

Westfield Housing Authority
12 Alice Burke Way – P. O. Box 99
Westfield, MA 01086
Tel. (413) 568-9283
Fax. (413) 568-5357

THIS BOX IS FOR OFFICE USE ONLY

Date of receipt: _____
 Time of Receipt: _____
 Control Number: _____
 Bedrooms: _____
 Race: _____
 Priority Category: _____
 Preference Category: _____
 Language: _____

STANDARD APPLICATION FOR STATE-AIDED HOUSING MRVP (PROJECT BASED)

Primary spoken/written 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. Once completed please mail or hand carry to Westfield Housing Authority. We do not accept faxed applications.

1. Name of Applicant _____
 Address of Current Residence _____ Apt. No. _____
 City/Town _____ State _____ Zip Code _____
 Mailing Address _____ Apt. No. _____
 City/Town _____ State _____ Zip Code _____
 Home Telephone (____) _____ Work Telephone (____) _____

2. Do you have any special needs due to a disability? Specify:
 Do you need a wheelchair accessible apartment? (Circle one) Yes No

3. Do you want to apply for Emergency Housing? (Circle one) Yes No

If you circled "Yes" then you **MUST** fill out an Emergency Application and submit it with this Standard Application.

4. Are you currently living in non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (circle one) Yes No

If yes, you must attach documentation verifying AHVP participation.

5. **Racial Designation:** (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category.
 (Circle one)

American-Indian Asian Black Hispanic White Other(specify) _____

6. **Number of Bedrooms needed:** (circle one) 1 2 3 4

7. Members of household to live in Unit, including Head of Household: (Attach additional sheet if necessary).

Name: First, Middle, Last	Relationship	Social Security Number *	Sex	Date of Birth	Occupation or Student Status
	HEAD				

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

8. Is a change in the household composition expected? (circle one) YES NO

If yes, what type of change? _____ When? _____

9. INCOME BEFORE DEDUCTIONS

Estimate the Gross Income anticipated for **ALL** Household Members from all sources for the next 12 months. Specify all sources.

Household Member Name		Name and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		\$
	Net Income From Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Pensions and Annuities		\$
	Regular Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and/or SSI		\$
	T. A. F. D. C. Or Public Assistance		\$
	Regular Alimony Support Payments, Gifts		\$
	Other Income		\$

TOTAL GROSS INCOME \$ _____

10. EXPENSES

Expense for Care Of Children Or Sick/Incapacitated Person If necessary For Employment	
Unreimbursed Medical Expenses	
Alimony Or Child Support Payments	
Health Insurance	
Other	

TOTAL EXPENSES \$ _____

11. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, including checking and savings, stocks and bonds, trust agreements, real estate, etc. **DO NOT** include clothing, furniture or cars.

Household Member	Asset Type/Asset Value	Bank's Name and Mailing Address
	\$	
	\$	
	\$	
	\$	

12. Does anyone in your household own a car? (Circle one) YES NO

Make of Car _____ Year _____ Reg. Number _____

Make of Car _____ Year _____ Reg. Number _____

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

(1) Name: _____ Telephone # (____) _____
 Address: _____ City: _____ State: _____ Zip: _____

(2) Name: _____ Telephone # (____) _____
 Address: _____ City: _____ State: _____ Zip: _____

14. **List Addresses for the Last Five Years in Reverse Order: (use separate piece of paper if you need more room)**

(1) Address: _____ Apt. No. _____ From: _____ to present
 City/Town _____ State _____
 Name and Address of Landlord: _____

(2) Address: _____ Apt. No. _____ From _____ To _____
 City/Town _____ State _____
 Name and Address of Landlord: _____

(3) Address: _____ Apt. No. _____ From _____ To _____
 City/Town _____ State _____
 Name and Address of Landlord: _____

15. Have you, or any member or your household, ever received housing assistance from this or any other housing agency?
(Circle one) YES NO

If yes: Name of Head of Household at that time: _____
Relation to Present 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?
(Circle one) YES NO

If NO, please explain:

16. Do you have a place of employment in this City or Town? (Circle One) YES NO

17. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of this Housing Authority? (If so, this will not necessarily disqualify your Application.)

