

Information Packet

83 – 85 WEST STREET
NEWTON, MA 02461

This packet contains specific information on eligibility requirements, selection priority categories, and application process for **one affordable 3-bedroom apartment** being offered for rent in the town of Newton, MA, through a lottery process.

We invite you to read this information packet and submit an application if you think you meet the eligibility requirements. Please note that the lottery is the first step in the application process; should you be selected as a winner in the lottery, you are not automatically assured a unit as verification of financial claims made in the application must take place.

There will be an Information Session on **November 12, 2019** at 6 p.m. at the Newton Housing Authority, 82 Lincoln St, #101, Newton Highlands, MA 02461. Attendance at the Informational Session is not required for participation in the lottery. You should, however, confirm attendance so that we may be sure we have enough room for all interested parties.

Applications postmarked by **December 31, 2019 at 4:00 PM**

Phone: 978-256-7425, ext. 21 or candersen@chelmsfordha.com



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General Overview

83 – 85 West ST, Newton, MA 02461 is a two-unit rental development that consists of two affordable units. One 2-bedroom unit and one 3-bedroom unit which are located in the Nonantum neighborhood of Newton within walking distance of the Adams Street and Watertown Street commercial areas with easy access to shopping, restaurants, banks, post office, parks, and schools. The property is close to an MBTA bus route and located within a mile from two supermarkets. Each rental unit has two parking spaces, laundry hookups in the unit, and private storage space in the basement.

The affordable rents are being set at one-twelfth of 30% of the Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area to families earning no more than 80% of median income. The 3-bedroom unit is available for this lottery and the rent is \$2,027/month* with an allowance for utilities. This is a project sponsored by the Newton Housing Authority, City of Newton and DHCD.

The initial occupancy of the one available unit shall be done through a lottery. Any household that is not selected during the lottery will go onto a waiting list. Applications for the affordable units will be managed on a first-come, first- served basis once the original lottery list is exhausted.

The affordable rents are being set based upon the LIP Guidelines and the HUD FY 2019 (4/24/19) Income Limits (for Section 8, Section 221(d)(3) BMIR, Section 235 and Section 236 program) for Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area. The rent is as follows, less an allowance for utilities paid by the household. Voucher holders pay an amount based upon their income; however the actual rent is as stated below.

Unit Type	Income	# Units	Gross Rent	Utility Allowance	Net Rent
3 BR	80% AMI	1	\$2,230	\$184	\$2,046

Owner Name: Newton Housing Authority
 Contact: Amy Zarechian, Executive Director
 Address: 82 Lincoln Street, Newton, MA 02461
 P: (617) 552-5501 F: (617) 964-8387
 E: azarechian@newtonhousing.org
 W: www.newtonhousing.org

Agent/Officer authorized and responsible for carrying out the Lottery
Name: Chelmsford Housing Authority

Contact: Christina Andersen, Director of Property Management
Address: 10 Wilson Street, Chelmsford, MA 01824
P: (978) 256-7425 x21 F: (978) 256-1895
E: candersen@chelmsfordha.com
W: www.chelmsfordha.com

Since it is anticipated that there will be more interested and eligible applicants than available units, the Chelmsford Housing Authority (CHA) and the Developer will be sponsoring an application process and lottery to rank the eligible applicants for the program. The application and lottery process, dates and eligibility requirements can all be found within this Information Packet.

Owner and Manager do not discriminate based on race, color, national origin, religion, sex, familial status, sexual orientation or handicap (disability). Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing.

Persons with disabilities who may require a reasonable accommodation in obtaining or completing an application may call the CHA to make special arrangements. The CHA uses Mass Relay to communicate with applicants who may be speech or hearing impaired. The Mass Relay number is 1-800-439-2370 for TTY and 1-800-439-0183 for voice.

