

Fall River Housing Authority Fact Sheet

FEDERAL PROGRAMS

Here are a few facts about our programs listed on the front page of our application for Federally aided housing.

FEDERAL FAMILY PROGRAM: This program is the Federal conventional Developments here in Fall River. When you apply for this program, you are applying for the following:

SUNSET HILL
FORDNEY APARTMENTS
HERITAGE HEIGHTS
DIAFERIO VILLAGE
NORTH ROCLIFFE APARTMENTS
BENNIE COSTA PLAZA
RILEY PLAZA

FEDERAL ELDERLY PROGRAM: This program is the Federal conventional housing in Fall River for the elderly 58 years of age or older. When you apply for this program, you are applying for the following:

OAK VILLAGE OLIVEIRA APTS.
O'BRIEN APTS. COTTELL HGTS.
HOLMES APTS. MITCHELL HGTS.

CARDINAL MEDEIROS TOWERS: This program is for elderly 58 years of age or older, OR disabled individuals and individuals who are physically handicapped. These units consist of studios and one bedroom apartments.

We hope that this fact sheet gives you a better understanding of our FEDERAL housing programs. Please keep in mind that it is extremely important that you completely fill out the application with all pertinent information pertaining to yourself and all family members who will be listed on the application.

**IMPORTANT
PLEASE READ CAREFULLY**

IN ORDER FOR YOUR APPLICATION(S) TO BE CONSIDERED COMPLETE, PLEASE SUBMIT COPIES ONLY OF THE FOLLOWING DOCUMENTS--- ORIGINALS WILL NOT BE ACCEPTED. THE FALL RIVER HOUSING AUTHORITY DOES NOT MAKE COPIES OF THESE DOCUMENTS.

APPLICANT VERIFICATION LIST

- AMERICAN CITIZENSHIP PAPERS OR REGISTERED ALIEN CARD
- BIRTH CERTIFICATES, INCLUDING HEAD OF HOUSEHOLD
- SOCIAL SECURITY CARDS, INCLUDING HEAD OF HOUSEHOLD
- UPDATED INCOME VERIFICATIONS (S),--FROM PROPER AGENCIES
- CHILD SUPPORT PAYMENTS (NOTARIZED STATEMENT REQUIRED IF NOT RECEIVING CHILD SUPPORT PAYMENTS)
- UPDATED SAVINGS BOOKS
- LAST SIX (6) MONTHS CHECKING STATEMENTS
- STUDENT LETTER(S)
- PRESENT AND PREVIOUS LANDLORD(S) NAMES, ADDRESSES, AND TELEPHONE NUMBERS

PLEASE BE ADVISED IF YOUR APPLICATION(S) IS NOT COMPLETELY FILLED OUT AND THE DOCUMENTS ABOVE ARE NOT RECEIVED, YOUR APPLICATION(S) WILL NOT BE CONSIDERED COMPLETE AND WILL BE SENT BACK TO YOU REQUESTING ANY MISSING INFORMATION.

FALL RIVER HOUSING AUTHORITY
85 MORGAN STREET
P.O. BOX 989
FALL RIVER, MA 02722

APPLICATION FOR FEDERAL PROGRAMS

OFFICE USE ONLY:

CONTROL # _____

COMPUTER# _____

Please check the program (s) that you are applying for and the bedroom size.

PROGRAM REQUESTED

BEDROOM SIZE

FEDERAL FAMILY _____

1____ 2____ 3____ 4____ 5____

FEDERAL ELDERLY _____

1____ 2____

CARDINAL MEDEIROS _____

0____ 1____

HEAD OF HOUSEHOLD:

NAME _____
(LAST NAME) (FIRST NAME) (MI)

ADDRESS _____
(STREET)

(CITY) (STATE) (ZIP CODE)

TELEPHONE # _____

DATE OF BIRTH _____ SEX _____ AGE _____ SOCIAL SECURITY # _____

LIST ALL MEMBERS WHO WILL BE RESIDING IN HOUSEHOLD:

NAME	RELATION	SEX	DATE OF BIRTH	AGE	SOCIAL SECURITY #
1.					
2.					
3.					
4.					
5.					

