



**FRANKLIN COUNTY REGIONAL HOUSING &
REDEVELOPMENT AUTHORITY**

42 Canal Road • Turners Falls, MA 01376
Telephone: (413) 863-9781 • Facsimile: (413) 863-9289

HCV ORANGE TEEN HOUSING PROJECT BASED APPLICATION

Dear Applicant:

Along with your application for Housing Choice Voucher Project Based Rental Assistance the Franklin County Regional Housing and Redevelopment Authority (HRA) will require the following documents and forms to be submitted with your application

You must submit copies of the following:

1. **A valid picture ID**
2. **Verification of Social Security number:** a.) An original SSN card issued by SSA, b.) An original SSA-issued document, which contains the name and SSN of the individual; c.) or an original document issued by a federal, state, or local government agency, which contains the name and SSN of the individual.
3. **Certificate of birth**, or naturalization papers, Church issued baptismal certificate, Current, valid driver's license or DMV ID card, U.S. military discharge (DD214), U.S. passport, or employer ID card
4. **Updated income information** dated within the past 60 days of the date of your application. * *If you are claiming zero income on your application, a zero income form must be complete at the housing authority and attached to your application to satisfy the income verification portion of the application.*
5. **MANDATORY SERVICE PLAN WITH SERVICE PROVIDER**

Only completed applications with all required documents attached to the application will be accepted for placement on the Project Based S8 HCV wait list.

You must fill out or provide the following documents for proof of income:

☐ **Income:**

- ☐ 4 weeks most recent consecutive pay stubs/work study pay stubs
- ☐ 4 weeks most recent consecutive unemployment stubs
- ☐ 4 weeks most recent consecutive pension/workman's comp stubs
- ☐ Self-employment declarations (completed every 3 months)
- ☐ Grants, Student Loans-Provide the approval letter with the amount of money received.
- ☐ If receiving contributions/donations of money or gifts, (ex: diapers, food, paid utility bills) on a regular basis, please submit a letter stating the amount received and frequency received along with the name and address of the contributor.
- ☐ **Social Security/ Supplemental Security:** It is the applicant's responsibility to provide all forms of Social Security verification. We will accept the following forms of verification:
- ☐ **Social Security, SSI, SSP:** a current letter dated not more than sixty (60) days prior to the date on the application.

If you cannot provide this information and you receive **SS, SSI, SSA, or SSDI** benefits you will need to call the Social Security office in Holyoke at **1-800-772-1213 or (413) 536-3643** to have verification of your benefits sent to you. Social Security information can also be obtained on line at www.ssa.gov.

- If you receive Supplemental Security from the state of Massachusetts in a separate check (SSP) that was effective on April 1, 2012, you will also need to call **1-877-863-1128**, to obtain verification of portion of your state issued SSI award.
-

**The following attached forms must be completed and returned with the
HCV Project Based Application:**

- **Declaration of Section 214 Status form:** In order to participate in the Section 8 Rental Assistance Program, each applicant must be lawfully within the United States. To comply with this regulation, every participant must sign a Declaration of Section 214 Status form. Simply check off the one box that applies
- **Criminal Record Investigation & Sex Offender Registry Information forms:** In order to participate in the Section 8 Rental Assistance Program, each applicant **seventeen (17) years of age and older** must complete a CORI form and provide a picture ID. Each applicant **six (6) years of age and older** must complete a Request for Sex Offender Registry Information form.
- **Supplement to Application for Federally Assisted Housing:** 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 are not required to name an organization or person. If you choose not to list anyone, please check off the box near the bottom and sign and date the form.
- **RHIIP What You Should Know About EIV:** The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system. *Please read carefully and sign indicating you understand EIV and your responsibility once assisted under the Housing Choice Voucher Program.*
- **Authorization for the Release of Information/ Privacy Act Notice:** In signing this form you are authorizing HUD and the PHA to request income information from the sources listed on the form. The PHA is also required to protect the income information that is obtained based on the consent form. Regulations require that all household members 18 years or older sign this form.
- **Housing Choice Voucher Individual Service Plan:** HUD allows PHAs to project base multifamily buildings that are specifically made available for elderly or disabled families or families receiving supportive services who provide to the PHA an Individual Service Plan completed by their Service Provider on a quarterly basis.

