

James Marathas
Executive Director
TDD-No:1-800-545-1833 Ext 115
Telephone: (617) 847-4350
Fax: (617) 479-3105

QUINCY HOUSING AUTHORITY

80 Clay Street
Quincy, MA 02170-2799



REQUIRED DOCUMENTATION FOR CHANGE OF INCOME OR FAMILY COMPOSITION

CHANGE OF INCOME

No Longer Employed

- Letter from employer verifying last date of employment or Income Verification Form completed by previous employer.
- Unemployment/Workmen's Compensation: Provide a copy of your most current benefit letter. You may call 1-617-626-6600 to obtain this information. Unemployment print-out from Employment Development Department. To request print-out, call 1-800-300-5616
- Public Assistance/Welfare/TANF: Verification letter which states benefit amount. You may obtain this information by calling 877-382-2363, online by signing up for My Account Page at www.mass.gov/vg/selfservice or by visiting your local DTA office.

New Employer

- Letter from new/current employer verifying effective date of employment, hourly wage, and total hours worked per week.
- Letter from previous employer stating date employment ended.
- All available paycheck stubs

Increase or Decrease in Wages

- Submit your most recent consecutive paystubs; Biweekly pay cycle (2) and/or Weekly pay cycle (4)
- Disability benefits print-out from Employment Development Department. To request print-out, call 1-800-300-5616
- Social Security Income (SS/SSI) – current award letter or computer print-out from Social Security Administration. To request a print-out, call 1-800-772-1213.
- SSI/SSP State (for elderly or disabled participants): Provide letter/verification of monthly income. You can request a letter by calling the SSP Client Assistance Line at 1-877-863-1128.

FAMILY COMPOSITION CHANGE

Addition of a Family Member

- Birth certificate, Social Security Card
- Registered Alien Card
- Marriage Certificate
- Driver's License
- A letter from the owner of the subsidized unit you occupy granting agreement to allow the requested addition to the household
- Documentation of income and assets
- For anyone 18 year old and older: Signed CORI Acknowledgment Form and CORI request Form

Removal of a Family Member

- Letter/Notice from Landlord acknowledging that member being removed no longer resides in the unit.
- Proof of new residence for member being removed: Copy of Lease, Utility Bill, Piece of cancelled mail showing new address, U.S. Postal Service Change of Address Form, Copy of Driver's License, and or Car Registration showing change of address.

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CHANGE OF INCOME AND/OR FAMILY COMPOSITION

You must provide the required documented/verification with your reported change/s. (see checklist)

Type of Change (please check): Income Family Composition

Head of Household: _____

Email: _____

Social Security #: _____ Phone #: _____

INCOME CHANGE:

Are you reporting an Increase or Decrease in household income? (please check one)

Family member with the change of income: _____

Date income change began: _____

Reason for change: _____

Source of Income

Provider/Employer: _____

Phone Number: _____

Email Address: _____

Address: _____

Fax Number: _____

Head of Household Certification

I, the undersigned, certify that the information I am providing in this Notice is true and correct. I further understand that any false statement, misrepresentation or failure to provide required documentation may result in the rejection of this Notice and or potential termination of my subsidy.

Signature of Head of Household

Date

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CHANGE IN FAMILY COMPOSITION

Name _____
Date of Birth _____
Social Security Number _____
Current Address _____
Relation to Head of Household _____
Source and Amount of Income _____

APPLICANT'S CERTIFICATION

We, the undersigned participant and proposed household member, authorize the Housing Authority to make inquiries to verify the information that we have provided in this application. We certify that the information that we have given in this application is true and correct. We understand that any false statement or misrepresentation will result in rejection of this application. It is understood that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for the proposed adult household member.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Proposed Household Member's Signature

Date

Signature of Head of Household

Date

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CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Quincy Housing Authority is registered under the provisions of M.G.L. c. 6 Sec. 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 leasing of housing.