(LIST ADDITIONAL MEMBERS ON SEPARATE PAGE)

1. HAVE YOU EVER LIVED IN SUBSIDIZED HOUSING? _____

WHERE _____ WHEN _____

2. ESTIMATE THE MONTHLY INCOME ANTICIPATED FOR ALL HOUSEHOLD MEMBERS FROM ALL SOURCES. SPECIFY ALL SOURCES INCLUDING SALARIES, OVERTIME, TIPS, VA, TAFDC, OR OTHER ASSISTANCE, PENSIONS AND ANNUITIES, SOCIAL SECURITY OR SSI, TRUST INCOME, STOCKS AND ALIMONY.

HOUSEHOLD MEMBER	SOURCE OF INCOME	AMOUNT
1.		
2.		
3.		
4.		
5.		

3. ASSETS. LIST BELOW THE ASSETS OF EVERYONE WHO WILL LIVE IN THE UNIT.
INCLUDE ALL BANK ACCOUNTS, STOCKS AND BONDS, TRUST AGREEMENTS AND REAL
ESTATE.

1. _____

2. _____

3. _____

4. _____

4. MINORITY STATUS: WHITE _____ BLACK _____ AMERICAN INDIAN _____

ASIAN _____ OTHER _____

5. ETHNICITY: HISPANIC: _____ NON-HISPANIC _____

6. Does anyone in you household use a wheelchair constantly? Yes _____ No _____

7. EXPENSES: How much do you spend each month for the following?

Medical _____

Medical Insurance _____

Family /Child care _____

Work related _____

Homemaking Services _____

Alimony or child support _____

Other _____

8. Does anyone in your house own a car? Yes _____ No _____

Make of car _____ Year _____ Reg. # _____

Make of car _____ Year _____ Reg # _____

9. Do you have any pets? Yes _____ No _____ What kind? _____

10. List address for the last four years in reverse order:

1. Address _____ From _____ To present

Landlord name _____ Tel # _____

Landlord address _____

2. Address _____ From _____ To _____

Landlord name _____ Tel # _____

Landlord address _____

3. Address _____ From _____ To _____

Landlord name _____ Tel # _____

Landlord address _____

4. Address _____ From _____ To _____

Landlord name _____ Tel # _____

Landlord address _____

11. PREFERENCES :

Attached please find preferences allowed for applicants under the federal program. If you feel you qualify for any of these preferences, please check the appropriate preference. No documentation is necessary at time of this filing, but documentation will be requested when applicant is contacted for orientation in order to verify preference.

PREFERENCE 1 _____ Emergency Cases - applicants displaced by Fire, Natural Disaster, or Government action, including applicants in units determined to be uninhabitable by competent local authority shall be housed as an emergency case. Applicants granted emergency status will be housed in the next available unit appropriate for the family size. This will include families being displaced to the presence of Lead Paint that has been determined to be hazardous to a young child. Fall River Residents will be chosen before non-Fall River Residents within this category.

PREFERENCE 2 _____ Residency preference for families who are residing in the City of Fall River, or have at least one member who works or has been hired to work, or is attending an educational

or training program, full-time, in the jurisdiction of the HA, provided that no household member is currently living in subsidized or low income housing.

PREFERENCE 3 _____ Working/Educational/Training preference for:

- (a) families with at least one adult who is employed a minimum of 32 hours weekly and has been employed for at least three months:
- (b) families with at least one adult who is a full-time participant in an educational or training program designed to prepare the individual for the job market. Pursuant to 24CFR5.410(b) (1) this preference shall also be available to families in which the head AND spouse, or sole member, are age 62 or older, or are receiving social security disability, supplemental security income, disability benefits, or any other payments based on an individual's ability to work.

PREFERENCE 4 _____ A family who is suffering from Domestic Violence (including sexual abuse) by a spouse or other family member.

