

UNIVERSAL STANDARD APPLICATION FOR STATE-AIDED PUBLIC HOUSING

INSTRUCTIONS: Please carefully read each page of the application package. Specifically, be sure to pay attention to the following:

Standard Application (Eight Pages)/Additional Forms (Forms One to Seven)

Page One

1. Select which housing authority(ies) you are applying to, then Fill in your name and current address.
2. Please check the box for the type of housing you are applying for. Please be sure to read the “**Note**” paragraph to determine which type of public housing you are applying for.
3. To be eligible for Emergency Assistance, you must fit into one of the categories listed on page 2. (*If no priority category applies to your situation; then you are not eligible for emergency assistance*). In addition, if you are applying for Emergency Assistance, you must complete an emergency application in addition to the standard application. The Housing Authority does not have separate Emergency housing. Qualified emergency applicants will receive a priority.

Page Two

4. A Local Preference is given to individuals who work or live in city or town of the housing authority to which you are applying (Fitchburg, Leominster, Lunenburg or Sterling).
5. If you wish to apply for Veteran’s Preference, the housing authority requires documented proof of service. ELDERLY and FAMILY housing applicants may receive Veteran’s Preference if you are a Veteran, spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a veteran. (**Sterling Housing Authority does not have Family Units.**) Veteran status is granted to any person who has performed 180 days of active duty and who was honorably discharged from the Army, Navy, Marines, Air Force or Coast Guard. In addition, Peacetime veterans with fewer than 180 days active duty who were awarded service-connected disabilities; Full-time National Guard members with 90 days of active service and at least one day of wartime service; and American Merchant Marines who served in armed conflict between December 7, 1941 and December 31, 1946. *If claiming Veteran’s status, please provide a DD214 (Proof of Military Service).*
6. List any special needs or reasonable accommodations that you may need.
7. Do you need a wheelchair accessible apartment?
8. Check the Number of Bedrooms that you require (*not that you want*). (Sterling Housing Authority’s Elderly apartments consist of one-bedroom units.)
9. Do you live in housing, which is subsidized by a voucher?

Page Three

10. Do you own a car? List details.
11. Be sure to list ALL individuals and appropriate information that will be part of your household (*Use additional sheet if necessary*). Verification for this item includes Birth Certificates, Social Security Cards, Documentation from Colleges verifying student status, custody documents, etc.
Note: Responding to Racial Designation question is optional, however, your status with respect to tenant selection procedures may be affected by this information.
12. Is there a change in your household expected?

Page Four

14. List all gross income for ALL household members (*Use additional sheet if necessary*). You will be required to verify and document ALL information contained within your application. Examples of income are: (6) Current Wage Statements or a letter from Employer, TAFDC-Letter or Statement from the Welfare office, Unemployment Letter of Check Stub, VA Benefits Letter, Pension Letter or Check Stub, Social Security or SSI Letter or Bank Statement, Trust Income, Interest & Dividends.

Page Five

15. List all unreimbursed Medical Expenses (Doctor Co-Pays, Vision, Dental and prescriptions), Health Insurance, Alimony or Child Support Payments (*Use additional sheet if necessary*). You will be required to verify and document ALL information contained within your application.

Page Five (continued)

15. Do you own any real estate? Please list. List all assets in the boxes provided on page 5. Examples of assets are: Bank accounts, stocks, IRAs, bonds, trust, checking accounts. You will be required to verify and document ALL information contained within your application (*Use additional sheet if necessary*).
16. Have you sold, transferred or given away any real property or assets in the last three years?

Page Six

17. List two references. These should not be relatives or household members.
18. List Addresses for EACH Adult Household Member for the Last Five Years, beginning with your CURRENT address (*Use additional sheet if necessary*). Be sure to answer ALL the questions listed in each address listed.

Page Seven

19. Have you, or any member of your household ever received housing assistance?
20. Are you a Board Member, employee or a member of the immediate family of an employee or a Board Member of this Housing Authority?
21. List any and all pets that you may have.
22. List the name, address and phone number of your Emergency Contact.

