

Apartments at Pleasant Street School

Ayer Housing Authority
18 Pond Street, Ayer, MA 01432
Phone (978) 772-2771 Fax (978) 772-2132

Supportive Low Income Housing for Persons 62 and Older

A HUD 202 Senior Housing Development

Name of Applicant: _____

Address of Current Residence: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip Code: _____

Mailing Address: _____ Apt. No: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone () _____ Work Telephone () _____

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

Name: First, Middle, Last	Relationship	Social Security Number*	Sex	Date of Birth	Occupation
	HEAD				

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

Do you have any special needs due to a disability or reasonable accommodation? Specify:

Do you need a wheelchair accessible apartment? (Circle one) **YES** **NO**

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)

American-Indian Asian Black Hispanic White Other (specify) _____



INCOME BEFORE DEDUCTIONS

Estimate the Gross Income anticipated for **ALL** Household Members from all sources for the next 12 months. Specify all sources.

Type of Income	Source of Income, Name of Employer	Gross Monthly Amount	Gross Amount for Next 12 Months
Salaries, Wages Including Overtime/Tips			\$
Net Income from Business or Profession			\$
Trust Income, Interest & Dividends			\$
Pensions and Annuities			\$
Unemployment or Disability Compensation			\$
Regular Social Security Benefits and/or SSI			\$
VA Disability Income			\$
Public Assistance			\$
Regular Alimony Support Payments, Gifts			\$
Other Income			\$

TOTAL GROSS INCOME \$ _____

ASSETS

Do you own any real estate? (Circle one) **YES** **NO**

If yes, please provide the address: _____

Have you sold or transferred any property in the past five years? (Circle one) **YES** **NO**

If **YES**: Date of transfer: _____ Address of Property: _____

Please 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 sheets if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account Number
		\$		
		\$		
		\$		
		\$		

EXPENSES

Unreimbursed Medical Expenses	\$
Disability Expenses (i.e. durable medical equipment, personal care assistance)	\$
Health Insurance and Long-Term Care Premiums	\$
Other	\$

TOTAL EXPENSES \$ _____

PREFERENCES:

Are you requesting an Ayer preference? (circle one) Yes No

If yes, documentation will be required. You are eligible for this preference if you live or work in the town of Ayer.

Does anyone in your household own a car? (Circle one) YES NO

Make of Car _____ Year _____ Plate Number _____

Make of Car _____ Year _____ Plate Number _____

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: _____

List Addresses for each Adult Household Member for the Last Five Years in Reverse Order:

(1) Address: _____ Apt. No.: _____ Dates: from _____ to present
City/Town: _____ State: _____ Zip: _____
Name of Landlord: _____ Telephone: () _____
Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? (Circle one) **YES NO**

(2) Address: _____ Apt. No.: _____ Dates: from _____ to present
City/Town: _____ State: _____ Zip: _____
Name of Landlord: _____ Telephone: () _____
Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? (Circle one) **YES NO**

(3) Address: _____ Apt. No.: _____ Dates: from _____ to present
City/Town: _____ State: _____ Zip: _____
Name of Landlord: _____ Telephone: () _____
Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against you? (Circle one) **YES NO**

Have you, or any member of your household, ever received housing assistance from this or any other housing agency? (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: _____

When you moved out, were you in compliance with the lease and other program requirements?

(Circle one) **YES NO**

If **NO**: Please explain: _____

Do you have any pets? (Circle one) **YES NO** If **YES**, how many? _____

Please describe: _____

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

Name: _____ Relationship: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: () _____ () _____

Criminal Record:

Have you or any member of your household who will live in the unit been charged or convicted of a felony or misdemeanor? (Circle one) **YES** **NO**

If **YES:** Please explain: _____

Do you or any member of your household who will live in the unit have any criminal matters pending?

(Circle one) **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 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 preference that was granted on the prior application for a three- (3) year period.

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 a Housing Authority. **I understand that is it 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 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.

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

SIGNED UNDER THE PAINS AND PENALITES OF PERJURY.

Applicant's signature: _____

Date: _____

Co-Applicant's signature: _____

Date: _____

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

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

Banks and Other Financial Institutions, Courts, Law Enforcements, Criminal History Systems Boards, Agencies, Credit Bureaus, Employers, Past and Present Landlords, Providers of: Alimony, Child Care, Child Support, Handicapped Assistance, Medical Care, Pensions/Annuities, School and Colleges, U.S. Social Security Administration, U.S. Department of Veteran Affairs, Utility Companies, Welfare Agencies and Enterprise Income Verification System.

I hereby give you my permission to release this information to the Ayer Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Ayer 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.

_____ Date signed: _____

(signature)

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

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Ayer 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 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 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. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative has 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.

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

SIGNATURE _____

DATE _____

HEAD OF HOUSEHOLD

SIGNATURE _____

DATE _____

SPOUSE/CO-HEAD/OTHER

PUBLIC HOUSING
INCOME/ASSET VERIFICATION

TO WHOM IT MAY CONCERN:

I HEREBY AUTHORIZE AYER HOUSING AUTHORITY TO VERIFY MY INCOME, ASSETS AND OTHER BENEFITS THAT I AM ELIGIBLE FOR OR HAVE RECEIVED IN THE PAST including utilizing the Enterprise Income Verification System (EIV) to verify wage income, unemployment income, and social security benefit information. (federal tenants only)

Signature DATE SSN #

THIS FORM WILL BE SENT TO THE FOLLOWING: (check all that apply)

____ SOCIAL SECURITY _____ EMPLOYER _____
____ BANK _____ PENSION _____
____ OTHER _____

TO WHOM IT MAY CONCERN:

THE ABOVE NAMED PARTY HAS AUTHORIZED AYER HOUSING AUTHORITY TO VERIFY HIS/HER INCOME/ASSETS. PLEASE COMPLETE AND RETURN THIS FORM IN THE ENCLOSED SELF-ADDRESSED STAMPED ENVELOPE TO AYER HOUSING AUTHORITY, 18 POND STREET, AYER, MA 01432. THANK YOU FOR YOUR COOPERATION.

EMPLOYMENT: Please list last 6 payments of employment earnings, if applicable:

\$ _____ week ending _____ \$ _____ week ending _____
\$ _____ week ending _____ \$ _____ week ending _____
\$ _____ week ending _____ \$ _____ week ending _____

AVERAGE HRS PER WEEK: _____ HEALTH/DENTAL INS. \$ _____ WEEKLY
DATE OF INITIAL HIRE _____ DATE OF TERMINATION: _____

BENEFITS FROM: PUBLIC ASSISTANCE \$ _____ PER MONTH
SSA, SSI, PENSION \$ _____ PER MONTH
UNEMPLOYMENT \$ _____ PER MONTH

OTHER INCOME: (CHILD SUPPORT, FOSTER CARE PAYMENTS, ETC.)
\$ _____ PER WEEK MONTH YEAR

BANK ACCOUNTS, ASSETS, ETC.: (Please list additional accounts on back side)

CURRENT BALANCE \$ _____ INTEREST RATE _____

COMPLETED BY: SIGNATURE DATE

AYER HOUSING AUTHORITY

18 Pond Street, Ayer, Massachusetts, 01432

AGENCY CODE: AYEHA

The Ayer Housing Authority has been certified by the Criminal History Systems Board for access to your criminal record.

CORI REQUEST FORM

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY # MOTHER'S MAIDEN NAME
(Requested but not required)

FORMER ADDRESSES: _____

SEX: _____ HEIGHT _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

*****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:** _____

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZATION EMPLOYEE