You may return your application and accompanying forms and documents in person or mail the completed packet to: Franklin County Regional Housing and Redevelopment Authority, 42 Canal Rd., Turners Falls, MA. 01376.

Once we have verified eligibility, you will be placed on the HCV Project Based Waiting List. A letter will be sent to you verifying your eligibility, confirming your eligibility. If you are determined ineligible, you will be notified and offered an opportunity to appeal the decision. If you have any questions about this process, please feel free to contact Tammy Greene, Administrative Assistant at (413) 863-9781, EXT. 142.

Sincerely,

Pam Parmakian
Director of Leased Housing



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SINGLE ROOM OCCUPANCY (SRO)
SECTION 8 PROJECT BASED APPLICATION FOR RENTAL ASSISTANCE

YOU MUST USE YOUR CORRECT LEGAL NAME AS IT APPEARS ON THE SOCIAL SECURITY CARD.

NOTE: This application does not obligate you or the Franklin County Regional Housing & Redevelopment Authority (FCRHRA) in any way. Please complete the entire form.

PLEASE PRINT CLEARLY.

**(IF ADDITIONAL SPACE IS NEEDED FOR ANY INFORMATION ON THESE PAGES, PLEASE ATTACH A
SEPARATE SHEET OF PAPER.)**

Date: _____ Name of Head of Household: _____

Current Street Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Current Monthly Rent: _____ List utilities Included in Rent: _____

What was your street address before you moved to where you live now? _____

City: _____ State: _____ Zip Code: _____

Whom can we contact if we are unable to reach you?

Name: _____ Telephone: _____ Relation: _____

Address: _____

Legal Name	DOB	SEX		RACE	ETHNICITY	SOCIAL SECURITY #

Have you ever used a different name or Social Security number (for example: maiden name, alias, tax identification number, etc)? YES NO

If yes, please explain _____

PLEASE USE BOTH CODES FOR EACH MEMBER OF THE HOUSEHOLD

*Race Codes Are: 1=White 2=Black 3=American Indian/Alaska Native 4=Asian/Pacific Islander

*Ethnicity Codes Are: 1=Hispanic 2=Not Hispanic

Do you require any modifications of accommodations in order to fully utilize the unit or the program and it's services?

YES ☐ NO ☐

If yes, please explain: _____

If separated or divorced list the name and address of spouse/ex-spouse as follows:

NAME _____

NAME _____

STREET ADDRESS _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

CITY, STATE, ZIP CODE _____

SOCIAL SECURITY NUMBER (IF KNOWN) _____

SOCIAL SECURITY NUMBER (IF KNOWN) _____

II PROGRAM INTERGRITY INFORMATION

1. Please list any state outside of the state of Massachusetts that you have resided in within the past ten (10) years.

- | | | | |
|----|-------|-------|-------|
| 1. | _____ | State | _____ |
| 2. | _____ | State | _____ |
| 3. | _____ | State | _____ |
| 4. | _____ | State | _____ |

(Please Circle)

2. Have you ever lived in Public Housing or participated in a rental assistance program? **YES** **NO**
If yes, where: _____ Dates of Occupancy: _____
Under what name? _____ Who was Head of Household: _____

3. Have you ever committed any Fraud in a Federal or State assisted housing program, been requested to repay money for knowingly misrepresenting information for such housing programs? **YES** **NO**
If yes, please explain: _____

4. Have you ever been convicted of any crime involving drugs or violent criminal activity? **YES** **NO**
If yes, explain: _____

5. Have you ever used a different name or Social Security number (for example: maiden name, alias, tax identification number, etc.)? **YES** **NO**
If yes, explain: _____

6. Do you expect anyone to move in or out of your household within the next twelve months? **YES** **NO**
Does anyone live with you now who is not listed on the previous page? **YES** **NO**

7. Have you been engaged in the use, sale, manufacture, or distribution of controlled substances?
Have you ever been evicted from Public or Assisted housing for violent criminal or drug related activity?
YES **NO**
If yes to either, please explain: _____

III TOTAL EARNED HOUSEHOLD INCOME: List all money earned (employment income)

Household Member	Name and Address of Employer	Gross Earnings: Week/Month (circle one)
1.		
2.		
3.		
4.		

