

ROBERT TAYLOR, JR.  
Chairman

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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

667-1 971 Mammoth Road

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 \$ 37,700.00

2 person \$ 43,050.00



Universal STANDARD Application for State-Aided Public Housing, MRVP, & AHVP

This box is for Office Use Only. Date of Receipt: Time of Receipt: Control Number: Barrier fee: First Floor: Elderly Handicapped: Race and/or Ethnicity: Priority /Preference Category: Language:

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page. If you need additional space to provide an answer, please attach an additional sheet(s). Once completed please mail or hand carry to local housing authorities at which you want to apply. Please check the list of local housing authorities for availability of family or elderly/non-elderly handicapped housing.

1. Name of Applicant: Current Residence Address: Apt No: City / Town: State Zip: Home Telephone: Cell Phone: Best # to Reach Applicant Work Phone: Mailing Address: Apt No: City / Town: State Zip:

- 2. Type of Public Housing You are Applying For: [ ] Elderly [ ] Non-Elderly, Handicapped [ ] Congregate Elderly/Handicapped [ ] Family [ ] MRVP [ ] AHVP

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old 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 at least six months. In addition, the LHA will need to determine that certain special architectural features OR low rent housing is not available in the private market AND that the applicant is faced with living in an institution or decadent substandard housing OR the applicant is paying excessive rents.

3. If you want to apply for emergency Housing you must select one of the categories below:

Note: To be eligible for Emergency applicant status you must be "homeless," which is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from is/her primary residence for one of the following reasons. Please check the reason that applied to your situation.

- [ ] Displaced by Natural Forces (i.e. Fire, Flood, Earthquake) [ ] Displaced by Public Action (i.e. Urban renewal, eminent domain) [ ] Displaced by Public Action (i.e. Condemnation of home, code violations) [ ] Displaced by No-fault of housing, Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is direct threat to the life and safety of the applicant.

If you have selected one of the above emergency categories in this section, you must complete an EMERGENCY APPLICATION in addition to this Standard Application. All emergency applications must be accompanied by third party written documentation.



4. **Local Preference:** In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed.

Please answer the following:

- Provide the name of the City/Town in which you are employed: \_\_\_\_\_
- Provide the dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. **Veteran Preference:**

**Only for Family Housing:** You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a

- a. dependent child of a Veteran.

**Only for Elderly / Handicapped Housing:** You may apply for Veteran Preference if

b. you are a Veteran who resides in the City or Town.

If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: From: \_\_\_\_\_ To: \_\_\_\_\_

**A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.**

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons?  yes  no

Please Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Do you need a wheelchair accessible apartment?  yes  no

8. Number of Bedrooms needed:  1  2  3  4  5

Note: Most elderly / handicapped housing developments only have 1 bedroom units.

9. Are you currently living in a non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program?  yes  no



10. Does anyone in your household own a car?  yes  no

Make of car: \_\_\_\_\_ Year: \_\_\_\_\_ Reg. Number: \_\_\_\_\_

Make of car: \_\_\_\_\_ Year: \_\_\_\_\_ Reg. Number: \_\_\_\_\_

11. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship To Head of Household	Racial Designation*	Ethnic Designation**	Social Security Number***	Sex	Date of Birth	Occupation • Employed • At Home • Handicapped • Student
	<b>Head</b>						

\***Racial Designation:** American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander, White; Other (specify).

\*\***Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino

Responding to these questions is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".

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

12. Is a change in the household composition expected?  yes  no

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

When?



13. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 month. Specify all sources.

Household Member Name		Name & Address of Employer or Source of Income	Gross Income for Next 12 Months
	Salaries, Wages, including Overtime / Tips		\$
	Salaries, Wages, including Overtime / Tips		\$
	Net Income from Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and / or SSI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance		\$
	Regular Alimony Support Payments		\$
	Other Income		\$
Total Gross Income:			\$



14. **Expenses:**

Un-reimbursed Medical Expenses:	\$
Alimony of Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

15. **Assets:** Do you own any real estate?  yes  no

If yes, please provide the address: \_\_\_\_\_

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

16. Have you sold, transferred or given away any real property or assets in the last three (3) years?  yes  no

If yes: Date of sale / transfer: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Amount of the sale / transfer: \_\_\_\_\_  
 Value of the sale / transfer: \_\_\_\_\_



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

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

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

18. **List Addresses for each Adult Household Member** for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if someone other than yourself. (Use additional sheet if necessary)

(1) Name of Primary Leaseholder: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Did this landlord bring any court action against the leaseholder or you? (check one)  yes  no  
Did this landlord return your security deposit? (check one)  yes  no  n/a

(2) Name of Primary Leaseholder: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Did this landlord bring any court action against the leaseholder or you? (check one)  yes  no  
Did this landlord return your security deposit? (check one)  yes  no  n/a

(3) Name of Primary Leaseholder: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Did this landlord bring any court action against the leaseholder or you? (check one)  yes  no  
Did this landlord return your security deposit? (check one)  yes  no  n/a

19. Have you, or any member of your household ever received housing assistance from this or any other



housing agency? (check one)  yes  no

If yes, Name of Head of Household  
at that time: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Name of Housing Agency: \_\_\_\_\_

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

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

When you moved out, were you in compliance with the lease and other program requirements?  
(check one)  yes  no

If No, Please  
Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing Authority?  yes  no If so, this will not necessarily disqualify your application.

