SPRINGFIELD
HOUSING
AUTHORITY

Application Department
35A Saab Court P.O. Box 1609
Springfield, MA 01101
Phone: (413) 785-4517
TTY = 711

This document can be translated upon request.
Este documento pode ser traduzido, a pedido do requerente.
Este documento puede ser traducido a su petición.
Qoraalkan waa la turjumi karaa hadii la codsado.
Tài liệu này có thể được phiên dịch nếu yêu cầu.
Данный документ может быть переведен по вашей просьбе

WELCOME TO THE SPRINGFIELD HOUSING AUTHORITY APPLICATION PROCESS
TO HAVE YOUR APPLICATION ACCEPTED AND PROCESSED YOU MUST COMPLETE THE FOLLOWING INSTRUCTIONS:

- ☐ **YOU MUST** PROVIDE **COPIES** OF ALL DOCUMENTS REQUESTED. (SPRINGFIELD HOUSING AUTHORITY IS **UNABLE** TO MAKE COPIES OF DOCUMENTS)
- ☐ APPLICATION MUST BE **COMPLETE AND SIGNED** BY ALL HOUSEHOLD MEMBERS 18 AND OVER
- ☐ **FAXED APPLICATIONS WILL NOT BE ACCEPTED**
- ☐ YOU MUST FILL OUT THE APPLICATION IN **INK** – APPLICATION IN PENCIL WILL NOT BE ACCEPTED

COPIES OF DOCUMENTS FOR HOUSEHOLD

Birth Certificates for all household members	____
Verification of birth place	____
Social Security Cards for all household members	____
Alien Cards	____
Verification of Student Status	____
Child care expense verification	____
Medical pay. (i.e. health insurance)	____
Medical doc. for reasonable accommodation	____
Proof of citizenship	____
Picture ID for all adults	____

COPIES OF INCOME FOR HOUSEHOLD

No income statement	____
Employment (wage slips last 6 weeks)	____
Welfare	____
Child Support, Alimony	____
Disability Benefits (SSI, SSDI, EAEDC)	____
Social Security (Award letter) 1-800-772-1213	____
Retirement – Pension verification	____
Veteran benefits	____
Annuity	____
Name and Address of Employer	____

COPIES OF ASSETS FOR HOUSEHOLD

Checking and/or savings accounts	____
Term Certificates/Money Markets	____
Stocks/Bonds	____
Real Estate Holdings	____
Cash value of a Life Insurance Policy	____

FEDERAL APPLICATION

EQUAL HOUSING OPPORTUNITY

SPRINGFIELD HOUSING AUTHORITY

35A Saab Court /P.O. Box 1609 Springfield, MA 01101
413-785-4517 711 (TTY)

This box is for Office Use Only
Client Number: _____
Control Number: _____
Barrier free: _____ First Floor: _____ Language: _____

FEDERAL PUBLIC HOUSING APPLICATION

FAMILY COMPOSITION: List everyone who will occupy the apartment – INCLUDE YOURSELF

Household Information: Complete the following information for each household member that will occupy the unit at time of move-in:

Name *(First, MI, Last)*	Relationship to the Head of Household	Social Security Number	Sex (M/F or N/A)	Birth Date *(mm, dd, yyyy)*	OCCUPATION • Employed • Unemployed • Handicapped • Student
	Head of Household				

Current Address: _____ zip code _____

Mailing Address: _____ zip code _____

Primary Phone: (____) _____ E-mail: _____

For Statistical Purposes Only
You are not obligated to answer the following two questions:

Race of HOH: Caucasian/White ☐ African American/Black ☐ Asian or Pacific Islander ☐
Native Indian/Alaskan ☐ Latin American/Hispanic ☐ Other ☐

Ethnicity of HOH: Hispanic/Latino ☐ Non- Hispanic/Non-Latino ☐

DATE AND TIME STAMP

EQUAL HOUSING OPPORTUNITY

Household Information (continued)

Would you or anyone in your household require a special needs unit? ❑ Yes ❑ No

Mobility/wheelchair ❑ Yes ❑ No Vision ❑ Yes ❑ No Hearing Impairment ❑ Yes ❑ No

Will you or anyone in your household require a live-in care attendant? ☐ Yes ☐ No
Personal Care Assistant? ☐ Yes ☐ No