Did you file a Federal income tax return for the most recent year?

YES NO

OTHER SOURCES OF INCOME: (Examples: Transitional Assistance benefits, Social Security, Supplemental Social Security, Survivor's benefits, Pensions, Disability compensations, Workman's compensation, Unemployment benefits, babysitting, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, regular financial contributions and/or gifts from sources outside your home and any other sources of income not listed here.

NAME OF SOURCE	COMPLETE ADDRESS OF SOURCE	Amount Received: Week/Month (circle one)
1.		
2.		
3.		
4.		

IV ASSETS:

SAVINGS/CHECKING ACCOUNTS: List all accounts.

Savings account..... Yes ☐ No ☐

If Yes please state amount of account \$ _____ Member _____
\$ _____ Member _____

Checking accountYes ☐ No ☐

If Yes please state amount of account \$ _____ Member _____
\$ _____ Member _____

Certificate of depositYes ☐ No ☐

If Yes please state amount of account \$ _____ Member _____
\$ _____ Member _____

Money market accountYes ☐ No ☐

If Yes please state amount of account \$ _____ Member _____
\$ _____ Member _____

Bank: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Type of Account (checking/savings/Christmas club, etc): _____ Account No.: _____

Bank: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Type of Account (checking/savings/Christmas club, etc): _____ Account No.: _____

Bank: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Type of Account (Checking/savings/Christmas club, etc): _____ Account No. _____

****If you do not report savings or checking accounts, how do you pay your bills? _____

****Certify Cash on Hand: _____

V OTHER:

List all IRA's, CD's, Stocks, Bonds, Keogh Accounts, any other saving account or income generating assets

Stocks..... Yes ☐ No ☐

If Yes please state amount of account \$ _____ Member _____
\$ _____ Member _____

Bonds..... Yes ☐ No ☐

If Yes please state amount of account \$ _____ Member _____
\$ _____ Member _____

Real property (land)..... Yes ☐ No ☐

If Yes please state amount of account \$ _____ Member _____
\$ _____ Member _____

Trust funds Yes ☐ No ☐

If Yes please state amount of account \$ _____ Member _____
\$ _____ Member _____

Pensions Yes ☐ No ☐

If Yes please state amount of account \$ _____ Member _____
\$ _____ Member _____

Individual retirement accts... Yes ☐ No ☐

If Yes please state amount of account \$ _____ Member _____
\$ _____ Member _____

Inheritances Yes ☐ No ☐

If Yes please state amount of account \$ _____ Member _____
\$ _____ Member _____

Life insurance policies..... . Yes ☐ No ☐

If Yes please state amount of account \$ _____ Member _____
\$ _____ Member _____

Any other type of capital investment Yes ☐ No ☐

If Yes please state type of capital investment _____
State amount of account \$ _____

*****Explain any "Yes" answers below.**

Bank/Agent: _____ **Street Address:** _____
City: _____ **State:** _____ **Zip Code:** _____
Type of Account: _____ **Value of Account:** \$ _____

Bank/Agent: _____ **Street Address:** _____
City: _____ **State:** _____ **Zip Code:** _____
Type of Account: _____ **Value of Account:** \$ _____

LIFE INSURANCE:

Company Name: _____

Policy No.: _____ **Street Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

Company Name: _____

Policy No.: _____ **Street Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

Do you own personal property held as an investment? (gems, jewelry, coin collections, etc) _____

Please list _____

List all vehicles owned by all household members: Year _____ Make _____ Model _____
Year _____ Make _____ Model _____

VI . MEDICAL EXPENSES: Deductions for medical expenses apply to **DISABLED** or **ELDERLY** households only.

1. Do you pay for medical insurance such as: Blue Cross, Medicaid, etc.? If yes, write the name and address of your insurance company. Please include any policy numbers.