GENERAL ELIGIBILITY REQUIREMENTS

Maximum Allowable Income

To be eligible to apply for the chance to rent an affordable unit, the combined annual income for all income sources of all income-earning members in the household must be at or below eighty percent of median income for the town of Chelmsford. The maximum incomes allowed for this program are:

80% AMI for Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area; effective 04/24/19
(subject to change based upon HUD issuance of annual income limits)

# of Persons	80% of Median ¹
1	\$62,450
2	\$71,400
3	\$80,300
4	\$89,200
5	\$96,350
6	\$103,500
7	\$110,650

Approximate Minimum Income

An approximate minimum income of at least \$66,900 annually is necessary to qualify for the 3BR unit. Applicants should not be spending more than 30% of their income on rent. However, this minimum may be waived if you already have a subsidy for housing through the Section 8 Program or similar assistance. Applicants should not be spending more than 30% of their income on rent unless they show that they have sufficient assets to cover the housing costs.

Asset Limits

There is no limit on the amount of assets households may have. Income from assets, however, is counted as the greater of: actual income or the HUD Passbook rate at the time of application (.06% as of 2/1/15) of the net value of the asset. Assets may include cash, cash in savings and checking accounts,

¹ HUD FY 2019 (4/24/19) Income Limits (for Section 8, Section 221(d)(3) BMIR, Section 235 and Section 236 program) for Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area

a home, net cash value of stocks, net cash value of retirement accounts (such as 401Ks), real property, bonds, capital investments, life insurance policies and foreign bank accounts.

Frequently Asked Questions – General Eligibility

Q: Who is eligible to apply for the affordable units?

A: In order to qualify for an affordable unit, households must meet each of the following criteria:

- 1.) The entire household's income and assets must be below the maximum allowable income limit.
- 2.) The household must be of appropriate size.
- 3.) The household must meet the minimum income requirement as outlined above.

Q: Do I need to be a resident of Newton to apply?

A: No. There will be no local preference assigned to these units.

Q: Can I apply if own a home?

A: You may own a home when you apply; however it does have to be sold before entering into a lease.

Q: How is a household's income determined?

A: The Chelmsford Housing Authority will calculate the income of a household based upon the current income the household is earning including actual or imputed income from assets. In an effort to provide as accurate an income calculation as possible, the CHA must review all current and historical income data.

ALL SOURCES OF INCOME ARE COUNTED. Any monies you receive will be counted as income. This includes, but is not limited to, Social Security, alimony, overtime pay, bonuses, unemployment, severance pay part-time employment, matured bonds, monies to be received in court settlements and imputed interest and dividends on bank accounts and actual or imputed income from assets.

There are some exceptions under which income will not be counted, most notably income from employment of children under the age of 18.

The CHA will calculate the value of your assets pursuant to the formula set by the Department of Housing and Urban Development. This formula takes the greater of the actual income from an asset or the current market value of any asset multiplied by 1%. The amount derived from this calculation is then added to your income.

For example: Mrs. Smith is a mother of three children and earns \$25,000 a year at her job and receives \$12,000 a year in child support. Mrs. Smith also has a checking account valued at \$7,000 earning 1% interest and a CD worth \$20,000 earning 2.3%. Her income would be calculated as follows:

Employment **\$25,000** Checking (\$7,000 x 1%) = **\$70**

Child Support **\$12,000** CD ($\$20,000 \times 2.3\%$) = **\$460**

Total income = **\$37,530**

Q: I have a 401K and am not taking any withdrawals. Do I have to include it when I list my assets?

A: Yes, you need to include the net cash value of all your current retirement funds. We realize that most retirement funds assess large penalties for early withdrawal, but this does not technically mean that you cannot withdraw your funds or don't have access to them. The "post-penalty" amount is what you need to provide along with supporting documentation.

Q: Are there eligibility exceptions for households that are barely over the income limit?

A: No, there are no exceptions to the income limits.

Q: What happens if I fail to correctly complete my application?

A: Households that submit incomplete applications will be notified of the omissions that must be corrected in order to make their applications complete. The application will remain in an "Incomplete Application Pool" until all requested information has been received.

