housing Authority will allow each adult applicant to substitute two professional reference letters.

***The professional letters must be written by a professional person who has had some interaction with the applicant for at least 2 (two) years

Basic Criteria:

- The letter must be written on a letterhead.
- Person providing the professional reference cannot live in the same household and cannot be a relative.
- The professional must be able to say how they came to know the applicant.
- The professional must be secure enough in their involvement with the applicant to write how the applicant will:
 - ✓ Pay rent
 - ✓ Adhere to the rules and regulations
 - ✓ Be respectful of neighbors and the community
 - ✓ Provide specific details on the confidence that the tenant will be able to do the above.

I understand the above.

Applicant Signature

Date