



1 Elm Terrace
Greenfield, MA 01301
413-774-2932 (P) 413-772-0616 (F)



Equal Housing Opportunity

HOUSING CHOICE VOUCHER PROGRAM ELIGIBILITY APPLICATION

HOUSEHOLD INFORMATION:

Head of Household: _____
 Date of Birth: _____ Social Security # _____ - _____ - _____
 Street Address: _____ Apt # _____
 Mailing Address: _____
 Telephone # _____ (Email) _____
 Primary Language spoken and read: _____

If you, or any member of your Household, are a person with disabilities that may require a specific accommodation in order to fully utilize access to our housing programs and services, please contact the housing authority for assistance.

HOUSEHOLD COMPOSITION:

(List all persons who are/will be members of your household)

Name	Relationship	Date of Birth	Soc.Sec. #

Is this the entire list of household members? Yes / No
 (If no, please explain) _____

Do you plan to have anyone live with you over the next 12 months who is not currently listed as a household member? Yes / No
 (If yes, please explain) _____

Is any dependent household member over 18 years of age a full time college student? Yes / No

Household Member _____ School _____

Household Member _____ School _____

Have you or any household member ever received housing assistance from this or any other housing agency? (Section 8, MRVP, Project Based, etc.) Yes / No

If yes, Head of Household (at that time)? _____

Relation to Present Applicant: _____ Move out Date _____

Address: _____

Reason moved out _____

When you moved out were you in compliance with the lease and all other program requirements? Yes / No

If no, please explain _____

PREVIOUS ADDRESSES:

List addresses for each adult household member for **the last five (5) years** starting with your current address. (Use an additional sheet if necessary)

1) DATES: From: _____ To: Current

Street Address: _____ Apartment # _____

City _____ State _____ Zip Code _____

Head of Household _____

Landlord Name _____ Phone # _____

Landlord Address _____

Has this landlord brought any court eviction action against you? Yes / No

If yes, please explain _____

Did you pay a security deposit? Yes / No

Current Rent \$ _____ **How do you pay this rent?** _____

2) DATES: From _____ To _____

Street Address: _____ Apartment # _____

City _____ State _____ Zip Code _____

Head of Household _____

Landlord Name _____ Phone # _____

Landlord Address _____

Did this landlord bring any court eviction action against you? Yes / No

If yes, please explain _____

Did you pay a security deposit? Yes / No

If yes, did this landlord return your deposit? Yes / No

If no, please explain _____

3) DATES: From _____ To _____

Street Address: _____ Apartment # _____

City _____ State _____ Zip Code _____

Head of Household _____

Landlord Name _____ Phone # _____

Landlord Address _____

Did this landlord bring any court eviction action against you? Yes / No

If yes, please explain _____

Did you pay a security deposit? Yes / No

If yes, did this landlord return your deposit? Yes / No

If no, please explain _____

CRIMINAL HISTORY:

Is any member of the household a lifetime registered sex offender?

Yes / No

If yes, please explain _____

Have you or any household member ever been convicted of a felony or misdemeanor?

Yes / No

If yes, please explain _____

Do you or any household member having any criminal matters pending?

Yes / No

If yes, please explain _____

HOUSEHOLD INCOME:

Do you or any household member have any income from the following sources?

EMPLOYMENT

Yes / No

Household Member _____ Employer _____
Household Member _____ Employer _____
Household Member _____ Employer _____

UNEMPLOYMENT

Yes / No

Household Member _____ Weekly Amount \$ _____
Household Member _____ Weekly Amount \$ _____

SOCIAL SECURITY, SSDI or SSI BENEFITS (Circle Type)

Yes / No

Household Member _____ Soc. Sec. / SSDI / SSI Monthly Amount \$ _____
Household Member _____ Soc. Sec. / SSDI / SSI Monthly Amount \$ _____
Household Member _____ Soc. Sec. / SSDI / SSI Monthly Amount \$ _____
Household Member _____ Soc. Sec. / SSDI / SSI Monthly Amount \$ _____
Household Member _____ Soc. Sec. / SSDI / SSI Monthly Amount \$ _____
Household Member _____ Soc. Sec. / SSDI / SSI Monthly Amount \$ _____
Household Member _____ Soc. Sec. / SSDI / SSI Monthly Amount \$ _____

TAFDC, WELFARE and/or PUBLIC ASSISTANCE

Yes / No

Household Member _____ Monthly Amount \$ _____
Household Member _____ Monthly Amount \$ _____

