



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

EVERETT HOUSING AUTHORITY

PERSONAL DECLARATION FORM FOR CONTINUED OCCUPANCY

Applicant/Participant must complete all items and sign and date where indicated. If you need additional space to answer any of the questions, please attach, date and sign additional sheet.

Head of Household: _____ **Phone:** ____ - ____ - ____

Address: _____, **Apt.** _____, _____, **MA** _____

Part 1: Household Composition. Please list all persons living in the household beginning with the Head of Household.

	Name	Relation to HOH	Sex	D.O.B.	SS#	Occupation/School
1		Head of Household				
2						
3						
4						
5						
6						
7						
8						

Part 2: Employment and Income: List any and all household members who are working or receiving any source of income including but not limited to: Pensions, Social Security, SSI, TAFDC, EAEDC, Child Support, Business, Wages, Commissions, Tips, Annuities, Alimony, Unemployment, Regular Contributions and Gifts, stocks and bonds or any other non-wage source.

	Household Member	Type of Income	Name/Address of Employer Or source of Income	Gross Income	Per week/month
1				\$	
2				\$	
3				\$	
4				\$	
5				\$	



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Part 3: Asset Income: List any and all bank accounts such as savings, checking, CD and IRA's for all family members.

A. Bank Accounts

	Type of Account	Account Number	Name/Branch of Bank	Amt. of Deposit	Int. Rate
1					
2					
3					

B. Real Estate and Personal Property. Please list the type and value of property owned by any member of your household including real estate (currently owned or sold within the past 2 years) or mobile home.

	Type of Property	Owner of Property	Value of Property
1			
2			
3			

C. Other Assets. Please list income from stocks, bonds or cash gifts you or members of your household receive on a regular basis

	Source of Income	Amount	Frequency	Beginning Date
1		\$		
2		\$		
3		\$		

Part 4. Other Information:

1. If you or other members of your household have used other Social Security numbers, please list below:

_____ / _____

2. If you or other members of your household have received housing assistance, please list where and when below:
Person housed Dates Housed Complete address

_____ / _____ / _____

3. If you or a member of your household has been convicted of a crime other than traffic violations, please explain:

4. Have you or any member of your household been required to register as a lifetime sex offender in Massachusetts or any other state?

YES: _____ NO: _____

If yes, please list which state(s) _____

5. If you or any member of your household has committed fraud in connection with any federally or state assisted housing program or have been requested to repay money for knowingly misrepresenting information to such housing programs, please explain:



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6. If you pay for Child Care expenses, please give name of agency below and amount paid:

Part 5. Elderly and Handicapped/Disabled only: (Includes any and all family members whose head of household or the spouse of heads of household meets the eligibility standards).

Please list below doctors, prescriptions or any other medical expenses that are not covered by insurance or any other source. If you need additional space, please use another piece of paper and sign and date.

	Doctor	Doctors Address
1		
2		
3		

	Pharmacy	Prescription Name	Rx#
1			
2			

Do you pay Medicare or any other medical insurance premiums? If so, please list insurance company name and address and monthly premium(s).

	Insurance Company	Address	Premium Pd.
1			
2			

Optional: The following information is voluntary and will be used for statistical purposes only. Please indicate by circling the appropriate information:

White Black Hispanic Asian/Pacific Islander American Indian

Other (specify) _____

I do hereby swear and attest that all of the above information and that in any attachments affixed hereto about me is true and complete to the best of my knowledge. I understand that all changes in income of any member of my



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household and any changes in household members must be reported to the Everett Housing Authority in writing immediately. Failure to do so may jeopardize my continued participation in this housing program.

