

CHOICE CENTER

LOCATED AT 19 SHEILA AVENUE ON THE NORTH VILLAGE CAMPUS IN NORTH CHELMSFORD
PRELIMINARY AFFORDABLE HOUSING APPLICATION FOR SENIORS AGED
62 YEARS OR OLDER

TEL 978-256-7425 TTY (800) 439-0183 TDD (800) 439-2370

CONNIE DONAHUE-COMTOIS
Executive Director

DEREK JONES
Property Manager

Dear Applicant,

Thank you for your interest in **The CHOICE Center**, an affordable rental development managed by CHOICE, Inc., a non-profit organization of the Chelmsford Housing Authority for elders age 62 years or older. The CHOICE Center is located at 19 Sheila Avenue in North Chelmsford. This new development consists of thirty-seven units of which thirty-two are one-bedroom units and five are two-bedroom units.

~~ PLEASE NOTE: THE CHOICE CENTER IS AN ENTIRELY SMOKE-FREE CAMPUS ~~

This application is for **UNSUBSIDIZED** (unassisted) affordable rental units. Tenants pay the full contract rent. Section 8 Vouchers are welcome. All utilities (electricity, heat, hot water) are included in the rent. Residents will only have to pay for their phone, internet and cable television.

Income requirements (based on 2021 income limits and subject to change) are as follows:

Household Size	One	Two	Three	Four
<i>Income Limit 60%</i>	\$47,460	\$54,240	\$61,020	\$67,740

Full Rent Amounts

<i>Bedroom Size</i>	<i>Rent*</i>
1	\$1088†
2	\$1324†

† This is the gross amount of rent to be paid by tenant, unless you have a Section 8 Voucher

PLEASE NOTE: In order to qualify for an **unsubsidized** unit you will need to provide documentation verifying that your annual gross income is **no less than** \$38,130 (one-bedroom) or \$45,750 (two-bedroom), unless you can provide documentation of guaranteed assets equivalent to two years of CHOICE Center unsubsidized rent payments (\$26,112 for one-bedroom; \$31,776 for two-bedroom).

1. APPLICANT REQUIREMENTS FOR WAITING LIST PROCESSING:

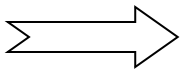
- The head of household, and/or spouse/co-head must **each be 62 years of age or older**.
- The entire household's income must be below the maximum allowable.
- The household must be of appropriate size.

2. SUPPORTING DOCUMENTATION:

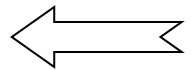
- Proof of Age** (e.g., photocopy of Birth Certificate, Valid Passport, Baptismal Record, Military Discharge Papers, etc.)
- Photo Identification** (photocopy of license, passport, etc.)
- Social Security Number Documentation:** All family members must provide a social security card or another form of verification that contains their SSN (e.g., driver's license **with SSN**; identification issued by a federal, state or local agency, etc.).
- Proof of Chelmsford residency (if applicable):** Please provide three **current** proofs of residency if you currently reside in Chelmsford (i.e. driver's license, utility bill, voter registration card) or are currently employed in the Town of Chelmsford for at least 10 hours per week (i.e. letter from employer on company letterhead, etc.)
- Proof of Citizenship/Permanent Resident**
- Documentation from Physician:** If you require a **wheelchair accessible apartment** or a reasonable accommodation, documentation from your physician will be required.

BEFORE YOU RETURN YOUR APPLICATION, MAKE SURE YOU HAVE THE FOLLOWING:

- ✓ One completed and signed Application Packet (pgs. 1-16)
- ✓ All supporting documentation specific to your application



Your completed application can be mailed or faxed to:



**The Chelmsford Housing Authority
10 Wilson Street
Chelmsford, MA 01824
FAX (978) 256-1895**

(Please note: All faxed applications must be followed with receipt of original to this office.)

If you have questions regarding The CHOICE Center, please contact the Chelmsford Housing Authority office at (978) 256-7425.

**Maximum Income Limits and Contract Rents are subject to change.*

Incomplete applications will not be processed.

