

W. RUSSELL TAYLOR, JR.  
*Chairman*

DEBRA DEWITT AHERN  
*Vice-Chairman*

GEORGE M. NANGLE  
*Treasurer*

JESSE FORCIER  
*Assistant-Treasurer*

MATTHEW J. SHEEHAN  
*Secretary*



MARY T. KARABATSOS  
*Executive Director*

## DRACUT HOUSING AUTHORITY

971 MAMMOTH ROAD  
DRACUT MASSACHUSETTS 01826

TEL: (978) 957-3515

FAX: (978) 957-3399

43-1 PHINEAS STREET

To be eligible for elderly/handicapped housing you must be at least 62 years of age or a person with a handicap. If you have a handicap, the handicap must be other than a history of alcohol/drug abuse. If you have a handicap, you must provide certification by a doctor clearly stating that you have a handicap and it is expected to be of long and indefinite in duration lasting longer than six months.

### FY Income Limits

1 Person \$ 52,850.00

2 person \$ 60,400.00

**DRACUT HOUSING AUTHORITY  
LOW RENT PUBLIC HOUSING PROGRAMS**

**APPLICATION FOR FEDERAL HOUSING**

1. Name of Applicant \_\_\_\_\_ SS# \_\_\_\_\_

Current Address \_\_\_\_\_ Apt.No. \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Which of the following Public Housing types are you applying for? (circle one)

a. Family

b. Elderly/Disabled/Handicapped

Do you or any member of your family require a wheelchair accessible unit?  
(circle one)                      Yes                      No

Do you or does any member of your family require any modification or accommodation in order to fully utilize the unit? (circle one)                      Yes                      No

If yes, please specify \_\_\_\_\_

3. Veteran's Preference -- You may apply for Veteran's Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of the of the Veteran. A Copy of the Veteran's discharge or separation papers must be submitted with this application.

Dates of Military Service: Month \_\_\_\_\_ Year \_\_\_\_\_ to Month \_\_\_\_\_ Year \_\_\_\_\_

4. Number of bedrooms required (circle one)                      0                      1                      2                      3                      4                      5                      6

5. Members of Household to occupy the unit, including the head.

First name, middle initial and last name of everyone to live in the household.	Relation to Head	Sex	Date of Birth	Social Security Number
1.	Head			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

6. Is a change in the household expected? (circle one) Yes No

If yes, what type of change? \_\_\_\_\_

**7. INCOME BEFORE DEDUCTIONS:**

Estimate the gross income anticipated for all household members for the next 12 months. Please specify all sources.

Household Member		Source of Income	Gross income for the next 12 mos.
	Salaries, wages, including overtime/tips		
	V.A. Disability		
	Net income from business or profession		
	Trust income, interest and dividends.		
	Pensions and annuities		
	Regular unemployment or disability compensation		
	Regular Social Security Benefits and/or SSI		
	TAFDC or EAEDC		
	Regular Alimony, Support Payments, Gifts		
	Other income		

TOTAL ANNUAL INCOME \_\_\_\_\_

**8. EXPENSES**

Expense Type	Annual Expenses
Expense for care of children or disabled family member if necessary for employment	
Unreimbursed medical expenses	
Health Insurance	
Other	

TOTAL EXPENSES \_\_\_\_\_



9. ASSETS: List below the assets of all family members, include real estate, stocks and bonds, trusts etc.

Household member	Description of Assets	Value of Applicant's Equity

9a. BANKING INFORMATION

Name of Bank	Account Number	Type	Joint/ Indiv.	Balance	
				Current	6-mo.Avg.
				\$	\$
				\$	\$
				\$	\$

10. Have you disposed of any assets within the last two (2) years? \_\_\_\_\_

11. Does anyone in your household own a car? (circle one) Yes No

Make of car \_\_\_\_\_ year \_\_\_\_\_ Reg. No. \_\_\_\_\_

12. RACE: White Black American Indian/Alaska Native Asian or Pacific Islander  
(circle one)

12a. ETHNICITY: Hispanic Non-Hispanic  
(Circle one)

13. HOUSING HISTORY

List complete information below relative to your prior residence:

(1) Address: \_\_\_\_\_ Years: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone \_\_\_\_\_

Address of Landlord: \_\_\_\_\_

14. Have you or any member of your household ever lived in a public housing unit or ever received housing assistance from this or any housing agency or group? This includes rental assistance programs.  
(circle one) Yes No

If yes, in whose name was the apartment? \_\_\_\_\_

Relation to applicant \_\_\_\_\_

Address at that time \_\_\_\_\_

Did you leave as a tenant in good standing? (circle one) Yes No

If no, please explain \_\_\_\_\_



15. Do you have any pets ? (circle one) Yes No

If yes, please describe \_\_\_\_\_

16. EMERGENCY REFERENCE: Relative or friend not currently living with you. We will contact this person if we are not able to reach you in the case of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

17. CRIMINAL HISTORY

Have you or any member of your family been convicted of a crime?