If Yes, Please  
Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Do you have any pets?  yes  no If so, how many? \_\_\_\_\_  
Please describe: \_\_\_\_\_

\_\_\_\_\_

22: 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 in the case of an emergency.

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_





23. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a felony?  yes  no

If Yes, Please

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Do you or any member of your household who will live in the unit have any criminal matters pending?  
 yes  no

If Yes, Please

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 public 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 priority or preference that was granted on the prior application for a three (3) year period.

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** from a Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, 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.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature as valid as the original.

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

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

Reviewer's Signature: \_\_\_\_\_

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





**DRACUT HOUSING AUTHORITY**  
**971 MAMMOTH ROAD**  
**DRACUT, MASSACHUSETTS 01826**  
**TELEPHONE: 978-957-3515**  
**FAX NUMBER: 978-957-3399**

**RENTERS VERIFICATION FORM**

LANDLORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PERMISSION FOR RELEASE OF INFORMATION:

I authorize you to furnish the information requested below to the Dracut Housing Authority for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time, but to do so may affect my application for admission.

NAME(S) OF APPLICANT: \_\_\_\_\_

SOCIAL SECURITY NUMBER # (S): \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

APPLICANT PHONE# : \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_

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

Address of unit rented: \_\_\_\_\_

Date of

Occupancy: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Amount of rent paid: \_\_\_\_\_ \$

Utilities paid by renter: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Did/does the above named individual or family \_\_\_\_\_

	YES	NO
a. Pay their rent on time? If NO, how many times were they late w/o consent? _____		
b. Pay utilities promptly?		
c. Take proper care of the unit and grounds to avoid unsanitary conditions or damage above normal wear and tear?		
d. Ever have pets in the unit without consent from the landlord?		
e. Allow individuals other than household members to live in unit?		
f. Did they or guests create incidents that disturbed neighbors ?		
g. Are you aware of any activity involving physical violence to persons or property and other acts that would adversely affect the health, safety or welfare of others? If YES, provide details: _____		
h. If tenant vacated your unit, did they give the required notice?		
i. If tenant vacated your unit, did they leave the premises in acceptable conditions?		

j. Did tenant leave owing unpaid rent or damages?  
If YES has it been paid in full or are they current on their  
repayment agreement? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


k. Would you rent to this tenant again?  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LANDLORDS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Thank you for your cooperation. All information is confidential.  
Please return this form to:

Dracut Housing Authority  
971 Mammoth Road  
Dracut, MA 01826

If you have any questions, please feel free to contact our office at 978-957-3515.

Sincerely,  
Mary T. Karabatsos  
Executive Director

## 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: \_\_\_\_\_

**Exhibit 3-5: Sample Citizenship 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:

**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.

\_\_\_\_\_  
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:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, *\*Permanent Resident Card\**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as 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 Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (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 (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) 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.
- (7) *\*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 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature Date

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child: \_\_\_\_\_



F. RUSSELL TAYLOR, JR.  
Chairman

MARY T. KARABATSOS  
Executive Director

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## DRACUT HOUSING AUTHORITY

971 MAMMOTH ROAD  
DRACUT MASSACHUSETTS 01826

TEL: (978) 957-3515

FAX: (978) 957-3399

### 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



EQUAL OPPORTUNITY  
AFFIRMATIVE ACTION  
HOUSING

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

I, the above named individual, have authorized the DRACUT HOUSING AUTHORITY to verify the accuracy of the information which I have provided from the following sources:

- o Banks and other financial or lending institutions
- o Courts, law enforcement agencies, CORI
- o Credit bureaus and credit providers
- o Landlords past and present
- o Employers past and present
- o Providers of: Child Care, Child Support, Alimony, Credit, Handicap/Disability Assistance, Medical care and assistance, Pensions, Annuities, Insurance, Identity and Marital Status, Schools and Colleges, Post Offices
- o U.S. Social Security Administration
- o U.S. Department of Veterans Services/Affairs
- o Welfare Agencies
- o Utility Companies

I, hereby give you permission to release this information to the DRACUT 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 the DRACUT HOUSING AUTHORITY within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original. Thank you for your assistance and cooperation in this matter.

SIGNED: \_\_\_\_\_

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

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE (1) YEAR FROM THE DATE NOTED ABOVE.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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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.

## Fair information Act - Statement of Rights

The Dracut Housing Authority 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 have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how 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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

FIPA Statement (Fipasr)

EQUAL HOUSING OPPORTUNITY

F. 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Applicant's Name and Address

Control Number

971 Mammoth Road  
**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 \_\_\_\_\_