Page Eight

23. Have you or any member of your household ever been convicted of a felony or misdemeanor?
The Authority will obtain a CORI on each household member age 18 and over.
24. Do you or any member in your household have any criminal matters pending?
The Authority will conduct a background check to verify the information.

➡ Applicant's Certification: Be sure to read, sign and date your application!

Form One

Notice to All Applicants and Residents: Reasonable Accommodations and Modifications are available for Applicants and Residents with Mental and/or Physical Disabilities

Form Two

Request for Reasonable Accommodations/Modifications: If requesting a reasonable accommodation based on a disabling condition, please complete this form and supply the appropriate medical verification documentation. **SIGN** your request.

Form Three

Verification of Handicapped Status for State Aided Elderly/Handicapped Housing: If you have checked "**Non-Elderly, Handicapped on page one**" then you must have a medical provider complete this form and return it to the Sterling Housing Authority office. **SIGN** your request and complete the front of this form.

Form Four

Bring this form to your medical provider. **Note: Only a Medical Provider may complete this form.**

Form Five

Please read, complete and **SIGN** the **General Authorization for Release of Information**.

Form Six

Please read, **SIGN** and date the **Fair Information Practices Act Statement of Rights**.

Form Seven

– Please complete and **SIGN** the **BOTTOM half** of the Applicant's Receipt.
(Note: Once the housing authority has received your completed application, the housing authority will issue a control number and return a copy to you.)



**Universal STANDARD Application for
 State-Aided Public Housing,
 MRVP, & AHVP**

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier free:	_____
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: _____ Cell Phone _____

Best # to Reach Applicant _____ Work Phone _____

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 at 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 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 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 of 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 _____ - _____ - _____ Telephone _____ - _____ - _____
Work

5. **Veteran Preference:** You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a Veteran.

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; Asian; 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) 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



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: _____



Notice to All Applicants and Residents: Reasonable Accommodations and Modifications are available for Applicants and Residents with Mental and/or Physical Disabilities

Local Housing Authority (LHA) does not discriminate against applicants or residents on the basis of mental (including psychiatric) or physical disabilities. In addition, the LHA has an obligation to provide "reasonable accommodations" and "reasonable modifications" on account of a disability if an applicant or resident or a household member is limited by the disability and for this reason needs such an accommodation or modification. A reasonable accommodation is a change that the LHA can make to its rules, policies, practices, or services, and a reasonable modification is a change an LHA can make to its facilities (including physical alterations to the housing unit or public or common use areas) that will assist an otherwise eligible person with a disability to have equal opportunity to use and enjoy the housing or common or public use areas or to participate fully in the LHA's programs, activities, or services. Such changes may not be reasonable if they are not financially and programmatically feasible for the housing authority.

An applicant or resident 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 LHA, and to avoid disturbing neighbors), but an accommodation or modification may be the basis by which the household is able to meet those obligations of tenancy.

The LHA has an Accommodation Coordinator. If you need an accommodation or modification because of a disability, please complete the attached form and return it to the LHA. Upon reasonable request by the LHA, you must also submit documentation verifying the existence of a disability and the disability-related need for the accommodation or modification. Within thirty (30) calendar days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the LHA can reasonably do to provide you an accommodation or modification on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result needs an accommodation or modification, you, the household member, or authorized representative, 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.



Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator _____

Housing Authority _____

Address _____

From: _____
Applicant or Resident Name (please print) Control Number

Address

Town/City, State, Zip

(_____) _____
Area Code/Telephone Number

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

2. This request for a reasonable accommodation/modification is necessary so that I can:

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

Signature of Applicant or Resident (or authorized representative)

Date



**Verification of Disability by Physician or Other Professional
for Reasonable Accommodation/Modification Request**

Name of Physician or other professional: _____

Profession: _____

Address

Date _____

Applicant/Resident Name (Please Print) _____

Applicant/Resident Address _____

I hereby authorize release of the following information: _____ (Applicant/Resident Signature)

A local housing authority (LHA) may request verification that an applicant/resident has a disability to determine whether the applicant/resident needs a reasonable accommodation in the LHA's rules, policies, practices or services, or needs a reasonable modification of the leased premises or public or common use areas, in order to have equal opportunity to use and enjoy the leased premises or the public or common use areas, or to participate fully in the LHA's programs, activities, or services. The above-named applicant/resident has authorized your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