CHOICE CENTER

**LOCATED AT 19 SHEILA AVENUE ON THE NORTH VILLAGE CAMPUS IN NORTH CHELMSFORD
PRELIMINARY AFFORDABLE HOUSING APPLICATION FOR SENIORS AGED
62 YEARS OR OLDER**

APPLICATION FOR UNSUBSIDIZED HOUSING

Unsubsidized Unit (*unassisted- tenant pays the full contract rent*)

<i>Household Size</i>	One	Two	Three	Four
<i>Income Limit</i>	\$47,460	\$54,240	\$61,020	\$67,740

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	Social Security Number *	Date of Birth	Occupation <i>(Employed, F-Time Student, Handicapped, Other)</i>	Race/Ethnicity **
1		HEAD					
2							
3							
4							

This information will be used to verify income, assets, and criminal information.

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

**** Race and ethnicity: Please mark all that apply in the above box:** (A) Alaskan Native or Native American (B) Black or African Am. (C) Hispanic or Latino (D) White (not of Hispanic Origin) (E) Other (please specify) (F) Asian (Please specify): (F1) Asian Indian, (F2) Chinese, (F3) Filipino, (F4) Japanese, (F5) Vietnamese, (F6) Other Asian. (G) Native Hawaiian or Pacific Islander (Please specify): (G1) Native Hawaiian, (G2) Guamanian or Chamorro, (G3) Samoan, (G4) Other Pacific Islander

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>If YES, please complete the attached Request for Reasonable Accommodation form (pg. 17).</i>		
Does your household require a two-bedroom unit ? <i>If Yes, documentation and additional screening may be required in order to qualify. Please specify:</i>		
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>		
Do you or any member of your household live in Chelmsford State-Aided Public Housing ?		
Are you or any member of your household, currently on the Chelmsford State-Aided Public Housing Waiting List for McFarlin Manor, Chelmsford Arms or Delaney Terrace ?		
Do you or any member of your household currently work in the Town of Chelmsford ? <i>If YES, please provide documentation verifying employment.</i>		
Do you or any member of your household have any pets ? <i>If Yes, please provide how many, breed, & short description.</i>		

C. Are you a **Board Member, employee, or a member of the immediate family** of an employee or a Board Member of the Chelmsford Housing Authority? (Circle one) **YES NO** *If so, this will not necessarily disqualify your application.*

- *If Yes, Please Explain:* _____

D. Criminal Record:

1. Have you, or any member of your household who will live in the unit, **been charged, arrested or convicted of a felony or misdemeanor**? (Circle one) **YES NO**

If YES, Please explain: _____

2. Do you, or any member of your household who will live in the unit, have any **criminal matters pending**? (Circle one) **YES NO**

If YES, Please explain: _____

3. Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? (Circle one) **YES NO**

If YES: List the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). _____

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.*

	Gross Monthly Income			
Type of Income	Member #1	Member #2	Member #3	Member #4
<i>Please enter GROSS monthly amount.</i>				
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: Family Contributions, Rental Income, Financial Settlements, Lottery (periodic)	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

III. ASSETS OF HOUSEHOLD MEMBERS

- 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
 Does the property have a mortgage? (Circle one) **YES NO**
If YES, what is the current amount owed? _____
- 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: _____

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				\$	\$
				\$	\$
				\$	\$

IV. HOUSING INFORMATION

A. List Addresses for Each Adult Household Member for the **Last Five Years** in Reverse Order (starting with the most recent address). **Include your current address.** Use additional paper 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**

(4) 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**

B. Do you or any member of your household currently hold a Section 8 Voucher through a Local Housing Authority? (Circle one) **YES NO**

- If YES: Name of Local Housing Authority: _____

C. Have you, or any member of your household, received housing assistance from this or any other housing agency? (Circle one) **YES NO**

- If YES: Name of Head of Household at that time: _____
Relation to Present Applicant: _____
Name of Housing Agency: _____
Do you currently receive assistance from this agency? (Circle one) **YES NO**
Date Moved Out: _____ Reason Moved Out: _____

EMERGENCY CONTACT

Emergency Reference: Name of a relative or friend **NOT** planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency.

Name _____ Relationship _____
Address _____
City/Town: _____ State _____ Zip Code _____
Telephone: () _____ () _____

PERSONAL REFERENCES

List two (2) personal references for EACH household member. **These should not be relatives.**

Member 1 (If you are applying alone, only complete the two reference requests below).