Households with applications in the Incomplete Application Pool will not be entered into the Lottery. After the lottery has taken place, all incomplete applications will be deemed ineligible for placement on the waiting list.

STEP-BY-STEP PROCESS AND TIMELINE

The following steps outline the entire process of applying for and purchasing an affordable unit. The following pages explain each step in greater detail.

Completed with the Guidance of the Chelmsford Housing Authority

Step 1:	Program Application	November 1, 2019 – December 31, 2019 Deadline is December 31, 2019 at 4:00 PM
Step 2:	Assignment of Lottery Ticket	November 1, 2019 – January 7, 2020
Step 3:	The Lottery	January 15, 2020
Step 4:	Notification of Lottery Results	January 15, 2020 – January 21, 2020
Step 5:	Formal Review of Eligibility	January 15, 2020 – January 31, 2020

Please note that there will be an Informational Session held for all interested applicants on **November 12, 2019** at 6 p.m. at the Newton Housing Authority, 82 Lincoln St, #101, Newton Highlands, MA 02461. Attendance at the Informational Session is encouraged, but not required for participation in the lottery.

Step 1: Program Application

From November 1, 2019 through December 31, 2019, the Chelmsford Housing Authority will be advertising and publicizing the availability of this affordable housing opportunity in Chelmsford and distributing applications and this Information Packet throughout the community and region.

After reading this Information Packet in its entirety, applicants will need to fill out a Program Application. The applying household must list all income and asset information for every person that will be residing in the unit. The Program Application must be signed and dated by all heads of household.

The Program Application must be received (postmarked) by December 31, 2019, at 4 p.m. All applications should be sent to:

Newton Housing Authority
RE: 83-85 West ST
 82 Lincoln Street #101
 Newton, MA 02461

To ensure that applications arrive in time, the CHA recommends mailing them at least one full week prior to the application deadline and by certified mail. Late applications will not be entered into the lottery. The CHA is not responsible for lost or late applications.

Once a completed Program Application is received, eligible households will be assigned a lottery ticket. (See Step 2).

Q: What happens if I fail to correctly complete my application?

A: Households that submit incomplete applications will be notified of the omissions that must be corrected in order to make their applications complete. The application will remain in an “Incomplete Application Pool” until all requested information has been received.

Households with applications in the Incomplete Application Pool will not be entered into the Lottery. After the lottery has taken place, all incomplete applications will be deemed ineligible for placement on the waiting list.

Step 2: Lottery Ticket

Once the CHA has received the application, it will determine initial eligibility. Households deemed eligible for the lottery will receive a lottery ticket in the order in which their completed application was received.

Households that are deemed ineligible by the CHA will be notified by mail.

Eligibility for the lottery does not ensure eligibility for the program. (See Step 5).

Step 3: The Lottery

The Lottery will be held on January 15, 2020 at 11 a.m. at the Newton Housing Authority, 82 Lincoln St, #101, Newton Highlands, MA 02461. Households do not have to attend the Lottery to remain eligible; results will be mailed to all participants.

The Process:

The Lottery: One 3-Bedroom Unit – All Eligible Households

The list generated from The Lottery will be compiled in the order in which each ticket is drawn. The Chelmsford Housing Authority we will move down that list as people either move forward or not.

Step 4: Notification of Lottery Results

The Chelmsford Housing Authority will mail the results to every household that had a ticket in the lottery. Households in the Incomplete Application pool will not have had a lottery ticket and therefore will not have a position on an Offer List.

All applicants must go through additional screening prior to being made an offer. This screening will include income and asset verification, credit checks, and possibly third-party verification of information that was provided to the CHA office. This screening does not take place until after the lottery selection.

Households with positions lower on the Offer Lists will have to wait for the removal of households with a higher position before being given an opportunity to rent the unit. Households with lower positions on the Unit Selection List should still maintain readiness in case the households ahead of them do not finish the process.

Step 5: Formal Review of Eligibility

Households must submit all required income and asset documentation for every claim made in the application.