As a prospective or current employee, subcontractor, volunteer, license applicants, current licensee, or applicants for the rental or lease of housing, I understand that a CORI check will be submitted for my personal 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 the Quincy Housing Authority written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Quincy Housing Authority may conduct subsequent CORI checks within one year of the date of this Form was signed by me provided, however that Quincy Housing Authority 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 and 3 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

Date: _____

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CORI REQUEST FORM

Quincy Housing Authority has been certified by the Criminal History Systems Board for access to Criminal Offender Record Information (CORI) including conviction data and pending criminal charges, for the purpose of tenant selection only, and shall not be otherwise used or disseminated.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS

PLACE OF BIRTH (CITY&STATE)

DATE OF BIRTH

SOCIAL SECURITY NO.

MOTHER'S MAIDEN NAME

FORMER ADDRESS: _____

APPLICANT SIGNATURE: X _____

THIS PORTION TO BE FILLED OUT BY CORI AUTHORIZED EMPLOYEE – NOT APPLICANT

SEX: _____ HEIGHT: _____ FT. _____ IN.

WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

The above information was verified by reviewing the following form of government issued photographic identification: _____

If government issued photographic identification was not available, please specify the form of identification used for verification: _____

The Quincy Housing Authority has been granted CORI access. A copy of the criminal history of all household members over fourteen will be requested from the Criminal History Systems Board before the applicants are offered housing through the Quincy Housing Authority.

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Do you or anyone in your household have a criminal record? (Circle one) YES NO

.....

If YES:

Please list every city and state in which you have a criminal record, indicate what the criminal record is for, the date of the incident and any other information you feel pertinent to this issue. (Use additional sheet if necessary). Please note: failure to completely and accurately complete this information is grounds for denial of your application for housing.

State	Offense	Incident Date	Comment
_____	_____	_____	_____
_____	_____	_____	_____

I certify under the pains and penalties of perjury that the information provided above is complete and accurate. I further understand that falsifying this form is fraud.

Signed: _____ Date: _____

Print Name: _____

.....

If NO:

I certify under the pains and penalties of perjury that I do not have a criminal record in the state of Massachusetts, or in any other state in the United States, or in any other country. I further understand that falsifying this form is fraud.

Signed: _____ Date: _____

Print Name: _____

.....

Current Address: _____

Social Security Number: _____ Date of Birth: _____

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INCOME VERIFICATION

SECTION 1. (Leased Housing Participant MUST COMPLETE AND SIGN SECTION 1)

TENANT NAME: _____

ADDRESS: _____ APT. NO.: _____

CITY: _____ MA _____

I hereby authorize the release of this information.

_____ Date _____ Tenant Signature _____

=====

We are required to verify the income of all members of families living in assisted housing. Please supply the information requested below. We will keep this information in strict confidence and use it only to determine your employee's eligibility for housing at a special rental rate. Your prompt return of this information will be appreciated.

Please return to Quincy Housing Authority, ATTN: Leased Housing Department, 80 Clay St. Quincy, MA 02170 or FAX 617-479-3105

Leased Housing Department: Leasing Officer

SECTION 2. (EMPLOYER MUST COMPLETE SECTION 2)

EMPLOYER: _____

ADDRESS: _____

TELEPHONE: _____

DATE EMPLOYMENT BEGAN: _____ If applicable DATE EMPLOYMENT ENDED: _____

- GROSS SALARY: \$ _____
- Pay Frequency: (CIRCLE ONE)
WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY ANNUALLY
- If employee is paid hourly, please specify rate _____ and average number of hours per week _____
- OTHER COMPENSATION NOT INCLUDED ABOVE (SPECIFY SOURCE OF THIS INCOME, COMMISSIONS, BONUSES, TIPS, ETC)
\$ _____ FOR _____

HEALTH INSURANCE DEDUCTED \$ _____ (CIRCLE ONE)
WEEKLY BI-WEEKLY MONTHLY ANNUAL

IF TERMINATED IS EMPLOYEE ELIGIBLE TO COLLECT UNEMPLOYMENT BENEFITS YES or NO

SIGNATURE OF EMPLOYER

TITLE

CONTACT NUMBER

DATE