



**50 Day Street, Fitchburg, Massachusetts 01420**  
**(978) 342-5222 • Fax (978) 343-4148 • Email [contact@fitchburgha.org](mailto:contact@fitchburgha.org)**

Thank you for applying to the Fitchburg Housing Authority

To better process your application please provide the following when submitting your application.

- Birth Certificate for all members.
- Social Security Card for all members.
- Unexpired Photo Id, Driver's License, or Passport for all adults over the age of 18.
- Current Income for all members.
- Current complete bank statement for all members.

You will receive a letter from the Fitchburg Housing Authority stating that we have received your application and an approximate time frame of waitlist.

Thank you,

Douglas M. Bushman, Esq.  
Executive Director



## FHA OPENS WAIT LIST FOR FEDERAL SINGLE-FAMILY HOUSING

The Fitchburg Housing Authority is excited to announce the opening of applications for a new Federal three-bedroom single-family home located on Milk Street. Applications will be accepted starting Tuesday, October 22, 2024, at 10:00 AM.

### **Income Limits for the Wait List:**

- 3-person household: \$84,000
- 4-person household: \$93,300
- 5-person household: \$100,800
- 6-person household: \$108,250

We encourage applications from individuals who live or work in Fitchburg, as well as Veterans, including members of the National Guard. For a complete list of preferences, please refer to the application.

### **Application Process:**

- **Online:** Apply at [fitchburghousing.org](https://fitchburghousing.org) from October 22 at 10:00 AM until November 5, 2024, at 2:00 PM.
- **Download:** Applications can be downloaded from our website.
- **Paper Applications:** Available Monday through Friday, 9:00 AM – 3:00 PM, at our main office: 50 Day Street, Fitchburg, MA 01420.

For applications by mail, please call 978-342-5222 or email [Contact@fitchburgha.org](mailto:Contact@fitchburgha.org).

If you need reasonable accommodations or language assistance, contact Genesis Ruiz at 978-540-4027 or [GRuiz@fitchburgha.org](mailto:GRuiz@fitchburgha.org).

**Important Deadline:** The wait list will close on Tuesday, November 5, 2024, at 2:00 PM. Applications submitted after this time will not be accepted.

The Fitchburg Housing Authority is committed to inclusivity and does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status, or physical or mental disability in its programs and services.

Sincerely,

Thomas Hughes, FHA Interim Chair

Douglas M. Bushman, FHA Executive Director



***“Every Family Deserves a Home”***

# FITCHBURG HOUSING AUTHORITY

50 Day Street #1 Fitchburg, MA 01420



EQUAL HOUSING OPPORTUNITY

## FEDERAL APPLICATION FOR FITCHBURG PUBLIC HOUSING

Please fill out all sections completely. Contact us if you should need help in completing this application.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_  
                                 (last)                                (first)                                (middle initial)

**Permanent Home**

Address \_\_\_\_\_  
                                 (number & street)                                (apt. #)                                (city)                                (state)                                (zip)

2. Please list only the persons who will live in your household. Include yourself and indicate if you expect a change in household size.

Name	Relationship	Date of Birth	Sex	Social Security #	Full Time Student?
	<b>Head of Household</b>				Yes No
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No

3. Please give the total income of each of the household members. Also include the time period and income source.

Total Income Amount	Weekly	Every Two Weeks	Monthly	Work	TAFDC	SSI	Soc Sec	Other
\$ _____								
\$ _____								
\$ _____								
\$ _____								
\$ _____								

4. Please provide following additional information regarding your household income. Be sure to report gross income, before deductions. Identify all sources. Attached additional page if needed.

Household Member	Type of Income	Name/Address of Employer or Source of Income	Gross Income for Next 12 months
	Salary, wages including overtime		
	Salary, wages including overtime		
	Salary, wages including overtime		
	Unemployment Compensation		
	Military Pay		
	VA Disability		
	Net Income from Business		
	Interest, Dividends, Annuities, Trust Income		
	Interest, Dividends, Annuities, Trust Income		
	Social Security, SSI and SS Disability Benefits		
	TAFDC or Public Assistance		
	Alimony and/or Child Support Payments		
	Alimony and/or Child Support Payments		
	Educational Scholarships or Grants		
	Other Income		
		<b>TOTAL GROSS INCOME</b>	\$

5. Additional Income Information. In the chart below please provide information regarding your expenses.

Expense	Monthly	Yearly
Extraordinary Expenses required by employer	\$	\$
Expenses for care of child or sick/incapacitated person if required for employment	\$	\$
Unreimbursed medical expenses	\$	\$
Alimony or child support payments	\$	\$
Health insurance	\$	\$
Income from Rental Property	\$	\$
Other	\$	\$

Below, list the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. Do not include clothing, furniture or cars. Attach an additional page if needed.