Reasonable Accommodation Coordinator



The following proposed reasonable accommodation(s)/reasonable modification(s) to provide the applicant/resident equal opportunity to use and enjoy the LHA's housing, programs, etc. is (are) under consideration by the LHA:

THE FOLLOWING TO BE COMPLETED BY PHYSICIAN (OR OTHER PROFESSIONAL):

1. Based upon your knowledge, does the above-named applicant/resident have a physical or mental impairment which substantially limits one or more major life activities,* or, do you have a record(s) of such an impairment for the above-named applicant/resident? Circle the appropriate answer:

Yes / No

*Note: Determination of whether a physical or mental impairment substantially limits a major life activity is to be made without regard to the ameliorative effects of mitigating measures (e.g., assess substantial limitation of a major life activity, including the operation of a major bodily function, without considering the benefit of medication, assistive devices, etc., to the individual). Furthermore, an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

2. Does the applicant/resident have a disability-related need for the abovementioned reasonable accommodation(s)/reasonable modification(s) based on the physical or mental impairment? Please explain* your response.

*Note: please only provide information that demonstrates there is a relationship between a disability verified by a "yes" response to question 1 above and the need for the proposed reasonable accommodation/modification. Please do not otherwise provide information as to the nature or severity of the disability.

3. Other comments (please do not provide information that is not directly relevant to the reasonable accommodation(s)/reasonable modification(s)):

CERTIFICATION: I certify that the information provided above represents my professional judgment and is true and correct to the best of my knowledge and belief.

Signature of Physician or Professional

Date: _____

Name: _____

Address: _____

Telephone #: _____





LEOMINSTER/LUNENBURG/STERLING/WEST BOYLSTON
HOUSING AUTHORITIES
Administrative Office
100 Main Street, Leominster, MA 01453
(978) 537-5300

www.ncmhousing.org

Verification of Handicapped Status for State-Aided Elderly/Handicapped Housing

Name of Physician or Other Professional: _____

Profession: _____

Address: _____

Date: _____

VERIFICATION OF HANDICAPPED STATUS FOR STATE-AIDED ELDERLY/HANDICAPPED HOUSING

Applicant's Name: _____

Applicant Control Number: _____

Applicant's Address: _____

I hereby authorize release of the following information: _____

Applicant's Signature

The Housing Authority may request verification that an applicant has a qualifying physical or mental impairment in order to determine the applicant's eligibility for elderly/handicapped housing. The applicant has authorized above your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact the office.

Thank you for your anticipated cooperation.

Sincerely,

Cynthia Driscoll

Cynthia Driscoll – Housing Management Services

(Continued on next page)

THE FOLLOWING TO BE COMPLETED BY PHYSICIAN (OR OTHER PROFESSIONAL)

Note: An applicant's eligibility for Elderly/Handicapped Housing is contingent on the Authority being able to identify and understand whether the applicant has a qualifying impairment and how it affects his or her housing needs. Please be sure to complete this form legibly and in a manner that allows the Authority to meaningfully evaluate the applicant's eligibility.

1. Does the applicant have one or more physical or mental impairments, other than a history of alcohol or substance abuse, which substantially impede(s) his or her ability to live independently? **Circle the appropriate answer.** * Yes / No

Comment:

2. If Yes to question 1 above, would suitable housing conditions improve the applicant's ability to live independently and, if so, what sort? Be specific.

3. If Yes to question 1 above, is the anticipated duration of the applicant's impairment(s) more than six (6) months? **Circle the appropriate answer.** Yes / No

If the anticipated duration is indefinite so specify, and estimate the approximate duration to the best of your ability:

4. Other comment:

CERTIFICATION: I certify that the information provided above represents my professional judgment and is true and accurate to the best of my knowledge and belief.

Signature

Date

Printed Name

Telephone

Street Name

City & State

Zip

Note: an applicant that has a history of alcohol or substance abuse may still be eligible for Elderly/Handicapped Housing if the applicant has one or more qualifying physical or mental impairments in addition to the history of alcohol or substance abuse and is otherwise eligible and qualified for such housing.