(1) Name: _____ Telephone No.: () _____
Address: _____ City: _____ State: _____ Zip: _____

(2) Name: _____ Telephone No.: () _____
Address: _____ City: _____ State: _____ Zip: _____

Member 2 (If there are two members applying, please list different references for the second person below).

(1) Name: _____ Telephone No.: () _____
Address: _____ City: _____ State: _____ Zip: _____

(2) Name: _____ Telephone No.: () _____
Address: _____ City: _____ State: _____ Zip: _____

Member 3 (If there are three members applying, please complete. If no third member, indicate N/A).

(1) Name: _____ Telephone No.: () _____
Address: _____ City: _____ State: _____ Zip: _____

(2) Name: _____ Telephone No.: () _____
Address: _____ City: _____ State: _____ Zip: _____

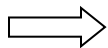
APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the Chelmsford Housing Authority will make no more than one offer of an appropriate housing unit. If I do not accept that offer, my application will be removed from the respective waiting list; and, if I reapply, my application will not receive any preference that was granted on the prior application for a three (3) year period.

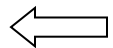
Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written **Unit Offer** from the Chelmsford Housing Authority. **I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition. I understand that these changes may affect my eligibility of housing benefits. I acknowledge the right of this agency to adjust my position on the wait list based upon these changes.**

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 understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.

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



I understand the CHOICE Center is an entirely smoke-free facility.



I understand this includes the CHOICE Center building and grounds.

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 is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Signature (Head of Household)

Date

Signature (Co-Head)

Date

Signature

Date

Signature

Date

Your completed application can be mailed or faxed to:

The Chelmsford Housing Authority

10 Wilson Street

Chelmsford, MA 01824

FAX: (978) 455-7212 or (978) 256-1895

TEL 978-256-7425 TTY (800) 439-0183 TDD (800) 439-2370

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**Maximum Income Limits and Contract Rents are subject to change.*

****Incomplete applications will not be processed****

FAIR INFORMATION ACT – STATEMENT OF RIGHTS

Local Housing Authorities collect information about applicants and tenants for their 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. 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 (Head of Household)

Date

Signature (Co-Head)

Date

Signature

Date

Signature

Date

Citizen/Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

DECLARATION

I, _____ hereby declare, under

penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
 - (1) The following documents will be accepted as proof of citizenship
 - (a) United States (U.S.) Passport
 - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
 - (a) U.S. Birth Certificate
 - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
 - (c) U.S. Citizen ID card issued by USCIS
 - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (e) Certificate of Citizenship issued by USCIS
 - (f) American Indian card issued by USCIS for the Kickapoo tribe
 - (g) Final Adoption Decree
 - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
 - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - (k) Extract of U.S. hospital birth record established at the time of birth
 - (3) Proof of Identity includes
 - (a) Driver's License
 - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
 - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
 - (d) Day care or nursery record (minors only)
 - (e) School record or report card (under 16 only)
 - (f) School ID with picture
 - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature

Date

Check here if adult signed for a child,

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

c. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207";
 - b. "Section 208" or "Asylum";
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child.

REQUEST FOR REASONABLE ACCOMMODATION

Control # _____

PLEASE CHECK ONE:

_____ **NO, I do not need to request accommodations at this time. (Please sign & date)**

_____ **YES, I am requesting accommodations at this time. (Complete form, sign & date)**

Applicant Name (Please Print): _____

Mailing Address: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip Code: _____

Best Telephone Number to Reach Applicant: _____

Housing Authority Name: _____

Housing Authority Address: _____

To: Accommodation Coordinator

1. I have a disability which limits me in the following ways (describe):

2. On account of these limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing programs (describe):

3. Documentation verifying the existence of my disability, my limitations on account of it, and my need for accommodation is attached to this form. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

Signature

Date

This page intentionally blank

FAIR INFORMATION ACT – STATEMENT OF RIGHTS

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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 (Head of Household)

Date

Signature

Date

Signature

Date

Signature

Date

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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 (Head of Household)

Date

Signature

Date

Signature

Date

Signature

Date

APPLICANT COPY