

# East Longmeadow Housing Authority

81 QUARRY HILL • EAST LONGMEADOW, MASSACHUSETTS 01028

TEL. (413) 525-7057 • FAX (413) 525-7297

DEAR APPLICANT:

Thank you for your interest in housing with the East Longmeadow Housing Authority. Public housing aims to provide safe and comfortable rental housing for eligible low-income families, the elderly, and persons with disabilities. Public housing includes 188 apartments, 16 unit congregate housing and six family homes.

Please read through the application carefully and **answer ALL the questions. If a particular question does not apply to your circumstances, please write N/A for not applicable. Make sure to sign in all five locations. If two people are applying - Both need to sign.** If more space is needed to answer questions or list information, use the reverse side or attach a separate sheet.

## **WE REQUIRE A COPY OF THE FOLLOWING INFORMATION:**

- 1. Birth Certificates for all family members**
- 2. Social Security Cards for all family members**

If you require a first floor apartment, a modified unit, a wheelchair accessible unit OR special design features or modifications, state this on the application. A doctor's letter verifying your condition must accompany your application.

If you are handicapped, and require assistance in completing this application, please have the person who assisted you, sign the application on page 8 just above your signature.

When you sign this application, you are doing so under the pains and penalties of perjury. You are certifying that all the information which you have provided is true and correct, and that you understand any false statements or misrepresentations may result in the withdrawal of your application.

## **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

If you have any questions regarding this application, please feel free to contact our office.

Sincerely,

Lynn Booth  
Executive Director

**SMOKE FREE BUILDINGS**

EQUAL HOUSING OPPORTUNITY

# East Longmeadow Housing Authority

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TEL. (413) 525-7057 • FAX (413) 525-7297

\_\_\_\_\_  
*Applicant's Name*

\_\_\_\_\_  
**Control Number**

\_\_\_\_\_  
*Applicant's Address*

## 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 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 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 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.

## **SMOKE FREE BUILDINGS**

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

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

**EQUAL HOUSING OPPORTUNITY**



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 free:
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 <ul style="list-style-type: none"> <li>• Employed</li> <li>• At Home</li> <li>• Handicapped</li> <li>• Student</li> </ul>
	<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: \_\_\_\_\_

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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: \_\_\_\_\_

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



# East Longmeadow Housing Authority

81 QUARRY HILL • EAST LONGMEADOW, MASSACHUSETTS 01028

TEL. (413) 525-7057 • FAX (413) 525-7297

## GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

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

Address: \_\_\_\_\_

I, the above named individual, have authorized the EAST LONGMEADOW 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 Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the 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.**

EQUAL HOUSING OPPORTUNITY

## 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.

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

# Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator \_\_\_\_\_

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

Address \_\_\_\_\_

From: \_\_\_\_\_  
Applicant or Resident Name (please print) Control Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Town/City, State, Zip

\_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_  
Area Code/Telephone Number

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

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

2. This request for a reasonable accommodation/modification is necessary so that I can:

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

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

\_\_\_\_\_  
Signature of Applicant or Resident (or authorized representative)

\_\_\_\_\_  
Date