Name of Live-In Care Attendant / PCA: _____
Relationship *(If any)*: _____

☐ Have you ever lived in any property managed by SPRINGFIELD HOUSIND AUTHORITY? **☐ Yes ☐ No**

If YES, where? _____ From _____ To _____
Were you evicted? ____ If YES, why? _____

☐ Do you live in subsidized housing now or have you in the past? **☐ Yes ☐ No**

If YES, where? _____ From _____ To _____
Were you evicted? ____ If YES, why? _____

☐ Why do you want to move from your current residence? _____

☐ Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? **☐ Yes ☐ No**

If YES, explain _____

☐ Do you expect the number of household members to change in the future? **☐ Yes ☐ No**

If YES, explain how many members will be added or reduced, and when that change will take place.

_____

☐ Have any of the household members used names or a social security number other than the names and numbers used above? **☐ Yes ☐ No**

If YES, explain _____

☐ Are any or ALL members of the household full-time students? **☐ Yes ☐No**

If YES, explain _____

☐ Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? **☐ Yes ☐ No**

If YES, provide the nature of the crime(s):_____
Date: _____ State: _____ City _____
County: _____
Are any of the above convictions a felony? **☐ Yes ☐ No If YES, please explain**_____

_____

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? **☐ Yes ☐ No If YES, please explain** _____

_____

Are there any criminal charges pending now? **☐ Yes ☐ No If YES, please explain**_____

_____

☐ Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?
☐ **Yes** ☐ **No**

If YES, explain _____

_____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all *GROSS* income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces? ☐ **Yes** ☐ **No**
(Include overtime, tips, bonuses, commission and payments received in cash.)

Household Member	*Name of Company (or note if self-employed)*	*Amount*

2. Unemployment benefits or worker's compensation? ☐ **Yes** ☐ **No**

Household Member	*Name of Company*	*Amount*

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)? ☐ **Yes** ☐ **No**

Household Member	*Name of Company*	*Amount*

4. (a) Child Support or Spousal Support (alimony)? ☐ **Yes** ☐ **No**
(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

Household Member	*Name of Company*	*Amount*

(b) How is the support received? (Check all that apply)

☐ Child Support Enforcement Agency — Name of Agency: _____
☐ Court of Law — Name of Court: _____
☐ Directly from Individual — Name of Person: _____
☐ Other — Explain: _____

(c) If money is not actually received, are you taking legal action to remedy? ☐ **Yes** ☐ **No**
Explanation: _____

5. Social Security, SSI or any other payments from the Social Security Administration? ☐ **Yes** ☐ **No**

Household Member	*SSA Office*	*Amount*

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits? ☐ **Yes** ☐ **No**

Household Member	*Source of Benefit & Claim #*	*Amount*

7. Regular payments from a severance package? ☐ **Yes** ☐ **No**

Household Member	*Source of Benefit*	*Amount*

8. Regular payments from any type of settlement? *(For example, insurance settlements)* ☐ **Yes** ☐ **No**

Household Member	*Source of Benefit*	*Amount*

9. Disability, death benefits or life insurance dividends? ☐ **Yes** ☐ **No**

Household Member	*Source of Benefit & Claim #*	*Amount*

10. Regular gifts or payments from anyone outside of the household? ☐ **Yes** ☐ **No**
(This includes anyone supplementing your income or paying any of your bills.)

Household Member	*Source of Benefit*	*Amount*

11. Regular payments from rental property or other types of real estate transactions? ☐ **Yes** ☐ **No**

Household Member	*Source of Benefit*	*Amount*

12. Any other income sources or types not listed above? ☐ **Yes** ☐ **No**

Household Member	*Source of Benefit*	*Amount*

13. Do you or any other household member expect any change in income in the next 12 months? ☐ **Yes** ☐ **No**
If YES, explain: _____

Zero Income Verification:
Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

☐ Yes ☐ No If YES, who? _____

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.
Do YOU or ANYONE in your household hold:

1. Checking or savings account? ☐ **Yes** ☐ **No**

Household Member	*Bank or Financial Institution*	*Amount*

2. CDs, money market accounts or treasury bills? ☐ **Yes** ☐ **No**

Household Member	*Bank or Financial Institution*	*Amount*

3. Stocks, bonds or securities? ☐ **Yes** ☐ **No**

Household Member	*Source (Broker's Name)*	*Amount*

4. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts? ☐ **Yes** ☐ **No**

Household Member	*Location of Account*	*Amount*

5. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death? ☐ **Yes** ☐ **No**

Household Member	*Life Insurance Company*	*Amount*

6. Real estate, rental property, land contract/contract for deeds or other real estate holdings? *(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)* ☐ **Yes** ☐ **No**

Household Member	*Source of Benefit*	*Amount*

7. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? ☐ **Yes** ☐ **No**

Household Member	*Description of Asset Disposed*	*Amount Received*

Explanation: _____

Do you or anyone listed above own a vehicle?