(Circle one) YES NO

If YES, please explain:

18. Do you have any Pets? (Circle one) YES NO If yes, please describe: _____

19. **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 or in cases of an emergency.

Name: _____ Relationship: _____

Address: _____

City/Town: _____ State: _____ Telephone: () _____

20. **Criminal Record:**

Have you or any member of your household who will live in the unit been convicted of a crime?
(Circle one) YES NO

If YES, please explain: _____

Do you or any member of your household who will live in the unit have any criminal matters pending?

(Circle one)

YES

NO

If YES, please explain: _____

APPLICANT’S CERTIFICATION:

I understand that this 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 that was granted on the prior application for a 3 year period.

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.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant’s signature: _____ Date: _____

Reviewer’s Signature: _____ Date: _____

WESTFIELD HOUSING AUTHORITY
12 Alice Burke Way - P.O. Box 99
Westfield MA 01086-0099
Phone: 413 568-9283
Fax: 413 568-5357

DANIEL J. KELLY PHM
Executive Director



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above named individual, have authorized the Westfield Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority. The sources are as follows:

- Department of Transitional Assistance
- Department of Revenue
- Social Security Administration
- Landlord(s)
- Financial Institutions
- Department of Employment & Training Employer(s)

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: _____

Signature: _____ Date: _____

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

EQUAL HOUSING OPPORTUNITY

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Westfield Housing Authority collects information about applicants and tenants for its 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. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators or prosecutors. Otherwise, the information will be kept confidential and used only 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 a 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 regard 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.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the housing authority holds about you. If you object, it will investigate your objection, and either correct the problem or make your objection part of the file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

I have read and understood this Fair Information Practices Act Statement of Rights and have received a copy for future reference.

Date: _____
Applicant's signature

REQUEST FOR ACCOMMODATION

To: Liza Farrelly, Accommodation Coordinator
Westfield Housing Authority
12 Alice Burke Way – P. O. Box 99
Westfield, MA 01086-0099
Tel. (413) 568-9283

From: _____
Applicant Name (*please print*) Control Number _____

Address

Town/City, State, Zip

()
Area Code/Telephone Number

1. I have a disability which limits me in the following ways (describe): _____

2. On account of these limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing programs. (Describe)

3. Documentation verifying the existence of my disability, my limitations on account of it, and my need for accommodation is attached. (Attach appropriate documentation)
4. I attest that the foregoing information is true and correct.

Signature of Applicant Date _____

**NOTICE TO ALL APPLICANTS:
REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS
WITH MENTAL AND/OR PHYSICAL DISABILITIES**

The Westfield Housing Authority (WHA) does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the WHA has an obligation to provide “reasonable accommodation” on account of a disability if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the WHA can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the WHA’s housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the WHA, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The WHA has assigned Liza Farrelly as its Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the WHA addressed to his/her attention. You must also submit medical documentation verifying the existence of a disability, and the need for an accommodation to overcome these limitations and to participate in the WHA’s housing or programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the WHA can reasonably do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.

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EMERGENCY APPLICATION FOR STATE-AIDED HOUSING

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.

(PLEASE PRINT)

Name of Applicant: _____

Mailing Address of Applicant: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone Number that Applicant can be Reached at: _____

This Emergency Application must include written verification by a third party as to the priority status that you are claiming. The Housing Authority will not accept this application without third party verification.

Verification includes letters from social workers, shelters, social service agencies, or code enforcement agencies that confirm that you meet the definition of “homeless applicant”. Your application will not be processed until you have provided everything required by the Emergency Application Package.

In order to be found eligible for Emergency Case Status, you must be a “Homeless Applicant” as defined below AND qualify for one of the priorities listed below.

Definition of Homeless Applicant

An applicant who:

- (a) is without a place to live or is in a living situation in which there is a significant, immediate, and is a direct threat to the life or safety of the applicant or a household member which situation would be alleviated by placement in a unit of appropriate size, **and**
- (b) has made reasonable efforts to locate alternative housing, **and**
- (c) has not caused or substantially contributed to the safety or life threatening situation, **and**
- (d) Has pursued available ways to prevent or avoid the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies, **and**
- (e) is displaced from the residence in which the applicant household lived at least nine (9) months of the year.