LEOMINSTER/LUNENBURG/STERLING/WEST BOYLSTON HOUSING
AUTHORITIES
100 Main Street, Leominster, MA 01453
(978) 537-5300
www.ncmhousing.org

General Authorization for Release of Information

To be completed by all adult household members, 18 years or over. *(Please print clearly)*

Name of Applicant/Program Participant: _____

Maiden Name or Alias (If Applicable): _____

Address: _____

Date of Birth: _____ Social Security Number: _____

General Authorization – I authorize the North Central Massachusetts Housing Authorities to verify the accuracy which I have provided to the Housing Authority, as well as to collect information on me from the following sources:

Internal Revenue Service	Department of Revenue	Credit Reporting Bureaus
Financial Institutions	Criminal History Board	Past/Present Employers
Law Enforcement Agencies	Schools & Colleges	US Postal Service
US Dept. of Defense	Welfare Agencies	Real Estate Agencies
Stock/Bond Brkg. Houses	Mortgage Companies	Past/Present Landlords
Registry of Motor Vehicles	Banks	Courts (State & Federal)
Social Security Admin.	Office of Personnel Mgmt.	Dept. of Veterans Affairs
State Unemployment Agency	City/Town Departments	Public Utility Companies
Credit Card Issuers	Retirement Boards	Registry of Deeds
Insurance Companies	Medical Practitioners	Retail Establishments
Gyms, Health Clubs, Spas	Holistic Care Givers	Physical Therapists
Police Departments	Fire Departments	Libraries

Credit History – I am an applicant/participant in a Housing Authority housing program. I authorize the Housing Authority, through its credit-reporting agent, to conduct an independent investigation to verify my credit, financial, employment, rental and criminal history. I acknowledge this credit report will be done through the facilities of the Corelogic Rental Property Solutions (Phone Number 800-637-2422). If an adverse decision is based on this material, I will receive information about my right to review and dispute this report.

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: _____

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



**LEOMINSTER/LUNENBURG/STERLING/WEST BOYLSTON
HOUSING AUTHORITIES**
Administrative Office
100 Main Street, Leominster, MA 01453
(978) 537-5300
www.ncmhousing.org

Fair Information Practices 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.

Name (Please Print) _____

Date: _____

Signature: _____





**LEOMINSTER/LUNENBURG/STERLING/WEST BOYLSTON
HOUSING AUTHORITIES**
Administrative Office
100 Main Street, Leominster, MA 01453
(978) 537-5300

www.ncmhousing.org

CONSENT TO SHARE INFORMATION

This notice shall acknowledge that I have applied for assistance at the Leominster/Lunenburg/Sterling/West Boylston Housing Authority (Circle any of these Housing Authorities that you are applying to here) with my original Standard Application.

In order to save time, I hereby authorize the Housing Authority to share documentation contained within my file with the Leominster/Lunenburg/Sterling Housing Authority.

Applicant

Date

Other Legal Adult

Date

Other Legal Adult

Date





**LEOMINSTER/LUNENBURG/STERLING/WEST BOYLSTON HOUSING
AUTHORITIES**

Administrative Office
100 Main Street, Leominster, MA 01453
(978) 537-5300
www.ncmhousing.org

IMPORTANT!

Please LIST which housing authority(ies) you are applying:

LEOMINSTER__ LUNENBURG__ STERLING__ West Boylston__

Once the Housing Authority has received your application for housing assistance, the Housing Authority will issue the following:

APPLICANT'S RECEIPT

DO NOT LOSE

This is your record of your application for the document(s) circled below:

Preliminary Application

Emergency Application

Standard Application

Transfer Application

**Application by Tenant to Add
Member To Household**

Applicant's Control Number _____ Date _____

To ensure your privacy, the Housing Authority's waiting list is maintained by a Control Number rather than by name and address. If you have any questions regarding your application, please use the Control Number assigned to you.

**Application Received by
Housing Authority Representative: _____ Date _____**

PRINT Name of Applicant: _____

PRINT Applicant's Mailing Address: _____

I understand that it is my responsibility to inform the Housing Authority in writing any change of address, income or household composition.

Applicant's Signature _____ Date: _____

EQUAL HOUSING OPPORTUNITY