Name of Ins. Company _____ Address: _____
City: _____ State: _____ Zip Code: _____
Policy Number: _____

Name of Ins. Company: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Policy Number: _____

2. Are you currently paying on outstanding medical or dental bills? If yes, write the name and address of each doctor or dentist you are making payments to:

Name of Doctor/Dentist: _____ Address: _____
City: _____ State: _____ Zip Code: _____

Name of Doctor/Dentist: _____ Address: _____
City: _____ State: _____ Zip Code: _____

3. If you are currently taking prescription drugs and they are not completely covered by your insurance company, please list the name and address of all pharmacies:

Name of Pharmacy: _____ Address: _____
City: _____ State: _____ Zip Code: _____

Name of Pharmacy: _____ Address: _____
City: _____ State: _____ Zip Code: _____

4. Do you anticipate any medical expenses for the next twelve months that will not be reimbursed or covered by your insurance, this may include dental work, optometrists visits, chiropractors, etc.? If yes, please give the name and address of any doctor you will be seeing.

Name of Doctor/ Dentist/ Other: _____ Address: _____
City: _____ State: _____ Zip Code: _____

Name of Doctor/Dentist/Other _____ Address: _____
City: _____ State: _____ Zip Code: _____

5. Do you currently have or do you anticipate any disability expenses that will not be covered or reimbursed by your insurance? If yes, please list the type of expense and who to contact for verification of this expense. (Ex: rental equipment, special purchases necessary for mobility, etc.):

FCRHRA WILL OBTAIN CRIMINAL OFFENDER RECORDS INFORMATION (CORI) ON ALL ADULT APPLICANTS SEVENTEEN (17) YEARS OF AGE AND OLDER FOR THE PURPOSE OF EVALUATING APPLICANTS FOR SUBSIDIZED HOUSING.

APPLICANT CERTIFICATION: I/we certify that the information given to the Franklin County Regional Housing & Redevelopment Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or willful misrepresentation constitutes FRAUD and is punishable under State and Federal laws.

WARNING!!! TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE STATEMENTS OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

SIGNATURE OF HEAD OF HOUSEHOLD DATE

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.

Applicant # _____

Date _____

Received _____

Bedroom Size _____

Status _____

PHA Representative's Signature _____

Date _____

Orange Teen Housing Application for Housing

Please call 413-863-9781 if you need assistance filling out this application or to request a reasonable accommodation.

Date Received: _____

Time Received: _____

Control #: _____



Please Print Clearly

This is an application for housing at:	Orange Teen Housing 15-17 Main Street, Orange, MA. 01364
Please complete this application and return it to:	Orange Teen Housing, Inc. 44 Canal Road, Turners Falls, MA. 01376

Eligibility review is subject to reasonable accommodations for persons with disabilities. Incomplete applications will not be processed.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT (or) OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____.

If owned, do you receive monthly rental income from the property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify) _____

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: Single Room Occupancy Handicap Accessible Single Room Occupancy

B. HOUSEHOLD COMPOSITION

	Name	Birth Date	Age	Last four SS#	Race	Ethnicity
Head						

Have there been any changes in household composition in the last twelve months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes explain:		
Do you anticipate any additions to the household in the next twelve months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain		
Is there someone not listed above who would normally be living with you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain		

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Income
	Social Security	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	
	Employment amount	\$
	Employer:	
	Position Held: How long Employed:	
	Alimony	
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$

	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, list the amount you receive.	\$	
	Other Income	\$	
TOTAL GROSS INCOME (Based on the monthly amounts listed above x 12)		\$	
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$	
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally entitled to receive income assistance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you likely to receive income or assistance (monetary or not) from someone who is not a member of your household as listed on Page 2?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, explain:			
Is the income received?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. Assets If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.				
Checking Account	#	Bank	Balance \$	
Savings Account	#	Bank	Balance \$	
Trust Account				
Certificates of Deposit				
Money Markey Accounts				
Savings Bond		Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	# Shares:	Interest or Dividends \$	Value \$
Stocks	Name	# Shares	Dividend Paid \$	Value \$
Bonds	Name	# Shares	Interest or Dividends \$	Value \$
Investment Property			Appraised Value \$	

Real Estate Property: Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$

Mortgage or outstanding loans balance due	\$
---	----

Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Do you have an asset owned jointly with a person who is NOT a member of Your household as listed on Page 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please describe:</i>	
<i>Do they have access to the asset?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Market Value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

Have you disposed of any other asset in the last 2 years (Example: Given away Money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION		
Are you currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes describe		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes describe		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Briefly describe your reasons for applying:

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Phone:	
	How long?	
Previous Landlord	Name	
	Address:	
	Phone:	
	How long?	
Credit Reference:		
Address		
Account #		Phone #:

Personal Reference:	
Address	
Relationship:	Phone #:
In case of emergency notify:	
Address	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)
List any vehicles owned. There is no on-site parking.

