

EVERETT HOUSING AUTHORITY
Form for Continued Occupancy

TENANTS MUST COMPLETE ALL ITEMS ON FRONT AND BACK.

Name Family Head _____ Address _____ Apt. No. _____
 Telephone Number _____ Work /Cellphone Number _____
 If applicable, assigned parking space: _____ Automobile License # _____

PART 1. FAMILY COMPOSITION

Name and Relationship – All persons living in household must be listed	Sex	D.O.B.	Occupation or School Grade	Social Security Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				

***EMAIL ADDRESS:** _____

LIST ANY MEMBERS OF THE HOUSEHOLD 18 OR OLDER NOT EMPLOYED:

PART 2. EMPLOYMENT AND INCOME-TOTAL GROSS INCOME OF YOUR FAMILY

From all sources: List all members now working or who have worked during the past year either part time or full time, including all individuals 18 years or older. Report any other income for persons in the household.

Occupant Number	Type	Name and Address of Source of Income	Gross Weekly Pay	Gross Mo. Income
	Salaries, wages, including overtime			
	Salaries, wages, including Overtime			
	Commissions, tips, bonuses other income (FORM 1099)			
	Net income from business or profession (Sched. C of 1040)			
	Pension, Annuity, Retirements			
	Alimony and/or Child Support			
	Unemployment & Disability Compensation			
	Social Security Benefits SS/SSI			
	Social Security Benefits SS/SSI			
	Regular cash receipts from Public Assistance, Gen.Relief			
	Aid to Families with Dependent Children (TAFDC)			
	G.I. Benefits, VA or Pension			
	Other Income (Specify)			
	Service connected disability or Death Benefits from U.S. Gov. not to exceed \$1800.00.			
	Regular allowances of gifts from another person			

PART 3. ASSETS (Real estate, checking, savings, money mkt/CD acct., stocks, bonds, annuities)

Occupant No.	Account Number	Name of Financial Institution or Bank	Amount

All Real Estate Owned / Sold (in the past four (4) years):

Location: _____

Assessed Value: _____

Date of Purchase: _____ Date of Sale _____

Part 4. DEDUCTIONS FROM GROSS INCOME SUBJECT TO VERIFICATION

All items must be verified by receipted bills, or employer statements or proof of actual expenditures otherwise, they will be disallowed

- \$400.00 for head 60 yrs. or older or handicapped. (family only)
- \$300.00 for each household member under age 18 and each income contributing adult other than head.
- Heat: \$500 for Two (2) Bedroom; \$600 for Three (3) Bedroom.
- Uncompensated medical expenses over 3% of gross income including medical insurance cost.
- Amounts paid for care of children, when determined to be necessary to the employment of head of household or spouse, if applicable.
- Amounts paid, if reasonable and necessary, for support of persons not residing with family but whose support one or more family members are legally or morally responsible. List person(s) and address on a separate sheet of paper and attach to this form.
- Amounts paid by a handicapped person, for homemaking and household maintenance, unable to perform such activities.
- Travel expenses beyond those considered normal for handicapped persons, physically unable to use public transportation.

	For Tenants Use	For Office Use
1.	\$	
2.	\$	
3.		
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
Total Allowed		

\$ _____

PART 5. INCOME EXCLUSION: (A) to be taken this year (B) deferred (C) not applicable (circle A,B or C)

Member(s) Name: _____

Income source previous twelve months: _____

Current Income Source and amount for this member: _____

RACIAL COMPOSITION - circle one-

American Indian Asian Black Hispanic White Other
 (Provision of racial information is optional. If anyone in your household is a minority, please put yourselves in that minority category)

I authorize the Everett Housing Authority to contact any agency, employer, school, or bank to verify my statements. I further authorize such agency, employer, school or bank to provide the requested information to the Everett Housing Authority.

These statements are made under the penalty of perjury. The information given is true and to the best of my knowledge and belief. I have no objection to inquires or verifications.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Person to notify in case of emergency:

1. _____
Name

Address

City, State

Home Phone #

Cell Phone #

Business Phone #

2. _____
Name

Address

City, State

Home Phone #

Cell Phone #

Business Phone #

3. _____
Name

Address

City, State

Home Phone #

Cell Phone #

Business Phone #

PLEASE CONTACT THE OFFICE AT (617) 387-6389 WITH ANY CHANGES.

This is an important notice. Please have it translated.
Este é um aviso importante. Queria mandá-lo traduzir.
Este es un aviso importante. Sírvase mandarlo traducir.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.
本通知很重要。請將其譯成中文。
IS: អ្នកគួរតែដឹងថា ព័ត៌មាននេះមានសារៈសំខាន់ណាស់



EVERETT HOUSING AUTHORITY

393 FERRY STREET, EVERETT, MASSACHUSETTS 02149
PHONE (617) 387-6389 FAX (617) 389-4936
TDD (800) 545-1833 Ext. 111

Board of Commissioners

Dominic Puleo
Chairperson

John Barrett
Philip Colameta
Robert Norton

Stephen Kergo
Executive Director

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

Social Security #: _____

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

<ul style="list-style-type: none"> • Previous Landlord • Schools and Colleges • Past and Present Employers • State Unemployment Agencies • Veterans Administration • Retirement System • Credit Providers and Bureaus • Utility Companies 	<ul style="list-style-type: none"> • Courts and Post Offices • Support and Alimony Providers • Welfare Agencies • Social Security Administration • Medical and Child Care Agencies • Banks and Other Financial Institutions • CORI (Criminal Offenders Records Information)
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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.



Equal Housing Opportunity



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CERTIFICATE REGARDING NON-EMPLOYMENT

I hereby certify that I am not presently employed and that I accept the responsibility to notify the Everett Housing Authority office immediately upon beginning any employment or receiving any source of income.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Print Name

Date

Signature



Equal Housing Opportunity