Warning: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Signature of Head of Household Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date



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Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 12/31/2014

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Everett Housing Authority
393 Ferry Street
Everett MA 02149

Dolores Ross
Leased Housing Coordinator

HA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



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John Barrett
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Robert Norton

Stephen Kergo
Executive Director

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

Social Security #: _____

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

Criminal activity, CORI, Courts, law enforcement agency, credit bureau, employment (past and present wages, pensions/annuities), self-employment income, US Social Security Administration (Social Security, SSI Benefits, Social Security numbers), State Welfare Agencies (TAFDC, General Relief, etc.), State Employment Security Agencies (unemployment benefits), Health and Accident, Insurance and Workman's Compensation, US Department of Veterans Affairs, Federal, State and local benefits, bank and other financial institutions (asset income, interest, IRA, CD's, Stocks & Bonds, etc.), Court records (alimony, child support), family composition, credit history, identity & marital status, handicapped assistance expenses, medical care, medical insurance premiums & expenses, school & college (tuition & fees), child care expenses (day care).

I hereby give you permission to release this information to the Everett Housing Authority. Whereas the information requested by Everett Housing Authority is time sensitive, please forward your response within ten (10) days of receipt of request.

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

Thank you for your cooperation.

Print Name

Signature

Date Signed

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



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NOTIFICATION FOR REPORTING INCOME

ALL SECTION 8 PARTICIPANTS ARE TO REPORT ALL INCOME. THE HOUSING AUTHORITY NOW DOES AN ENTERPRISE INCOME VERIFICATION (EIV) THAT IS CONDUCTED ON EACH AND EVERY PARTICIPANT ON THE SECTION 8 PROGRAM.

THE EIV SYSTEM IS A TOOL USED BY HOUSING AUTHORITIES TO VERIFY INCOME FOR ALL FAMILY MEMBERS. THE EIV VERIFICATION IS A REPORT THAT COLLECTS YOUR INCOME INFORMATION FROM YOUR EMPLOYER OR FROM THE SOCIAL SECURITY ADMINISTRATION.

THE EIV VERIFICATION FORM IS COMPARED AGAINST THE DECLARATION FORM YOU FILL OUT UPON RECERTIFICATION OR INTERIM. IF IN THE EVENT THE EIV SHOWS INCOME THAT YOU FAILED TO REPORT TO THE HOUSING AUTHORITY, YOU WILL BE HELD LIABLE FOR ANY DIFFERENCE IN RENT THAT YOU SHOULD HAVE BEEN RESPONSIBLE FOR.

FAILURE TO REPORT ANY INCOME EITHER BY HEAD OF HOUSEHOLD OR FAMILY MEMBER MAY BE GROUNDS FOR TERMINATION FROM THE SECTION 8 PROGRAM.

Signature

Date

Signature

Date

Signature

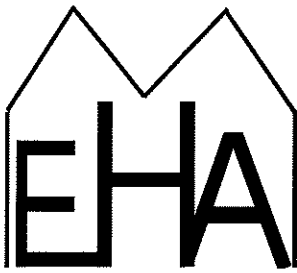
Date

Signature

Date



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Declaration of Citizenship Or Eligible Immigration Status

(Please Print Clearly)

Head of Household: _____

Social Security Number of Head: _____

I, _____, certify, under the pains and penalties of perjury, that to the best of my knowledge I am lawfully in the United States.

Because:

_____ I am a Citizen, Naturalized Citizen or National of the United States.

Or

_____ I possess eligible immigration status and am 62 years of age or over and was receiving assistance under the program on June 19, 1995. (Attach proof of age document.)

Or

_____ I possess eligible immigration status. (Attach 1 of 6 immigration status documents listed below and signed certification consent for.)

1. **Resident Alien Card** (Attach I-551 Form)
2. **Arrival Departure Record** (Attach I-94 Form) with one of the following annotations:
 - a. "Admitted as a Refugee pursuant to section 207"
 - b. "Section 208" or "Asylum"
 - c. "Section 243 (h)" or "Deportation stayed by the Attorney General"
 - d. "Paroled pursuant to section 212(d)(5) of the INA"
3. **Arrival Departure Record** (Attach I-94 Form) not annotated accompanied by one of the following documents:
 - a. A final court decision to which no appeal was taken granting asylum.