CHILD SUPPORT

Yes / No

Household Member _____ Amount \$ _____ Weekly / Bi-Weekly / Monthly

ALIMONY

Yes / No

Household Member _____ Amount \$ _____ Weekly / Bi-Weekly / Monthly

VETERANS BENEFITS or MILITARY BENEFITS

Yes / No

Household Member _____ Monthly Amount \$ _____
Household Member _____ Monthly Amount \$ _____

WORKER's COMP and/or DISABILITY INSURANCE BENEFITS

Yes / No

Household Member _____ Amount \$ _____ Weekly / Bi-Weekly / Monthly
Household Member _____ Amount \$ _____ Weekly / Bi-Weekly / Monthly

PENSIONS and/or ANNUITY

Yes / No

Household Member _____ Amount \$ _____ Weekly / Bi-Weekly / Monthly

INCOME FROM OWN BUSINESS or SELF EMPLOYMENT

Yes / No

Household Member _____ Annual Income \$ _____

HOUSEHOLD INCOME: (continued)

REGULAR CONTRIBUTIONS from FRIENDS/RELATIVES Yes / No

Household Member _____ Amount \$ _____ Weekly / Bi-Weekly / Monthly

COMMISSIONS, TIPS, BONUSSES Yes / No

Household Member _____ Amount \$ _____

OTHER INCOME (real estate, lottery winnings, etc.) Yes / No

Household Member _____ Amount \$ _____

Household Member _____ Amount \$ _____

DO YOU FILE INCOME TAX RETURNS? Yes / No

HOUSEHOLD ASSETS

Do you or any household member have any of the following assets?

CHECKING ACCOUNTS Yes / No

Household Member _____ Bank _____

Household Member _____ Bank _____

Household Member _____ Bank _____

SAVINGS ACCOUNTS Yes / No

Household Member _____ Bank _____

Household Member _____ Bank _____

Household Member _____ Bank _____

RETIREMENT FUNDS (IRA's, 401K, Keogh, etc.) Yes / No

Household Member _____ Bank _____

Household Member _____ Bank _____

ANNUITIES/STOCKS/BONDS, MUTUAL FUNDS, TRUST ACCOUNTS Yes / No

Household Member _____ Bank _____

DOES ANY HOUSEHOLD MEMBER OWN ANY REAL ESTATE? Yes / No

Household Member _____ Market Value \$ _____

Have you or any household member sold, transferred ownership or given away for less than fair market value any real property or assets in the past two (2) years? Yes / No

If yes,

Date of Sale _____

Amount of the Sale, Transfer or Gift \$ _____

Value of the Transfer or Gift \$ _____

HOUSEHOLD EXPENSES

Do any household members have any expenses for the following?

Child Care Expenses? (For children under 13 years of age) Yes / No

Child's Name _____ Provider _____

Child's Name _____ Provider _____

Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? Yes / No

Household Member _____ Provider _____

Are you paying for any type of equipment for a disabled family member the enables an adult member to work? Yes / No

Household Member _____ Monthly Cost \$ _____

MEDICAL EXPENSES

(Only applies if the head of household, co-head or spouse are 62 years of age or disabled)

Do you or any household member pay for any of the following?

Medical Insurance Premiums	Yes / No
Long Term Care Insurance Premiums	Yes / No
Out of Pocket Prescription Expenses	Yes / No
Out of Pocket Hospital, Doctor or Dental Expenses	Yes / No

If you answered yes to any of the Income, Asset or Expense questions, please return this application along with copies of original documentation as verification. Original documentation would include such items as Pay Stubs, Unemployment, Welfare or Public Assistance Benefit Statement, Mass. DOR Child Support Payment History, Social Security and/or SSI Benefit Statements, Bank Statements, Pass Books, etc. Verification of all out of pocket medical expenses include such things as paid receipts, cancelled checks, printout from doctors office or pharmacy, paid invoices for services provided, cancelled checks, etc. (See attached)

EMERGENCY CONTACT

Name: _____ Relationship _____

Address: _____ Phone # _____

CERTIFICATION BY PROGRAM APPLICANT(S)

I/We have answered all of the questions and that the information given to the Greenfield Housing Authority on household composition, income and assets is accurate and complete to the best of my/our knowledge. I/We understand that any misrepresentations or intentional false statements are grounds for punishment under Federal and State Laws as well as grounds for termination of housing assistance. I/We acknowledge that any changes in Household Members or Household Income must be immediately reported to Greenfield Housing Authority.

All adult members of the household 18 years of age or older must sign below.