Vehicle Identification:

1.License Plate #: _____ State Issued: _____ Make/Model/Year: _____

2.License Plate #: _____ State Issued: _____ Make/Model/Year: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:

I understand that this application is not an offer of housing. I understand that Springfield Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed for the waitlist. Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** from Springfield Housing Authority. I understand that it is my responsibility to inform Springfield Housing Authority in writing of any change of addresses, income, or household composition

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is contingent on meeting management's resident selection criteria.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions. I understand that Springfield Housing Authority will request Criminal Offender Record Information for the Criminal History Systems Board for all adult members of the household.

I hereby grant Springfield Housing Authority the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

All household members 18 and over must sign below:

Signature Date

Signature Date

Signature Date

Signature Date

Signature Date

EQUAL HOUSING OPPORTUNITY

SPRINGFIELD HOUSING AUTHORITY

LANDLORD VERIFICATION AUTHORIZATION

SPRINGFIELD HOUSING AUTHORITY will contact all landlords for the period of **FIVE YEARS** from the date of application

If you lived in another person's household, the term landlord/owner refers to that person's landlord/owner

Current Landlord/Owner_____

Landlord's Address: _____Telephone #_____

Address where you reside _____

Head of Household's Name_____

Date you moved-in _____ Rent per Month_____ **Reason for leaving:** _____

Prior Landlord/Owner: _____

Landlord's Address: _____Telephone #_____

Address where you resided: _____

Head of Household's Name_____

Date Moved-in: _____Date Vacated: _____ Reason Vacated_____

Prior Landlord/Owner: _____

Landlord's Address: _____Telephone #_____

Address where you resided: _____

Head of Household's Name_____

Date Moved-in: _____Date Vacated: _____ Reason Vacated _____

****

Please list **ALL** states where all household members have ever lived: _____

_____

**Please use additional paper to complete if necessary.

I hereby authorize Springfield Housing Authority to make inquiries from the above-named landlords for verifying my rental history.

_____

SIGNATURE Date

EQUAL HOUSING OPPORTUNITY

SPRINGFIELD
HOUSING
AUTHORITY

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Springfield Housing Authority collects information about applicants and tenants for its housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators or prosecutors. Otherwise, the information will be kept confidential and used only by housing authority staff in the course of their duties.

The Fair information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by a housing authority to provide information, however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.

2. No information may be disclosed to any person other than those described above without your consent.

3. You or your authorized representative have a right to inspect and copy any information collected about you.

4. You may ask questions and receive answers from the housing authority about how it will collect and use your information.

5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the housing authority holds about you. If you object, it will investigate your objection, and either correct the problem or make your objection part of the file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

I have read and understood the Fair Information Practices Act Statement of Rights and have a right to request a copy for future reference.

Date: _____ _____

Applicant signature

EQUAL HOUSING OPPORTUNITY

SPRINGFIELD HOUSING AUTHORITY

Application Department
35A Saab Court P.O. Box 1609
Springfield, MA 01101
Phone: (413) 785-4517 - Fax: (413) 785-4596

[SPRHA]

CORI REQUEST FORM

Springfield Housing Authority has been certified by the Criminal History Systems Board for access to any and all information relative to any criminal convictions, both felonies and misdemeanors, regardless of when the conviction occurred. Also any and all information relative to any criminal charges which are currently pending before the courts by the commonwealth or any jurisdiction including federal courts.

Applicants 18 and over must fill out this form.