If yes, please explain: \_\_\_\_\_

APPLICANT'S CERTIFICATION

I understand that this application is not an offer of housing. I understand that the Dracut Housing Authority will make no more than one offer of an appropriate conventional unit. If I do not accept that offer, I understand that my application will be closed.

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 from the 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 is true and correct. I understand that any false statement or misrepresentation may result in my application being closed.

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

\_\_\_\_\_  
Interviewer/Reviewer's Signature Date

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



Name: \_\_\_\_\_ Record # \_\_\_\_\_

### DETERMINATION OF BEDROOM SIZE

The Authority recognizes that the under utilization of space is inconsistent with efficient and economical operation and is a waster of scarce housing resources while overcrowding is inconsistent with Authority's obligation of provide decent, safe and sanitary housing. Therefore, the Authority will determine the appropriate size unit for each family in accordance with the following table:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	1
1	1	2
2	2	4
3	3	6
4	5	8
5	7	10

Based on your family composition, we have determined that you require a \_\_\_\_\_ bedroom unit.

However, it is noted that the particular waiting list on which you are placed will be a determining factor as to how long you will have to wait before receiving offer of a housing unit. Generally, the larger the bedroom size you need, the longer the wait.

Therefore, in order to receive housing sooner, you may choose to place yourself on a smaller waiting list than the size as determined by the Authority.

However, if you choose a smaller unit size, you will not be considered under housed for purpose of a transfer unless there is a change in the size of your family composition.

How many persons in your family? \_\_\_\_\_

State the bedroom size list you wish to be placed on. \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Authority Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR THE  
RELEASE OF INFORMATION  
HOUSING AGENCIES**

U.S. Department of Housing & Urban Development  
Office of Public and Indian Housing

PHA/HA requesting release of Information

Dracut Housing Authority  
971 Mammoth Rd.  
Dracut, MA 01826  
(978) 957-3515

This form cannot be used to request a copy of a tax  
return. Instead, use IRS form 4506, Request for a  
Copy of Tax Form.

Sensitive Information: The consent granted by this form may be used as a basis to collect sensitive information which is protected by the Privacy Act. Such Information will not be disclosed or released outside of HUD except to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory Investigators and Prosecutors. Please see the Federal Privacy Act Statement for a more detailed description of your privacy rights.

Purpose:  
This form enables the U.S. Department of Housing and Urban Development (HUD) and the above named Public Housing Agency or Indian Housing (HA's) to secure your signature and the signature of each member of your household who is 18 years of age or older for purposes of obtaining employee Income Information from current and previous employers and wage and claim Information from the State Wage Information Collection Agency (SWICA).

**Computer Matching Notice & Consent:**

I understand that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies.

**The governmental agencies include:**

U.S. Office of Personnel Management  
U.S. Department of Defense  
State Employment Security Agencies  
Day Care Providers  
Landlords  
Financial Institutions/Banks

U.S. Social Security Administration  
U.S. Postal Service  
State Welfare and Food Stamp Agencies  
Employers  
Dept. of Revenue (Child Support Unit)

The match will be used to verify information supplied by my family.

**Employment Information:**

I also authorize the above named HA and HUD to obtain information about me and my family that is pertinent to employment income information from current and previous employers.

**Conditions:**

I agree that photocopies of this authorization may be used for the purposes stated above. If I or any adult member of my family fail to sign this authorization, I understand that this action may constitute grounds for denial of eligibility or termination of assistance of tenancy, or both.

**State Wage Agencies:**

I authorize only HUD, a Public Housing Agency, or an Indian Housing Authority to obtain information on wages or unemployment compensation from State Agencies charged with the State unemployment law.

Signature, Printed Name of the Head of Household & Date:

Signature, Printed Name of Spouse, Other Adult Member of the Household & Date:

Signature, Printed Name of Other Adult Member of the Household & Date:

Original is retained by the requesting organization.