Type of vehicle:	License Plate #:
Year/Make:	Color:
Do you own a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes describe:	

CERTIFICATION

I hereby certify that I do not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

Signature of Head of Household

Date



**FRANKLIN COUNTY REGIONAL HOUSING &
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**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

FRANKLIN COUNTY REGIONAL HOUSING AND REDEVELOPMENT AUTHORITY (HRA) is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to HRA to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing HRA with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The HRA may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that HRA must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date



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SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth

Place of Birth

Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____

Height: ____ft. ____in.

Eye Color: _____

Race: _____

Driver's License or ID Number:

State of Issue:

Mother's Full Maiden Name:

Father's Full Name:

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of
government issued identification:

VERIFIED BY:

Name of Verifying Employee (Please Print): _____

Signature of Verifying Employee: _____



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Dru Sjodin National Sex Offender Public Website (NSOPW)

The Dru Sjodin National Sex Offender Public Website (NSOPW), coordinated by the U.S. Department of Justice, is a cooperative effort between jurisdictions hosting public sex offender registries ("Jurisdictions") and the federal government. These Jurisdictions include the 50 states, U.S. Territories, the District of Columbia, and participating tribes. The Website provides an advanced search tool that allows a user to submit a single national query to obtain information about sex offenders; a listing of public registry Web sites by state, territory, and tribe; and information on sexual abuse education and prevention.

Subjects Name: _____

Date of birth or approximate age: _____

Address: _____

Personal Identifying characteristics:

Sex _____ Race _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Other information (e.g. License plate number, parent's name, etc.):

******* WARNING*******

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L.C.6, §§ 178C-178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L.C. 6, §§ 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L.C. 275, § 4).

Section 8 Housing Choice Voucher Program

Noncitizens Forms

Declaration of Section 214 Status

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury,¹ that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen or national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age²; or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach USCIS document(s) evidencing eligible immigration status and signed verification consent form.
 - ☐ Immigrant status under §§1001(a)(15) or 101(a)(20) of the INA³; or
 - ☐ Permanent residence under §249 of INA⁴; or
 - ☐ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA⁵; or
 - ☐ Parole status under §§212(d)(f) of the INA⁶; or
 - ☐ Threat to life or freedom under §243(h) of the INA⁷; or
 - ☐ Amnesty under §245 of the INA⁸.

(Signature of Family Member)

(Date)

- ☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

PHA: Enter USCIS/SAVE Primary Verification #: _____ Date: _____

[See reverse side for footnotes and instructions]

Section 8 Housing Choice Voucher Program

Noncitizens Forms

- 1 Warning:** 18 U.S. C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department of agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2** Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3** Immigrant status under ¶101(a)(15 or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by ¶101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by ¶101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under ¶210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4** Permanent residence under ¶249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since the, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under ¶249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5** Refugee, asylum, or conditional entry status under ¶207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under ¶207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been "terminated" under ¶208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under ¶203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6** Parole status under ¶212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of ~~or exercise of discretion by the Attorney General for emergency reasons~~

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. 1/31/2014

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

Franklin County Regional Housing & Redevelopment Authority
42 Canal Road
Turners Falls, MA 01376

IHA 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(l)(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		
_____ 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.

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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

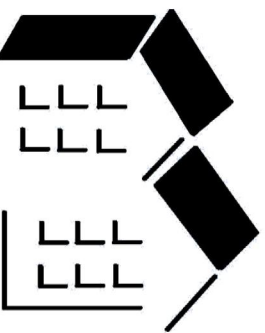
The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, 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.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RENTAL HOUSING INTEGRITY IMPROVEMENT PROGRAM

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local Public Housing Agency (PHA), the Social Security Administration (SSA), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Housing and Urban Development (HUD).

and employment
employers; and
information as reported
A).

ocial Security (SS)
SSI) information.

