



# Chelmsford Housing Authority

10 Wilson Street  
Chelmsford, Massachusetts 01824 –3160  
FAX 978-256-1895 TTY (800) 439-0183 TDD (800) 439-2370

DAVID J. HEDISON  
Executive Director

DEREK JONES  
Dir. of Property Management

Dear Applicant,

Thank you for your interest in the Federally-Funded Supportive Low-Income Housing at **North Village** for seniors aged 62 years and older.

The **North Village** development is located at 20 Sheila Avenue in North Chelmsford, and serves 50 senior households.

The development and the surrounding grounds are a **smoke-free property**. In order to be eligible to apply, all members of the household must be at least 62 years old.

You may apply to North Village by completing the attached application. Please be certain to complete and sign the application, **as incomplete applications will not be processed**. Completed applications should be mailed or faxed to:

**The Chelmsford Housing Authority**  
**10 Wilson Street, Chelmsford, MA 01824**  
**FAX 978-256-1895**  
*FAX 978-256-1895 TTY (800) 439-0183 TDD (800) 439-2370*

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

## **INCOME REQUIREMENTS:**

- **Maximum 2022 Income Limits for Participation:**  
**One person: \$44,250 Two people: \$50,550**

## **APPLICANT REQUIREMENTS FOR WAITING LIST PROCESSING:**

- **Family Status:** In order to be eligible to apply, both members of the household must be at least 62 years old.

## **SUPPORTING DOCUMENTATION:**

- **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.).
- **Photo ID:** All family members must provide a photo ID (e.g., driver's license, military ID, valid passport, alien registration card with photo, citizen ID card, etc.)
- **Age Verification:** All household members must provide supporting documentation of their age (e.g., birth certificate, valid passport, military discharge papers, etc.).
- If you require a **mobility-accessible apartment**, documentation from a physician will be required to qualify.

## **HOMELESS PREFERENCE**

- If you are:
  - An individual or family who lacks a fixed, regular, and adequate nighttime residence.
  - Fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions. Has no other residence; and lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.
  - A homeless veteran

**\*\*Please request a Certification of Homelessness**

## **NORTH VILLAGE LOCAL PREFERENCE/AT-RISK REQUIRED DOCUMENTATION**

- If you are a **Chelmsford or Lowell resident**, please provide proof of residency from three sources (i.e., driver's license, utility bill, voter registration card, etc.).
- If you are **currently employed in Chelmsford or Lowell**, please provide proof of employment (e.g., copy of **current** pay stubs, verification letter from employer, etc.)
- If you are **at risk** of being placed in a **long-term care facility** (nursing home, rehab, assisted living, etc.) or currently reside in one, please provide written verification from a third party.

## **BEFORE YOU RETURN YOUR APPLICATION, MAKE SURE YOU HAVE:**

- ✓ Completed and signed the Application (pgs. 1-8)
- ✓ Completed and signed the Contact Information Form (pg. 9)
- ✓ Completed and signed/dated the Request for Accommodations form (pg. 11)
- ✓ Completed and signed/dated the Race and Ethnic Data Reporting Form specific to the development you are applying for (pgs. 12 **AND/OR** 14)
- ✓ Sign and Date the Fair Information Act – Statement of Rights (pg. 16) (**Keep pg. 17 for your records**)

**If you have questions regarding North Village, please contact Derek Jones, Dir. of Property Management, extension 28.**

**Please Note: Be certain to complete and sign the application and attachments, as incomplete applications will not be processed. In addition, please provide the required verification/documentation specific to your application.**

# North Village: Application for Supportive Low Income Housing for Persons 62 and Older

A HUD 202 Senior Housing Development Sponsored by Elder Services of the Merrimack Valley, Inc.