APPLICANT INFORMATION (PLEASE PRINT) ID THEFT INDEX PIN

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER MOTHER'S MAIDEN NAME

FORMER ADDRESSES: _____

_____

SEX: _____ HEIGHT: ____FT. _____IN. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

APPLICANT SIGNATURE

*****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SHA CORI AUTHORIZED EMPLOYEE

EQUAL HOUSING OPPORTUNITY

SPRINGFIELD HOUSING AUTHORITY

Application Department
35A Saab Court P.O. Box 1609
Springfield, MA 01101
Phone: (413) 785-4517 - Fax: (413) 785-4596

[SPRHA]

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STATE DRIVER'S LICENSE NUMBER: _____

APPLICANT SIGNATURE

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REQUESTED BY: _____
SHA CORI AUTHORIZED EMPLOYEE

EQUAL HOUSING OPPORTUNITY

SPRINGFIELD HOUSING AUTHORITY

General Authorization For Release Of Information

I have authorized the Springfield Housing Authority to verify the accuracy of information which I have provided to the housing authority, from the following sources:

Social Security Administration
Veterans Administration
Income sources for pensions
Income sources for annuities
Financial Institutions
Internal Revenue Services (IRS)
Elder Home Care Services
Current and former landlords
Employers
Income sources for child support / alimony
Department of Public Welfare
Department of Employment and Training
Educational Institutions
Personal References

I understand that the information which will be collected by the SHA is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of the information submitted. When permitted by law, it may be released to government agencies, other housing authorities and to court or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and used only by the housing authority staff in the course of their duties.

I hereby give you permission to release information to the Springfield Housing Authority, subject to the conditions listed above. I would appreciate your prompt attention in supplying the information requested on the attached page to the Springfield Housing Authority within five (5) days of receipt of this request.

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

_____ _____
Applicant / Resident Signature Date

_____ _____
Spouse Signature Date

EQUAL HOUSING OPPORTUNITY

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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. 07/31/2021

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
SPRINGFIELD HOUSING AUTHORITY 35A SAAB COURT / P.O. BOX 1609 SPRINGFIELD, MA 01101	

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 mor 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, aga the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

(1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.

(2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or

(3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. **Date the written request is received by victim:** _____

2. **Name of victim:** _____

3. **Your name (if different from victim's):** _____

4. **Name(s) of other family member(s) listed on the lease:** _____

_____

5. **Residence of victim:** _____

6. **Name of the accused perpetrator (if known and can be safely disclosed):** _____

_____

7. **Relationship of the accused perpetrator to the victim:** _____

8. **Date(s) and times(s) of incident(s) (if known):** _____

_____

10. **Location of incident(s):** _____

In your own words, briefly describe the incident(s):

_____

_____

_____

_____

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

Notice to All Applicants and Residents: Reasonable Accommodations and Modifications are available for Applicants and Residents with Mental and/or Physical Disabilities

Springfield Housing Authority (SHA) does not discriminate against applicants or residents on the basis of mental (including psychiatric) or physical disabilities. In addition, SHA has an obligation to provide "reasonable accommodations" and "reasonable modifications" on account of a disability if an applicant or resident or a household member is limited by the disability and for this reason needs such an accommodation or modification. A reasonable accommodation is a change that SHA can make to its rules, policies, practices, or services, and a reasonable modification is a change SHA can make to its facilities (including physical alterations to the housing unit or public or common use areas) that will assist an otherwise eligible person with a disability to have equal opportunity to use and enjoy the housing or common or public use areas or to participate fully in SHA's programs, activities, or services. Such changes may not be reasonable if they are not financially and programmatically feasible for Springfield housing authority.

An applicant or resident household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to SHA, and to avoid disturbing neighbors), but an accommodation or modification may be the basis by which the household is able to meet those obligations of tenancy.

The Springfield Housing Authority has an Accommodation Coordinator. If you need an accommodation or modification because of a disability, please complete the attached form and return it to SHA. Upon reasonable request by SHA, you must also submit documentation verifying the existence of a disability and the disability-related need for the accommodation or modification. Within thirty (30) calendar days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what SHA can reasonably do to provide you an accommodation or modification on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result needs an accommodation or modification, you, the household member, or authorized representative, may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.

EQUAL HOUSING OPPORTUNITY

Request for Reasonable Accommodations/Modifications

To: Applications Department

Springfield Housing Authority
35 A Saab Court / P.O. Box 1609
Springfield, MA 01101

From: _____
Applicant or Resident Name (please print) Control Number

_____
Address

_____
Town/City, State, Zip

_(____)_____
Area Code/Telephone Number

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

_____

_____

_____

2. This request for a reasonable accommodation/modification is necessary so that I can:

_____

_____

_____

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

_____ _____
Signature of Applicant or Resident (or authorized representative) Date