Before a household can move forward, it must provide complete documentation of income and assets. Below is a list of some of the items that may be requested:

- All members of the household ages 18 and older must complete the Tenant Packet and sign the authorization for release of information. They must also provide documentation of any and all assets and income. If the adult is a full-time student, the proof of current student status must also be provided.

Income:

- **Wages:** Verify gross earnings by submitting five (5) pay stubs or a letter from the employer stating the number of hours per week that the employee works and the rate of pay per hour. Any such letter should include the name and address of the employer as well as the name and telephone number of the contact person.
- **Social Security or Supplemental Income:** A statement no more than one month old from the Social Security Administration. This statement can be obtained online at www.socialsecurity.com or by calling 1-800-772-1213.
- **VA Pension or other retirement benefits:** A statement no more than one month old showing earnings from the Veterans Administration or other retirement funds
- **VA Compensation or Benefits:** A statement no more than one month old showing earnings from the Veterans Administration.
- **ADFC:** A statement less than one month old from the Department of Transitional Assistance showing benefits. This statement may be obtained by calling 1-800-632-8095.
- **Food Stamps and Fuel Assistance:** A statement less than one month old from the Department of Transitional Assistance.
- **Alimony and/or Child Support:** Copies of six (6) payment checks.
- **Unemployment Benefits:** Current statement or copies of six (6) check stubs from the Department of Unemployment Assistance.
- **No Income:** If an adult family member does not have any income at all, a “Zero Income Self Affidavit” must be completed and notarized. The Chelmsford Housing Authority can provide you with a copy of this form.

Assets:

- **Checking and Savings Accounts:** Copies of six (6) months of statements showing transaction details for any and all banking accounts, including foreign accounts.
- **Current Value of Assets:** A statement no more than one month old showing the current value of any stocks, bonds, CDs, IRAs, etc. Including current rate of interest and dividends.
- **No Bank Accounts:** If any member of your household over the age of 18 does not have a bank account, each person must complete and have notarized a “No Bank Account” certificate. The Chelmsford Housing Authority can provide you with a copy of this form.

Screening (Will follow DHCD guidelines and will not be conducted until after the lottery):

- **Record of Prior Criminal History.** In gathering such record of prior criminal history, the Agent or its agent(s) may obtain Criminal Offender Record Information (CORI) reports as part of the tenant selection process, but access and use of the CORI reports are subject to the provisions of 803 CMR 2.00 et seq. The Agent or its agent(s) should ensure that none of the information obtained is collected or disseminated in violation of state or federal law.
- **Credit Check by a credit bureau.** Information to be considered should not be more than five years old.

If it is determined that incomplete or inaccurate information was provided in the application, or if the applicant fails to submit the required documentation within a timely fashion, the CHA reserves the right to deem the applicant ineligible for the unit at the 83-85 West Street.

The landlord will make the final determination regarding suitability for the unit based upon references, credit checks and other screening processes used for all applicants.

APPLICATION

83-85 WEST STREET, NEWTON, MA

I. GENERAL INFORMATION

Name of Applicant *(Member 1)*: _____
 Address of Current Residence: _____ Apt. No.: _____
 City/Town: _____ State: _____ Zip Code: _____
 Mailing Address: _____ Apt. No.: _____
 City/Town: _____ State: _____ Zip Code: _____
 Home Telephone _____ Work/Cell Phone _____

II. INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

A. Members of household to live in unit, including Head of Household.

Member Number	Name: First, Middle, Last	Relationship	Sex M/F	Date of Birth	Occupation <i>(Employed, F-Time Student, Handicapped, Other)</i>	Race **	Ethnicity ++	Student? FT or PT
1		HEAD						
2								
3								
4								
5								
6								

(Responding to the question of Race and Ethnicity is optional)

** **Race:** Please mark all that apply. (A) White; (B) Black/African American; (C) American Indian; (D) Asian; (E) Other