Form HUD-9886 (10/19/92)  
Ref. Handbooks 7420.7 & 7465.1

ATTACHMENT 3

APPLICANT/TENANT CERTIFICATION

APPLICANT(S)/TENANT(S) STATEMENT

I/WE CERTIFY THAT THE INFORMATION\* GIVEN TO THE DRACUT HOUSING AGENCY ON HOUSEHOLD COMPOSITION, INCOME, NET FAMILY ASSETS, AND ALLOWANCES AND DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY CALL THE FAIR HOUSING AND EQUAL OPPORTUNITY NATIONAL TOLL-FREE HOT LINE AT 800-424-8590 (WITHIN THE WASHINGTON D.C. METROPOLITAN AREA, CALL 426-3500.)

\*AFTER VERIFICATION BY THIS HOUSING AGENCY, THE INFORMATION WILL BE SUBMITTED TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ON FORM HUD 50058 (TENANT DATA SUMMARY), A COMPUTER-GENERATED FACSIMILE OF THE FORM OR ON MAGNETIC TAPE. SEE THE FEDERAL PRIVACY ACT STATEMENT FOR MORE INFORMATION ABOUT ITS USE.



DRACUT HOUSING AUTHORITY  
971 MAMMOTH ROAD  
DRACUT, MA 01826  
(978) 957-3515  
Fax (978) 957-3399

LANDLORD NAME AND ADDRESS:

DATE: \_\_\_\_\_

PLEASE BE INFORMED THAT THE INDIVIDUAL NAMED BELOW HAS APPLIED  
FOR RENTAL ASSISTANCE (RENT SUBSIDY) WITH THE AUTHORITY.

THIS INDIVIDUAL HAS GIVEN YOUR NAME AS THE LANDLORD/OWNER OF  
THEIR APARTMENT.

KINDLY COMPLETE THE FOLLOWING INFORMATION BELOW AND RETURN  
THIS FORM IN THE ENCLOSED SELF-ADDRESSED STAMPED ENVELOPE.

I HEREBY AUTHORIZE RELEASE OF THE INFORMATION REQUESTED.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

1. APPLICANT'S NAME: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. LENGTH OF TIME APPLICANT RESIDED ON YOUR PREMISES: \_\_\_\_\_
4. AMOUNT OF RENT: \$ \_\_\_\_\_ PER MONTH \$ \_\_\_\_\_ PER WEEK  
UTILITIES INCLUDED: \_\_\_\_\_ HEAT \_\_\_\_\_ HOT WATER \_\_\_\_\_ COOKING  
\_\_\_\_\_ ELECTRICITY \_\_\_\_\_ NONE

\_\_\_\_\_  
SIGNATURE OF LANDLORD

\_\_\_\_\_  
DATE

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

ATTACHMENT 5  
FEDERAL PRIVACY ACT STATEMENT

THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) COLLECTS INFORMATION ON TENANTS IN HUD ASSISTED RENTAL HOUSING. THE U.S. PRIVACY ACT OF 1974 ESTABLISHED REQUIREMENTS GOVERNING HUD'S USE AND DISCLOSURE OF INFORMATION IT COLLECTS ON INDIVIDUAL'S AND FAMILIES.

PUBLIC HOUSING AGENCIES (PHA'S) OPERATING SUCH HOUSING SEND HUD INFORMATION ON THEIR TENANT'S INCOME, FAMILY COMPOSITION, RENT, ETC. THIS INFORMATION WAS ALREADY GIVEN BY THE TENANTS TO THE PHA'S WHEN APPLYING OR BEING RE-EXAMINED. IT IS TRANSFERRED TO HUD FORMS USED FOR DATA COLLECTION. THE FORMS MAY BE SENT TO A CONTRACTOR WHO KEYPUNCHES THE INFORMATION IN PREPARATION FOR PROCESSING BY HUD COMPUTERS.

USE: HUD USES THE INFORMATION FOR BUDGET DEVELOPMENT, PROGRAM EVALUATION AND PLANNING, AND REPORTS TO THE PRESIDENT AND CONGRESS. HUD ALSO USES THE INFORMATION TO MONITOR COMPLIANCE WITH FEDERAL REQUIREMENTS ON ELIGIBILITY AND RENT AND TO VERIFY THE ACCURACY AND COMPLETENESS OF THE INCOME INFORMATION.

PUBLIC ACCESS: SUMMARIES OF TENANT DATA ARE AVAILABLE TO THE PUBLIC. DISCLOSURE OF INFORMATION ABOUT INDIVIDUALS AND FAMILIES IS RESTRICTED BY THE PRIVACY ACT OF 1974. SUCH INFORMATION IS RELEASED TO APPROPRIATE FEDERAL, STATE OR LOCAL AGENCIES TO VERIFY INFORMATION RELEVANT TO ELIGIBILITY AND RENT DETERMINATIONS AND WHEN APPLICABLE TO OTHER CIVIL, CRIMINAL OR REGULATORY MATTERS.