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- b. A letter from an INS asylum officer granting asylum (if application filed on or after 10/1/90) or from an INS district director (if application filed before 10/1/90).
- c. A court decision granting withholding of deportation.
- d. A letter from an asylum officer granting withholding of deportation (if application filed on or after 10/1/90).

4. **Temporary Resident Card** (Attach I-688B Form which must be annotated "Section 245A" or Section 210".)
5. **Employment Authorization Card** (Attach Employment Authorization Card I-688B Form which must be annotated "Provision of Law 274a.12 (11)" or "Provision of Law 274a.12".)
6. **Alien Registration Receipt Card issued to Lawful Permanent Resident prior to 1979** (Attach I-151 Form.) This document is only to be accepted until March 20, 1996.
7. **Receipt Indicating Application for Issuance of Replacement Document** (Attach a receipt from the INS indicating the application for the assurance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.)

Signature

Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for no more than five years, or both.

For Everett Housing Authority Use Only:

Enter INS/SAVE Primary Verification Number: _____

Enter Date Received: _____

Enter Name of EHA Verifier: _____





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Declaration of Citizenship Or Eligible Immigration Status

(Please Print Clearly)

Head of Household: _____

Social Security Number of Head: _____

I, _____, certify, under the pains and penalties of perjury, that to the best of my knowledge the minor(s) list below is/are lawfully in the United States.

Minor's Name:

Minor's Name:

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

Because:

_____ **He/she is a Citizen, Naturalized Citizen or National of the United States.**

Or

_____ **He/she possesses eligible immigration status.** *(Attach 1 of 6 immigration status documents listed below and signed verification consent form.)*

1. **Resident Alien Card** (Attach I-551 Form)

2. **Arrival Departure Record** (Attach I-94 Form) with one of the following annotations:

- a. "Admitted as a Refugee pursuant to section 207"
- b. "Section 208" or "Asylum"
- c. "Section 243 (h)" or "Deportation stayed by the Attorney General"
- d. "Paroled pursuant to section 212(d)(5) of the INA"



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3. **Arrival Departure Record** (Attach I-94 Form) not annotated accompanied by one of the following documents:
 - a. A final court decision to which no appeal was taken granting asylum.
 - b. A letter from an INS asylum officer granting asylum (if application filed on or after 10/1/90) or from an INS district director (if application filed before 10/1/90).
 - c. A court decision granting withholding of deportation.
 - d. A letter from an asylum officer granting withholding of deportation (if application filed on or after 10/1/90).

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6. **Alien Registration Receipt Card issued to Lawful Permanent Resident prior to 1979** (Attach I-151 Form.) This document is only to be accepted until March 20, 1996.

7. **Receipt Indicating Application for Issuance of Replacement Document** (Attach a receipt from the INS indicating the application for the assurance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.)

Signature

Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for no more than five years, or both.

For Everett Housing Authority Use Only:

Enter INS/SAVE Primary Verification Number: _____

Enter Date Received: _____

Enter Name of EHA Verifier: _____





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Statement of Assets

Date: _____

Re: _____

I/We hereby state that I/We have no assets.

Signature of Tenant

Signature of Spouse

Signature of Witness

Date



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



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FAMILY OBLIGATIONS AS LISTED IN THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM CONFORMING RULE

If a Family violates any Section 8 program obligations, the Authority has discretion to terminate Section 8 housing assistance. These obligations are as follows:

1. The family must supply any information that the EHA or HUD determines necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigrant status. Information includes any requested certification, release or other documentation.
2. The family must supply any information requested by the EHA or HUD for use in the regularly scheduled reexamination or interim examination of family income and composition in accordance with HUD requirements.
3. The family must disclose and verify social security numbers and must sign and submit consent forms for obtaining information in accordance with HUD regulations.
4. All information supplied by the family is true and complete.
5. The family is responsible for an HQS breach caused by the family and/or guest.
6. The family must allow the EHA to inspect the unit at reasonable times and after reasonable notice.
7. The family may not commit any serious and/or repeated violations of the lease.
8. The family must notify the owner and at the same time the EHA, before a family moves from an assisted unit or terminates the lease.
9. The family must promptly give the EHA a copy of any owner eviction.