Household Member	Description of Asset	Value of Applicant's Equity
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Have you sold or transferred any property in the last three (3) years?  Yes  No  
If yes, please the following: Date of sale or transfer, \_\_\_\_\_ Amount of sale or transfer, \_\_\_\_\_ Did it involve a family member?  Yes  No

**6. Please provide the address and the name and address of Landlords for all the places you have lived over the last five years, including shelters. Attached an additional page if needed to include all references for the last five years.**

a. Name of Present Landlord \_\_\_\_\_ Tel # \_\_\_\_\_

Landlord Address \_\_\_\_\_

b. Your Previous Address \_\_\_\_\_ Dates Lived There? \_\_\_\_\_ to \_\_\_\_\_

Name of Previous Landlord \_\_\_\_\_ Tel # \_\_\_\_\_

Landlord Address \_\_\_\_\_

c. Your Previous Address \_\_\_\_\_ Dates Lived There? \_\_\_\_\_ to \_\_\_\_\_

Name of Previous Landlord \_\_\_\_\_ Tel # \_\_\_\_\_

Landlord Address \_\_\_\_\_

**7. Priorities, Preferences, and Household Needs**

- a. Veteran's Preference:  Yes  No
- b. Are you a working family:  Yes  No f. Are you currently Homeless?  Yes  No  
If yes, additional documentation is required.
- c. Need for an accessible unit:  Yes  No
- d. Are you a victim of domestic violence?  Yes  No If yes, a copy of discharge or separation papers must be submitted. If yes, additional documentation is required.
- e. Do you currently live or work in Fitchburg?  Yes  No If yes, description of need must be submitted.  Yes  No If yes, additional documentation is required.
- f. Are you currently living in public housing?

**8. Certifications – Certifications and application signed under pains and penalties of perjury**

- a. I/We hereby certify that the information given on this application is true and correct, and that any false statements or misrepresentations may result in the cancellation of this application. I/We authorize the Housing authority to make inquiries to any parties listed to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report and a Criminal Offenders Record Information (CORI) report will be requested. I/We certify that I/We under and the false statements or information are punishable under State or Federal Law.
  
- b. I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.
  
- c. I understand that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction. I understand that if I falsify information on my application for housing, I will be found ineligible.

_____	_____	_____	_____
Head of Household/Applicant	Date	Co-Applicant	Date
_____	_____	_____	_____
Household Member, 18 Years Old or Older	Date	Household Member, 18 Years Old or Older	Date

*Fitchburg Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions, or services.*



**FITCHBURG HOUSING AUTHORITY  
TENANT SELECTION PREFERENCE AND PRIORITIES CRITERIA FOR FEDERALLY  
ASSISTED PUBLIC HOUSING**

In order to request preferential status for Federal Housing programs, an applicant must already have a housing application on file with the Authority or such an application must accompany the Application for Preferential Status.

When applying for preferential status, an applicant must provide the Fitchburg Housing Authority with verification establishing entitlement to the preference sought. This documentation is to be submitted to the Authority at such time and in such form as the Authority requires.

If an applicant is found qualified for preference status, that applicant will remain on the waiting list according to the original date of the application for housing with preference status.

At the time of an update, the applicant must submit current information which would demonstrate a continuing need for preferential consideration. If during the update, the Fitchburg housing authority determines that the applicant no longer qualifies for a particular preference, the applicant will remain on the waiting list according to the original date of application for housing, but without the preference to which applicant is no longer entitled. An applicant may, of course, apply for preference status again should circumstances warrant by submitting appropriate verification.

Please check all that apply:

**LOCAL PREFERENCE:**

Local preference will be granted to any applicant if any member of the applicant household:

- lives in Fitchburg; or
- attends school in Fitchburg; or
- works in Fitchburg or who has been hired to work in Fitchburg; or
- is age 62 or older and has ever lived in Fitchburg; or — has an immediate family member who resides in Fitchburg.