++ **Ethnicity:** Please mark the one you identify with most. (F) Hispanic/Latino; (G) Non-Hispanic/Non-Latino

B. Household Member Questions. Please mark each answer either Yes or No.	Yes	No
Do you or any member of your household have any special needs due to a disability or need a reasonable accommodation such as a unit designed for the hearing or vision impaired? <i>Please specify:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you or any member of your household need a wheelchair accessible apartment? <i>If yes, please provide documentation indicating that you use a wheelchair, a walker or double canes.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you or any member of your household have any pets? <i>If Yes, please provide how many, breed, & brief description.</i>	<input type="checkbox"/>	<input type="checkbox"/>



III. INCOME OF HOUSEHOLD MEMBERS

Estimate the anticipated gross monthly income (before deductions) for **ALL** Household Members, from all sources for the next 12 month period. If a question/category does not apply, do not leave it blank. **Please write N/A or None.**

Type of Income <i>Please enter gross monthly amount.</i>	Gross Monthly Income					
	Member #1	Member #2	Member #3	Member #4	Member #5	Member #6
Salaries, Wages, Including Overtime/Tips	\$	\$	\$	\$	\$	\$
Net Income From Business or Profession	\$	\$	\$	\$	\$	\$
Trust Income, Interest & Dividends	\$	\$	\$	\$	\$	\$
Pensions and Annuities	\$	\$	\$	\$	\$	\$
Unemployment or Disability Compensation	\$	\$	\$	\$	\$	\$
Regular Social Security Benefits and/or SSI	\$	\$	\$	\$	\$	\$
VA Disability Income	\$	\$	\$	\$	\$	\$
Public Assistance	\$	\$	\$	\$	\$	\$
Regular Alimony Support Payments, Gifts	\$	\$	\$	\$	\$	\$
Other Income:	\$	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$	\$

IV. ASSETS

- Do you or any member of your household own any real estate? (Circle one) **YES** **NO**
 If yes, please provide the address: _____
 Current Value: _____ Source of Valuation: Appraisal Tax Bill Estimate
- Have you or any member of your household that is to live in the unit sold or given away any assets in the last five years? (i.e., Stocks, Bonds, Property, Cash, etc.) (Circle one) **YES** **NO**
 Value when sold/given away: _____ Date of transaction: _____



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Please list below the assets of all household members living in the unit. (Bank accounts, foreign bank accounts, stocks, pensions, inheritances, bonds, trust funds, individual retirement accounts, life insurance policies, any other capital investment, etc). *If your assets are too numerous, use extra blank spaces or list on a separate piece of paper.* If a question/category does not apply, do not leave it blank. **Please write N/A or None.**

Member Number	Asset Type <i>(checking, savings, etc.)</i>	Name of Financial Institution	Account Number	Cash Value	Asset Value or Current Balance
1				\$	\$
				\$	\$
				\$	\$
2				\$	\$
				\$	\$
				\$	\$
3				\$	\$
				\$	\$
				\$	\$
4				\$	\$
				\$	\$
				\$	\$
5				\$	\$
				\$	\$
				\$	\$
6				\$	\$
				\$	\$
				\$	\$

Include your current address. List Addresses for Each Adult Household Member for the **Last Five Years** in Reverse Order (starting with the most recent address). Use attached housing info form (A) if necessary.

(1) Member Name: _____ **This property is:** (Circle One) **Rented Owned**
 Address: _____ Apt.: _____ Dates: from _____ to PRESENT
 City/Town: _____ State: _____ Zip Code: _____
 Name of Landlord: _____ Telephone: () _____
 Landlord Address: _____ City: _____ State: _____ Zip: _____
 Did this landlord bring any court action against you? (Circle one) **YES NO N/A**
 Did this landlord return your security deposit? (Circle one) **YES NO N/A**