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10. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
11. The composition of the family residing in the unit must be approved by the EHA. The family must promptly inform the EHA of the birth, adoption or court-awarded custody of a child. The family must request in writing, EHA approval to add any other family member as an occupant of the unit.
12. The family must promptly notify the EHA if any family member moves from the unit.
13. The family may allow a foster child or live in aide to reside in the unit only with EHA approval. If the family does not request approval or approval is denied, the family may not allow that person to reside in the unit.
14. Members of the household may engage in legal profit making activities in the unit, but only if such activities are incidental to primary use of the unit as a residence by members of the family.
15. The family must not sublease the unit.
16. The family must not assign the lease or transfer the unit.
17. The family must supply any information or certification requested by the EHA to verify that the family is living in the unit, or relating to a family member's absence from the unit. The family must cooperate with the EHA for this purpose. The family must promptly notify the EHA of any absence from the unit.
18. The family must not own or have any interest in the unit.
19. The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.
20. The members of the family may not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.



21. The members of the household must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
22. An assisted family or members of an assisted family may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative federal, state or local housing assistance program.

I hereby certify that I understand my obligations under the Section 8 Program and that my failure to comply with these obligations may result in the termination of my participation in the Section 8 Program. I have received a copy of the Everett Housing Authority's Section 8 Housing Choice Voucher Programs general information, program requirements and regulations, policies and procedures, which contains informal hearing procedures and grounds for termination due to the family's action or failure to act.

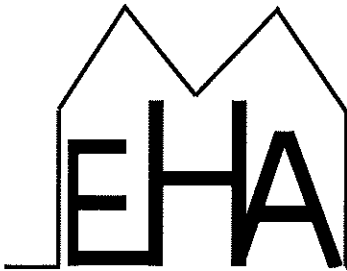
Signature

Date

01/23/2012



Equal Housing Opportunity



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

Additional Adult Living in Unit

The Everett Housing Authority Section 8 policy states that no other adult person(s) other than those listed on the lease and application shall live/stay in the unit other than on a temporary basis and/or not exceeding thirty (30) days. This is to insure that the Gross Family Contribution is accurately based on the total monthly income of that household unit.

If this situation should arise during the term of the lease, I agree to contact the Everett Housing Authority with the additional information. I realize that failure to do this could result in an eviction, lifetime loss of the Everett Housing Authority program, repayment of the rent and possible theft and fraud charges under state and federal law.

I understand the above statement. There is no other adult living/staying in the unit now other than whose name is on the application and lease. I agree to notify the Everett Housing Authority if this should change.

Signature of Tenant

Date

Signature of Staff Person

Date



Equal Housing Opportunity



**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

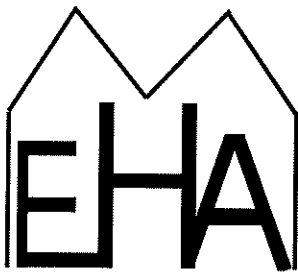
1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice:</i>	
	Signature	Date
Printed Name		



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CHILD SUPPORT PAYMENTS FROM THE MASSACHUSETTS DEPARTMENT OF REVENUE

Anyone who receives or does not receive child support is now required to supply their own verification when you come in for your scheduled interview.

Payment information is available to customers through Automated Voice Response System (VSR), twenty-four (24) hours a day, seven (7) days a week. This information can be obtained by calling the VSR at **617-660-1234**.

You will receive a list of child support payment or a letter of no child support payments within forty-eight (48) hours of your request.

We strongly suggest that upon receipt of your paperwork, call the above telephone number for your request and bring the verification with you to your appointment so it will not delay your process.

No verification will be requested through the Everett Housing Authority Office.

Everett Housing Authority
Section 8 Department



Equal Housing Opportunity