1. Do you meet each of the requirements of the definition of “Homeless Applicant” set out on the previous page? (circle one)

YES NO

If YES, describe how you meet each of the requirements: _____

2. On what date did you become, or will you become, displaced from your primary residence?

Day _____ Month _____ Year _____

ALL EMERGENCY APPLICANTS MUST ATTACH PROOF OF HOMELESSNESS. ACCEPTABLE VERIFICATION INCLUDES LETTERS FROM SOCIAL WORKERS, SHELTERS, SOCIAL SERVICE AGENCIES, OR CODE ENFORCEMENT AGENCIES THAT CONFIRM THAT YOU MEET THE DEFINITION OF “HOMELESS APPLICANT”.

3. Check off the priority category below that you believe applies to your situation:

_____ **PRIORITY 1:** Displaced by Natural Forces such as a fire not due to the negligence or intentional act of applicant, a or member of applicant’s household, or by an earthquake, or flood, or by a disaster declared or formally recognized under disaster relief laws.

If you have checked off Priority 1, you must attach proof of Displacement by Natural Forces such as report from Fire Department, letter from Board of Health or other government agency documenting destruction of your residence by earthquake, flood or other disaster.

_____ **PRIORITY 2:** Displaced by Public Action such as the building of a low rent public housing project, a public slum clearance, urban renewal project or other public improvement.

If you have checked off Priority 2, you must attach proof of Displacement by Public Action such as Relocation Notice, letter from Urban Renewal Agency or other government agency documenting displacement for public works project.

_____ **PRIORITY 3:** Displacement due to enforcement of minimum standards of fitness for human habitation established by Article 2 of the State Sanitary Code or local ordinances.

If you have checked off Priority 3, you must attach proof of Displacement due to State Sanitary Code enforcement such as a copy of the complaint listing code violations, placard, notices or letter from Board of Health documenting condemnation.

PRIORITY 4 - EMERGENCY CASE PLAN CATEGORIES

_____ A. Homeless and Facing a Significant Immediate and Direct Threat to the Life or Safety of the Applicant or any Household Member for Causes Other Than the Fault of the Applicant or Member of the Applicant Household.

If you have checked off Priority 4A, you must attach: Proof of No-Fault Loss of Housing such as summary process summons and complaint, court decision and execution from the court.

_____ B. Severe Medical Emergencies. An applicant is suffering a severe medical emergency if the applicant or member of the applicant household is suffering from an illness or injury posing a severe and medically documented threat to life or safety which has been significantly caused by the lack of suitable housing or as to which the lack of suitable housing is a substantial impediment to treatment or recovery.

If you have checked off Priority 4B, you must attach:

1. Proof of Medical Condition such as certification by physician on Housing Authority form.
2. Proof of Unsuitable Housing such as letter from landlord, visiting nurse or Board of Health documenting unsuitability of current housing, or photographs of current housing showing unsuitable features.

_____ C. Abusive Situation. An applicant is in an abusive situation if the applicant or member of the applicant household is determined by the LHA to be a victim of abuse as defined in the Abuse Prevention Act (G.L. c.209A, §1), which abuse constitutes a significant and direct threat to life or safety. The Abuse Prevention Act defines “abuse” as the occurrence of one or more of the following acts between “family or household members”: (1) attempting to cause or causing physical harm; (2) placing another in fear of imminent serious physical harm; or (3) causing another to engage involuntarily in sexual relations by force, threat or duress. “Family or household members” are individuals who are related by blood or marriage, have a child together, or who now or formerly resided in the same household or dated each other.

If you have checked off Priority 4C, you must attach: Proof of abusive situation such as copies of medical reports, police reports, restraining orders, applications for criminal complaints, social service evaluations.

EMERGENCY APPLICATIONS SUBMITTED WITHOUT REQUIRED DOCUMENTATION WILL BE DENIED.

APPLICANT’S CERTIFICATION:

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

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant’s Signature

Date

Reviewer’s Signature

Date

(Attach supporting documentation and return with complete Emergency Application Package)