Managed by the

**Chelmsford Housing Authority**

**10 Wilson Street**

**Chelmsford, MA 01824**

*FAX 978-256-1895 TTY (800) 439-0183 TDD (800) 439-2370*

## I. GENERAL INFORMATION

Name of Applicant: \_\_\_\_\_

Address of Current Residence: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

## 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 (Employed, F-Time Student, Handicapped, Other)	Race/Ethnicity **
1		HEAD					
2							

*\*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

A. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? (Circle one) **YES NO**

If YES, specify:

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B. Do you need a wheel chair accessible apartment? (Circle one) **YES NO**

C. Does anyone in your household own a car? (Circle one) **YES NO**

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

D. Do you have any pets? (Circle one) **YES NO** If YES, how many? \_\_\_\_\_

Description: \_\_\_\_\_

**E. Criminal Record:**

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

If YES, Please explain:

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

If YES, Please explain:

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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).

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### **III. PREFERENCES**

- A. Are you at risk of being placed in a long-term care facility or currently residing in a long term care facility?  
(Circle one) **YES NO**
- B. Are you homeless, lacking a fixed, regular, and adequate nighttime residence, or fleeing, or attempting to flee, domestic violence? (Circle one) **YES NO (If you believe you meet this definition please request a Certification of Homelessness form.)**

*If yes, documentation an additional screening will be required in order to qualify for these preference.*

### **IV. INCOME OF HOUSEHOLD MEMBERS**

Estimate the **Gross (before deductions) Income** anticipated for **ALL** Household Members from all sources for the next 12 months. Specify all sources.

<b>Type of Income</b>	<b>Source of Income, Name of Employer</b>	<b>Gross Monthly Amount</b>	<b>Gross Amount For Next 12 Months</b>
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 GROSS INCOME: \$** \_\_\_\_\_

**V. ASSETS & EXPENSES OF HOUSEHOLD MEMBERS**

**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: \_\_\_\_\_

**Please list below the assets of everyone to live in the unit.** (Savings, Checking, Stocks, Pensions, Inheritances, Bonds, Trust Funds, Individual Retirement Accounts, Life Insurance policies, any other capital investment, etc.)

Household Member	Asset Type	Cash Value	Name of Financial Institution	Account Number	Asset Value or Current Balance
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$

**MEDICAL EXPENSES**

Unreimbursed Medical Expenses (Out of Pocket Co-pays)	\$
Disability Expenses (i.e. durable medical equipment, personal care assistance)	\$
Health Insurance and Long Term Care Premiums	\$
Other Out of Pocket Medical Expenses	\$

**TOTAL EXPENSES: \$** \_\_\_\_\_

## **VI. REFERENCES**

**References:** List three references. These **should not** be relatives or household members.

(1) Name: \_\_\_\_\_ Telephone #: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Telephone #: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Telephone #: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **VII. HOUSING INFORMATION**

List Addresses for each Adult Household Member for the Last Five Years in Reverse Order:

(1) 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**

(2) 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**

(3) 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**

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: \_\_\_\_\_  
Date Moved Out: \_\_\_\_\_  
Reason Moved Out: \_\_\_\_\_

## **VIII. 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: (     ) \_\_\_\_\_ (     ) \_\_\_\_\_

**APPLICANT'S CERTIFICATION:**

I understand that this application is not an offer of housing. I understand that a 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 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 a 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 authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. 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.

**Please read and check the following boxes and sign/date below:**

**I understand North Village is a non-smoking building and grounds.**

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household (enclosed with application).

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*Completed Applications can be mailed or faxed to:*

***Chelmsford Housing Authority***

***10 Wilson Street***

***Chelmsford, MA 01824***

***FAX 978-256-1895 TTY (800) 439-0183 TDD (800) 439-2370***

(Please Note: Any Faxed applications must be followed with receipt of original to this office).

***Incomplete applications cannot be accepted.***

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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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.

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**REQUEST FOR REASONABLE ACCOMMODATION**

**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

- I have a disability which limits me in the following ways (describe):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 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):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 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

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

North Village

20 Sheila Ave., Chelmsford, MA

Name of Property

Project No.

Address of Property

Chelmsford Housing Authority

202/PRAC

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.





# 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**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# **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**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

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**APPLICANT COPY**  
**Keep for Your Records**