- 12. I understand that I should not make any plans to move, or end my present tenancy, based on this pre-application, until I have received WRITTEN OFFER OF A UNIT from the housing authority.
- 13. I understand that this is a preliminary application only and will complete a formal application when I am notified to come in for a unit.
- 14. I understand that it is my responsibility to inform the housing authority, IN WRITING, of any change of address, income or household composition.
- 15. I authorize the housing authority to make any inquiries to verify the information I have given in this pre-application and further understand that the Fall River Housing Authority will obtain criminal offense records on every adult who will reside in my apartment.
- 16. I CERTIFY THAT THE INFORMATION I HAVE GIVEN IN THE PRE-APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS OR MISREPRESENTATIONS MAY RESULT IN CANCELLATION OF MY PRE-APPLICATION. THIS PRE-APPLICATION FOR RENTAL ASSISTANCE IS SIGNED UNDER THE PAINS AND PENALTY OF PERJURY.

APPLICANTS SIGNATURE	DATE
RECEIVED BY (FRHA STAFF)	DATE

Fall River Housing Authority

85 Morgan Street

p. o. box 989

Fall River, Ma 02722

John D'Ambrosio
Executive Director

Telephone (508) 675-3500
Telecopier (508) 324-0154

Daniel P. McDonald
Deputy Executive Director

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above named individual, have authorized the Fall River Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources(specify):

I hereby give you my permission to release this information to the Fall River Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Fall River 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 cooperation in this matter.

signature

Date signed

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

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

DECLARATION OF SECTION 214 STATUS

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 Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

(Print Full Name)

I, _____, certify, under penalty of perjury 1/, 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 and I am 62 years of age or older. (attach proof of age); or

- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)3/; or

 - Permanent residence under 249 of INA 4/; or

 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA 5/; or

 - Parole status under 212(d)(5) of the INA 6/; or

 - Threat to life or freedom under 243(h) of the INA 7/; or

 - Amnesty under 245A of the INA 8/.

(Signature of Family Member)

Date

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

Instructions to Family Member for Completing Form. Type or Print your full name. Place a check or X in the appropriate boxes. Sign and date. Place an X or check the box below the signature if the signature is by an adult residing in the unit who is responsible for Child.

HA: Enter INS/SAVE Primary Verification#: _____ Date: _____

1/ **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.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2/ **Eligible immigration status and 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 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.

3/ **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.

4/ **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*].

5/ **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*].

6/ **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*].

7/ **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*].

8/ **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*].

FALL RIVER HOUSING AUTHORITY
Consent to Perform Criminal Background Check

FEDERAL PROGRAMS

By execution of this consent form, I (we), adult members of the household consent(s) that:

- (i) Any law enforcement agency may release criminal conviction records concerning the household member to The Fall River Housing Authority (FRHA) in accordance with this section;
- (ii) The FRHA may receive the criminal conviction records from a law enforcement agency, and may use the records in accordance with 24CFR5.903.
- (iii) The FRHA may obtain CORI Records (Criminal Offender Records Information) from the Criminal History Systems Board.

PHA — (1) Use of records. Criminal conviction records received by a PHA from a law enforcement agency in accordance with this section may only be used for the following purposes:

(i) *Applicant screening*

(A) PHA screening of applicants for admission to public housing (part 960 of this title);

(B) PHA screening of applicants for admission to the Housing Choice Voucher Program (section 8 tenant based assistance) (part 982 of this title);

Signature	Print Name	Date of Birth	Social Security Number

Section below must be completed for each additional member adult member of the household. Age 18 and older.

Signature	Print Name	Date of Birth	Social Security Number

Signature	Print Name	Date of Birth	Social Security Number

Signature	Print Name	Date of Birth	Social Security Number

Signature	Print Name	Date of Birth	Social Security Number

Signature	Print Name	Date of Birth	Social Security Number

Signature	Print Name	Date of Birth	Social Security Number

Signature	Print Name	Date of Birth	Social Security Number

Signature	Print Name	Date of Birth	Social Security Number