What information is needed for?

and by PHAs (and
s) for the following

of birth (DOB), and
SSN) with SSA.

ome sources and

in only one HUD

standing debt to any

s if you moved out
the past) under the
program.

r adult household
emergency contact
hold members.

r anyone in your
l, failed to report
nation, or
another address.
rental assistance at

n outstanding debt
territory) and any
lly or involuntarily
under the Public
information is used
assistance at the

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/bhprogrms/bhfrtip/iv/cfrn>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

Greenfield Teen Housing/Section 8 Individual Service Plan Quarterly Reporting Form

(circle one)

Tenant Name: _____
 Tenant Address: _____
 Tenant Phone Number: _____
 Date: _____

Service Provider Agency: _____ Dial Self _____
 Service Provider Address: _____
 Service Provider Contact Person: _____
 Service Provider Contact Phone Number: _____

Initial Service Plan

Date: _____ Q/E 3/31 Update Q/E 6/30 Update Q/E 9/30 Update Q/E 12/31 Update

Services Provided:				
(see service plan in client file)				
Family in compliance with:				
Continued receipt of supportive services				
Yes _____ No _____				
Has client completed the supportive services requirement?				
Yes _____ No _____				
Comments:				
Service Provider Name: _____	Service Provider Name: _____	Service Provider Name: _____	Service Provider Name: _____	Service Provider Name: _____
Service Provider Signature _____	Service Provider Signature _____	Service Provider Signature _____	Service Provider Signature _____	Service Provider Signature _____
Title: _____	Title: _____	Title: _____	Title: _____	Title: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____



ORANGE TEEN HOUSING, INC.

42 CANAL RD • TURNERS FALLS, MA 01376
Telephone: (413) 863-9781 • Facsimile: (413) 863-9289

Authorization to Inspect and/or Copy Records

Head of Household Name: _____ SSN: _____

Adult Family Member 1: _____ SSN: _____

ADDRESS: _____

I, _____, authorize Orange Teen Housing (OTH) to obtain true and accurate copies of any documents concerning my household composition or household income maintained by the Franklin County Regional Housing and Redevelopment Authority.

I understand that OTH may request information concerning any of my family members, including minors.

I understand that this information may include information concerning my income, assets, and identification copies.

I understand that the information requested must be limited to information required to verify my initial or continuing eligibility for housing.

I understand that the information requested by OTH will remain strictly confidential.

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

This authorization is valid for a period of **15 months** from the date of execution shown below.

Head of Household (Print)

Sign

Date



**FRANKLIN COUNTY REGIONAL HOUSING &
REDEVELOPMENT AUTHORITY**

42 Canal Road • Turners Falls, MA 01376
Telephone: (413) 863-9781 • Facsimile: (413) 863-9289

I, _____ give Franklin County Regional Housing & Redevelopment Authority, Franklin County Dial Self, Inc., and Orange Teen Housing, Inc. permission to discuss my client file and/or application with each other and _____.

Signature

Date

Witness

Date

Rental Assistance • Housing Development • Housing Management • Community Development
Municipal Assistance • Rehab Financing • Homeownership • Public Infrastructure
Equal Housing Opportunity



Certification of Homelessness/Risk of Homelessness

A Homeless youth is one who does not have "Fixed, regular and adequate nighttime residence". This means a dwelling at which a person resides on a regular basis that adequately provides safe shelter.

"Fixed, regular and adequate nighttime residence" **does not** include a publicly or privately operated institutional shelter designed to provide temporary living accommodations; transitional housing; a temporary placement with a peer, friend, or family member who has not offered a permanent residence, residential lease or temporary lodging for more than 30 days; or a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings. "Homeless youth" does not include a person incarcerated or otherwise detained under federal or state law.

A youth is "at-risk" of homelessness when her/his housing is threatened by severe instability within the household. Severe instability includes factors such as financial instability, violence/exploitation, environmental hazards, substandard housing, mental illness or substance abuse in the household, and/or threats of being displaced from the household.

This is to certify that _____ is currently homeless or at-risk of homelessness.

Signature

Date

Name

Title

Organization

TO BE COMPLETED BY AN EMPLOYEE OF QUALIFIED SERVICE AGENCY THAT WILL PROVIDE SUPPORTIVE SERVICES