**Resident Preference will not be granted to an applicant who has moved to Fitchburg to live temporarily with another household.**

**WORKING FAMILY:**

This preference will be granted to an applicant household whose Head, spouse or sole member is:

- Gainfully employed working at least 20 hours per week earning at least minimum wage; or
- age 62 or older; or

— receiving Social Security disability benefits, Supplemental Security Disability Benefits or any other payments based on the individual inability to work.

**VETERAN:**

— This preference will be granted to any applicant who has served in the U.S. military and has been discharged other than dishonorably or to the widow of a veteran or an applicant household which includes minor children of a veteran.

**INVOLUNTARILY DISPLACED:**

To qualify for this preference, an applicant must have been involuntarily displaced and not yet living in standard replacement housing. Housing is not standard replacement housing if it is seriously overcrowded or the applicant is not occupying replacement housing pursuant to a lease or occupancy agreement; or within six months from the date of certification or verification, the applicant will be involuntarily displaced. Involuntary displacement includes:

- displacement due to a natural disaster such as fire, flood or earthquake;
- displacement by government action so that a public improvement can be carried out or applicant's dwelling units has been condemned by the local community as unfit for human habitation;
- displacement by the landlord for reasons beyond the applicant's ability to control;
- displacement due to actual or threatened physical violence (the actual or threatened physical must have occurred recently or be of a continuous nature and applicant must certify that the person who engaged in the violence will not reside in applicant's household);
- displacement to avoid reprisals such as an applicant cooperating with a new law Enforcement agency (this preference may only be granted if a law enforcement Agency has carried out a threat assessment and recommends rehousing the applicant Household);
- displacement due to hate crimes (hate crimes are defined as actual or threatened physical violence that is based on a victim's race, color, religion, sex, national origin, handicap or familial status);
- displacement due to the inaccessibility of the applicant's present housing (this preference occurs when a member of the applicant's household has an impairment which makes the person unable to use critical elements of the unit and the owner of the units is not obligated to make the unit accessible); and/or,
- displacement due to HUD disposition of a multifamily development.

**It should be noted that involuntary displacement does not include evictions for non-payment or cause or moving as the result of a divorce or separation.**

**PAYING MORE THAN 50 % OF INCOME FOR RENT:**

To qualify for this preference, an applicant must have paid more than fifty percent (50%) of the household's gross monthly income for rent and utilities for at least ninety (90) days.

— "Rent" is the amount due on a monthly basis to the applicant's current landlord under a Lease or rental agreement. An applicant does not qualify for this preference if the reason it is paying more than fifty percent (50%) of income for housing is because prior housing assistance was terminated for failure to comply with program requirements.



**HOMELESS OR LIVING IN SUBSTANDARD HOUSING:**

To qualify for this preference, applicant must be homeless or living in substandard housing.

Homeless

A homeless applicant is one who lacks a fixed, regular and adequate nighttime residence and has a primary nighttime residence that is: a supervised shelter designed to provide temporary living accommodations (this would include welfare hotels, congregate shelter and transitional housing); an institution that provides a temporary residence for individuals intended to be institutionalized; and/or, a public or private place not designed for, or ordinarily used for sleeping.

**It should be noted that a homeless applicant does not include an individual imprisoned or otherwise detained by law.**

Living in Substandard Housing

A dwelling unit is considered substandard if it: is dilapidated; does not have operable indoor plumbing; does not have useable flush toilet, bathtub or shower within the unit for the exclusive use of the applicant household (this does not apply to housing designed with shared facilities such as boarding houses); does not have electricity, or has inadequate or unsafe electrical service; does not have a safe or adequate source of heat; and/or, does not have a kitchen (these criteria do not apply to housing designed to share facilities). "Dilapidated" housing is housing which does not provide safe and adequate shelter and endangers the health, safety, or well-being of the household.

**It should be noted that substandard housing does not include overcrowding.**

**APPLICANT'S CERTIFICATION:**

I certify that the information that I have given above is true and correct, and I understand that any false statement or misrepresentation may result in the rejection of my application. I authorize the Fitchburg Housing Authority to make inquiries to verify the information I have provided in this application.