(2) Member Name: _____ **This property was:** (Circle One) **Rented Owned**
 Address: _____ Apt.: _____ Dates: from _____ to _____
 City/Town: _____ State: _____ Zip Code: _____
 Name of Landlord: _____ Telephone: () _____
 Landlord Address: _____ City: _____ State: _____ Zip: _____
 Did this landlord bring any court action against you? (Circle one) **YES NO N/A**
 Did this landlord return your security deposit? (Circle one) **YES NO N/A**



(3) Member Name: _____ This property was: *(Circle One)* **Rented** **Owned**
 Address: _____ Apt.: _____ Dates: from _____ to _____
 City/Town: _____ State: _____ Zip Code: _____
 Name of Landlord: _____ Telephone: () _____
 Landlord Address: _____ City: _____ State: _____ Zip: _____
 Did this landlord bring any court action against you? *(Circle one)* **YES** **NO** **N/A**
 Did this landlord return your security deposit? *(Circle one)* **YES** **NO** **N/A**

APPLICANT’S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the rental office will make no more than one offer to rent this housing unit. If I do not accept that offer, my application will be dropped to the bottom of the waiting list and I will not be offered the rental unit at 83-85 West ST, Newton, MA until all other eligible households selected in the lottery are offered a rental unit. Based on this application, I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the rental office.

I understand that the information that I have provided in this application may be independently verified for the purpose of determining eligibility. I certify that the information I have given in this application is true and correct. I understand that any false statements or misrepresentation are punishable by law and may result in the denial of my application or termination of tenancy after occupancy

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

SIGNATURE: EVERYONE OVER THE AGE OF 18 MUST SIGN BELOW

WARNING: Title 18, Section 1001 of the U.S. Code States that a person guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Signature

Signature

Signature

Signature

Date

Date

Date

Date



FAIR INFORMATION ACT – STATEMENT OF RIGHTS

Local Housing Authorities collect information about applicants and tenants 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. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used 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 the 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 regards 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. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative has 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 we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Signature

Date

Signature

Date

Signature

Date

Signature

Date





Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 -3160

REVISED: 01/29/19

DAVID J. HEDISON
Executive Director

RELEASE FOR CREDIT CHECK

Address of Current Residence: _____ Apt. No.: _____
City/Town: _____ State: _____ Zip Code: _____

I/We hereby apply for the apartment through the Chelmsford Housing Authority. With my/our signature(s) below I/we hereby authorize and request all credit reporting agencies, employers, credit and personal references release all pertinent information about me/us. A photocopy of this shall be as valid as the original. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done thru the facilities of CoreLogic SafeRent, 7300 Westmore Rd., Suite 3, Rockville, MD 20850-5223. Consumer Phone 1-888-333-2413.

RELEASE: In consideration for being permitted to apply for assistance/continued assistance, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigation, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records, and retail history) will be done thru the facilities of CoreLogic SafeRent, 7300 Westmore Rd., Suite 3, Rockville, MD 20850-5223. Consumer Phone 1-888-333-2413.

SIGNATURE: EVERYONE OVER THE AGE OF 18 MUST SIGN BELOW

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____





Chelmsford Housing Authority

10 Wilson Street
Chelmsford, Massachusetts 01824 -3160

REVISED: 01/29/19

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME:		SS#	
ADDRESS:			

NAME:		SS#	
ADDRESS:			

NAME:		SS#	
ADDRESS:			

NAME:		SS#	
ADDRESS:			

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

- Healthcare providers, including but not limited to: ESMV, Mental Health agencies, Social Service agencies, Medical providers, PACE, SCO's etc.
- Banks and other financial institutions
- Courts, law enforcement agencies, CORI
- Credit bureaus and credit providers
- Landlords and employers (past and present)
- Permission to use social security number to verify income through Mass Dept. of Revenue, Wage Match, & The Work Number
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility companies
- Welfare agencies
- Retirement and pension
- Providers of: Alimony, child care, child support, credit, handicap assistance, marital status, schools, colleges & post office

I hereby give you permission to release this information to the Chelmsford Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Chelmsford Housing Authority within five (5) days following the receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