THE PRIVACY ACT RESTRICTS HUD'S DISCLOSURE OF INFORMATION ON INDIVIDUALS AND FAMILIES BUT DOES NOT RESTRICT THE PHA FROM RELEASING SUCH INFORMATION. THERE MAY BE STATE AND LOCAL LAWS OR REGULATIONS THAT GOVERN DISCLOSURE BY THE PUBLIC HOUSING AGENCY.

INFORMATION REQUIREMENTS: GIVING YOUR SOCIAL SECURITY NUMBER TO HUD OR THE PHA IS VOLUNTARY. FAILURE TO GIVE IT DOES NOT EFFECT YOUR ELIGIBILITY OR THE AMOUNT OF YOUR PAYMENT. HUD USES THE SOCIAL SECURITY NUMBER AS AN IDENTIFIER IN COMPUTER MATCHING TO CHECK THE ELIGIBILITY AND RENT DETERMINATIONS MADE BY THE PHA.

THE OTHER INFORMATION MUST BE PROVIDED TO HUD SO THAT IT CAN CARRY OUT ITS MONITORING AND DATA COLLECTION RESPONSIBILITIES. FAILURE TO DO SO MAY RESULT IN EVICTION OR THE WITHDRAWAL OF HOUSING ASSISTANCE (DEPENDING ON THE HOUSING PROGRAM).

AUTHORITY: HUD IS PERMITTED TO ASK FOR THE INFORMATION BY THE U.S. HOUSING ACT OF 1937 AS AMENDED, 42 U.S.C., 1437 ET. SEQ., THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1981, PUBLIC LAW 97-35, 85 STAT., 348, 408.

SIGNATURE: I HAVE READ THIS FEDERAL PRIVACY ACT ON \_\_\_\_\_

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### CORI REQUEST FORM

Dracut Housing Authority has been certified by the Criminal History Systems Board for access.

#### APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE

MAIDEN NAME OR ALIAS

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NO.

MOTHER'S MAIDEN NAME

FORMER ADDRESSES:

SEX: HEIGHT: ft. in.

WEIGHT: EYE COLOR:

STATE DRIVER'S LICENSE NUMBER:

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

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

## DECLARATION OF SECTION 214 STATUS

Dracut Housing Authority

CLIENT # \_\_\_\_\_

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the US. Please read the Declaration statement carefully, sign and return it to the Dracut Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or

I have eligible immigration status as checked below (see below for explanations). Attach INA document(s) evidencing eligible immigration status and signed verification consent form.

☐ Immigrant status under 101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizens admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

☐ Permanent residence under 249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

☐ Parole status under 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reason deemed strictly in the public interest under 212 (d)(5) of the INA (8 U.S.C. 1182 (d)(5)) [parole status].

☐ Threat to life or freedom under 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

☐ Amnesty under 245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

☐ FOR PRESENT TENANTS ONLY: I have eligible immigration status and I am 62 years of age or older. For non citizens who are 62 years of age or older or who will be 62 years of age or older AND receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement of entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

Check box on left if signature is of an adult who is responsible for child named on statement above.

DRACUT HOUSING AUTHORITY USE ONLY:

Enter INS/SAVE Primary Verification # : \_\_\_\_\_

\_\_\_\_\_  
Date:

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Control Number

Applicant's Name and Address

65 Phineas Street

### APPLICANT'S RECEIPT

DO NOT LOSE THIS RECEIPT. THIS IS YOUR RECORD OF YOUR STATE-AIDED HOUSING APPLICATION. THIS IS A RECEIPT FOR THE APPLICATION (S) CIRCLED BELOW:

Preliminary Application

Emergency Application

Standard Application

Transfer Application

I understand that my application is NOT an offer of housing. I understand that the Housing Authority will make no more than ONE offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list, and, if I do reapply, my application will not receive any priority or preference status for three years.

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 Housing Authority. I understand that 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 cancellation of my application.

I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board 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. To ensure your privacy, the Housing Authority's waiting lists are kept by control number rather than by name. If you have any questions about your application, or want to notify the Housing Authority of a change, please use the control number listed in the upper right hand corner of this receipt.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Reviewer's signature \_\_\_\_\_

Date \_\_\_\_\_