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

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

\_\_\_\_\_  
Date

**(Attach supporting documentation and return with Application or Emergency Application.)**



# Fitchburg Housing Authority

50 Day Street  
Fitchburg, MA 01420  
(978) 342-5222 Fax (978) 343-4148

Green Acres Village Office  
15 Normandy Road  
Telephone: 978-345-5032  
Fax: 978-665-9257

Leased Housing Office  
50 Day Street  
Telephone: 978-728-6958  
Fax: 978-345-1269

## General Authorization for Release of Information

To be completed by all adult household members, 18 years or over. *(Please print clearly)*

Name of Applicant/Program Participant: \_\_\_\_\_

Maiden Name or Alias (If Applicable): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**General Authorization** – I authorize the North Central Massachusetts Housing Authorities to verify the accuracy which I have provided to the Housing Authority, as well as to collect information on me from the following sources:

- |                            |                           |                           |
|----------------------------|---------------------------|---------------------------|
| Internal Revenue Service   | Department of Revenue     | Credit Reporting Bureaus  |
| Financial Institutions     | Criminal History Board    | Past/Present Employers    |
| Law Enforcement Agencies   | Schools & Colleges        | US Postal Service         |
| US Dept. of Defense        | Welfare Agencies          | Real Estate Agencies      |
| Stock/Bond Brkg. Houses    | Mortgage Companies        | Past/Present Landlords    |
| Registry of Motor Vehicles | Banks                     | Courts (State & Federal)  |
| Social Security Admin.     | Office of Personnel Mgmt. | Dept. of Veterans Affairs |
| State Unemployment Agency  | City/Town Departments     | Public Utility Companies  |
| Credit Card Issuers        | Retirement Boards         | Registry of Deeds         |
| Insurance Companies        | Medical Practitioners     | Retail Establishments     |
| Gyms, Health Clubs, Spas   | Holistic Care Givers      | Physical Therapists       |
| Police Departments         | Fire Departments          | Libraries                 |

**Credit History** – I am an applicant/participant in a Housing Authority housing program. I authorize the Housing Authority, through its credit-reporting agent, to conduct an independent investigation to verify my credit, financial, employment, rental and criminal history. I acknowledge this credit report will be done through Tenant Reports (Phone Number 855-244-2400). If an adverse decision is based on this material, I will receive information about my right to review and dispute this report.

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: \_\_\_\_\_

**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)

Fitchburg Housing Authority  
50 Day Street #1  
Fitchburg, MA 01420

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 IIA 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(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income 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:

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



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

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**

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 United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. 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:

I am a citizen by birth, naturalized citizen or 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 #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # \_\_\_\_\_ 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 or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.**

[See reverse side for footnotes and instructions]

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

**Eligible immigration status and 62 years of age or older:** For noncitizens 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.

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

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**FITCHBURG HOUSING  
AUTHORITY**



**Community Service  
&  
Self-Sufficiency  
Requirement Form**

Name of Adult Household Member: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

I have received and read the Community Service and Self-Sufficiency Requirements ("CSSR"). I understand that as a resident of public housing, I am required by law to contribute 8 hours per month (96 hours over the course of every 12-month period) of community service or participate in an economic self-sufficiency program. I further understand that if I am not exempt, failure to comply with CSSR is grounds for lease nonrenewal. My signature below certifies I received notice of this requirement.

Yes, I **AM** required to participate in the Community Service and/or Self-Sufficiency activity

I understand I will receive an official notice regarding my Community Service and Self-Sufficiency Requirement and will be given the opportunity to either self-certify or have the agency certify my hours of participation. I also understand the certification of compliance may be subject to verification by the FHA with the organization for which I completed the required hours.

No, I **AM NOT** required to participate in the Community Service and/or Self-Sufficiency activity because I am:

- |   |   |
|---|---|
| <input type="checkbox"/> 62 years of age or older                         | <input type="checkbox"/> Certified as exempt from work activities under a State Program by Social Security Act or any other State Welfare Program including Welfare to Work Program |
| <input type="checkbox"/> Blind or disabled and meet certain standards     | <input type="checkbox"/> Member of a family receiving benefits from a State Welfare Program and in compliance with the program's requirement  |
| <input type="checkbox"/> Primary caretaker of a disabled household member |   |
| <input type="checkbox"/> Working at least 30 hours per week               |   |

If you claim an exemption from the CSSR, you must provide supporting documentation to the FHA.

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

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

\_\_\_\_\_  
**FHA Staff Approval**

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