



QUINCY HOUSING AUTHORITY
80 Clay Street
Quincy, MA 02170
617-847-4350

OFFICE USE ONLY
Control # _____
L _____ NL _____ Min _____
BR _____ Priority _____

Date and
Timestamp

APPLICATION FOR PROJECT BASED SECTION 8

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page.

1. Applicant Name: _____

2. Current Address: _____

City: _____ State: _____ Zip Code: _____

3. Current Mailing Address: _____

4. Home Phone: () _____ Work Phone: () _____

5. Please provide the full name, including Maiden Names, and Middle Initial of all Household Members who **will be living in the unit.**

First Name	.Middle Initial	Last Name	.Maiden Name	.Date of Birth	.Place of Birth	.Sex.	Relation to Head	. Social*** Security Number
You							Head	

***The Social Security Number will be used to verify income, assets, and criminal record information.

Please indicate the Project Based Development you are applying for:

Elderly Housing

Fenno House _____ Quincy Point _____ Naval Terrace _____ Squantum Gardens _____
Fenno House Assisted Living _____ Wollaston Manor _____

Family/Elderly Housing

Atlantic Gardens _____

NOTE: Project Based Developments have their own specific eligibility requirements. Please see the Property Manager in the development you wish to live for further information.

6. Racial Designation: Responding to this question is optional. Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority category. Circle One: American Indian Asian Black White Hispanic

Preferred Language: _____

7. Veteran's Preference: You may apply for Veteran's preference

Veteran Status: Circle One Veteran Non-Veteran

Dates of Military Service: From: _____ To: _____

8. Do any of the Situations listed below apply to you? (Circle one) YES NO

If Yes, Please indicate which one:

- Homeless due to Displacement by Natural Forces.(Fire, Flood or Earthquake)
- Homeless due to Displacement by Public Action (Urban Renewal).
- Homeless due to Displacement by Public Action (Sanitary Code Violations).
- Emergency Case – Acute Medical Emergencies or Abusive Situations in accordance with the Emergency Case Plan

8.a. What community were you displaced from: _____.

8.b. Are you seeking local preference in Quincy. (Circle One) YES NO

9. Is there a member of your household who requires a wheelchair accessible unit?

Circle One Yes No

10. Income Data:

Employment: Household Member who is working: (Name) _____

Place of Employment: _____

Salary: \$_____ circle one weekly, bi-weekly, monthly

Employment: If there is a 2nd Household member working, please complete:

Name of Worker: _____

Place of Employment: _____

Salary: \$_____ circle one weekly, bi-weekly monthly

Other Sources of Income: Please show monthly income from all sources, If zero, indicate -0-.

TAFDC \$_____ V.A. Pension \$_____

Social Security \$_____ Pension \$_____

Soc. Sec. Disability \$_____ Child Support \$_____

Alimony \$_____ Any Other Income \$_____

11. List below all assets of all household members:

Household Member	Type of Asset	Bank	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or any household member sold or transferred any property in the last four years:

Circle One: Yes No If yes, date of sale: _____

Amount of Sale: \$ _____ Mortgage Owed at the time of the sale: \$ _____

Do you own a home or other real estate property now: (Circle one) YES NO

If YES, please describe, including location: _____

12. Have you or any household member ever received housing assistance from this or any other housing agency or group, including Public Housing, MRVP, DHP AHVP, 707 or Section 8. (Circle one) Yes No

If yes: Name of household head at that time: _____

Address: _____

Landlord Name: _____ Phone number: _____

Landlord Address: _____

Agency Subsidy was through: _____

Dates you received subsidy: FROM: _____ TO: _____

Reason you moved out: _____

13. Are you a board member, employee, or a member of the immediate family of any employee or board member of this Housing Authority

Yes No If yes, please explain: _____

14. Please list the addresses of all residential settings (Apartments, houses, shelters, group homes, etc) in which you lived during the last five years. You should either list the landlord (owner) or Program Director. Please be sure you list dates of occupancy.

Current Address: _____

Landlord Name: _____ Phone Number _____

Landlord Address: _____

Dates of Occupancy: Moved in _____ to Present

Please state why you wish to moved from this address: _____

Previous Address: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

Dates of Occupancy: Moved in: _____ to Moved Out _____

Please state why you moved from this address: _____

Previous Address: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

Dates of Occupancy: _____ Moved in: _____ to Moved-out : _____

Please state why you moved from this address: _____

Previous Address: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

Dates of Occupancy: _____ Moved in: _____ to Moved out: _____

Please state why you moved from this address: _____

15. Have you or any household member ever lived outside Massachusetts.

Circle One Yes No

If yes, please list that member's name, and the states resided.

Name	State
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IMPORTANT NOTICE: Please read carefully

The Quincy Housing Authority has been granted CORI access. All household members are therefore advised that a copy of their criminal history will be obtained from the Criminal History Systems Board before they are offered housing through the Quincy Housing Authority.

16. The following question is for applicants who are applying for elderly/disabled housing where eligibility is based upon a household member having a disability.

Do you or a household member have an impairment that is expected to be of long-continued and indefinite duration which substantially impedes the ability to live independently and is of such a nature that the ability to live independently could be improved by more suitable housing conditions? Circle One: Yes No

Note: Disability will be verified by the QHA in accordance with applicable regulations

APPLICANT CERTIFICATION:

I understand this application is not a unit offer, until such time as the Authority informs me that I have been offered a unit pursuant to my application. Based on this application, I understand that I should not make any plans to move or terminate my present tenancy until I have received an offer from the Authority. I certify that the information I have given

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 here 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.

Form HUD- 92006 (05/09)

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

QUINCY HOUSING AUTHORITY
80 Clay Street, Quincy, Massachusetts 02170
(617) 847-4350
TDD NO. (800) 545-1833, EXT.115

If you have a disability and as a result of your disability you need . . .

- a change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- a change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- a change or repair to some other part of the housing site that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change in the way we communicate with you or give you information,

you may ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

If you can show that have a disability and if your request for accommodation is reasonable (***does not pose “an undue financial or administrative burden”**), we will try to make the changes you request.

We will give you an answer in thirty (30) days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION REQUEST FORM from Terry Champion, Administrative Assistant, Quincy Housing Authority.

***In simple language this legal phrase means if it is not too expensive or too difficult to arrange.**