Head of Household

Date

Other Adult Household Member

Date

Other Adult Household Member

Date

Other Adult Household Member

Date

ACCEPTABLE FORMS OF VERIFICATIONS

EMPLOYMENT

Four (4) Current consecutive pay stubs with year to date earnings or a letter from your employer indicating the hourly wage and average number of hours worked per week.

UNEMPLOYMENT

Original award letter, current weekly benefit check stub or benefits exhaust letter.

PUBLIC ASSISTANCE

Printed statement of benefits or termination letter.

SOCIAL SECURITY, SSDI and/or SSI

Copy of current year Benefit Payment Statement

CHILD SUPPORT

Printout of the past 12 months of payment history issued from the DOR. Notarized statement from non-custodial parent and/or a copy of court ordered payments.

ALIMONY

Copy of court ordered payments or notarized statement from payor.

BANK ACCOUNTS

Most recent monthly bank statement, copy of bank pass book or letter from bank stating current balance and annual interest rate.

MILITARY PAY or VETERANS BENEFITS

Copy of 4 current pay stubs or current years monthly benefit statement.

BUSINESS INCOME or SELF EMPLOYMENT

Copy of previous years income tax return.

NO INCOME

Completed and Signed no income statement.

FULL TIME STUDENT (for dependent household members 18 years of age or older)

Current letter from registrar or admissions officer.

CHILD CARE EXPENSES

Child care providers statement of services indicating household members name dates/times of services and households portion of costs.

MEDICAL EXPENSES (head of household or spouse 62 years old or person with disabilities)

Printout from Pharmacy or receipts for medications prescribed by a physician. Receipts or cancelled checks for all medical related out of pocket expenses. (eg: medical/dental office visits, hospital visits, surgeries, etc.)

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban
Development and the Housing Agency/Authority (HA)**
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Greenfield Housing Authority
1 Elm Terrace
Greenfield, MA 01013

Phone: (413) 774-2932
Fax: (413) 772-0616

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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Equal Housing Opportunity

Certification and Consent to Verification

Notice: Greenfield Housing Authority may use your name, date of birth, address, social security number, or other identifying information for purposes permitted by federal and state law, including to verify the information you have provided on this application, such as any information that you have provided about your wages, income, assets and receipt of public benefits or services. We may use the identifying information in conducting matches to confirm your eligibility for assistance and to detect fraud. We may also match the identifying information that you provided on this application relating to your family members, such as your spouse, an absent parent, or your dependents. Names, dates of birth, addresses, social security numbers or other identifying information may be matched with computer or other files, to include but not be limited to, files from the following Data Holders: Internal Revenue Service; Social Security Administration; Mass State Supplemental Program (SSP) Alien Verification Information System; Center for Medicare and Medicaid; MassHealth; Registry of Motor Vehicles; Department of Revenue; Department of Revenue Child Support Enforcement; Department of Transitional Assistance; Department of Early Education and Care; Division of Unemployment Assistance; Department of Veterans' Services; Bureau of Special Investigations; Bureau of Vital Statistics; SAVE; Department of Criminal Justice Information Services; employers; landlords; Local Housing Authorities, RAFT, schools, insurance companies, banks and/or financial institutions.

Certification: I certify, under penalty of perjury, that the information that I have provided on this application is correct and complete to the best of my knowledge.

Consent: To the extent that my consent is required, I authorize the Greenfield Housing Authority to use this application to authorize the Data Holders to release my wage, tax, child support, benefits, income or other information and to perform matches with the Data Holders to confirm the information on this application as it pertains to the determination of my eligibility for assistance, verifying the information on this application and for detecting fraud.

_____	_____	_____
Signature of Applicant	Name (Print)	Date
_____	_____	_____
Signature of Adult Household Member	Name (Print)	Date
_____	_____	_____
Signature of Adult Household Member	Name (Print)	Date
_____	_____	_____
Signature of Adult Household Member	Name (Print)	Date

This form must be read and signed by all adult family members of the household listed on this application. This certification and consent is valid until superseded by a subsequent application or revoked in writing by a signatory or a person legally authorized to act on his or her behalf.



FAMILY OBLIGATIONS OF THE HOUSING CHOICE VOUCHER PROGRAM

The Greenfield Housing Authority (GHA) will deny program assistance for an applicant, or terminate program assistance for a participant, for any of the following reasons:

1. Supplying required information.

- The family must supply information that the Greenfield Housing Authority (GHA) or the Department of Housing and Urban Development (HUD) determines necessary in the administration of the program, including submission or required evidence of Citizenship or eligible immigration status as required by federal regulations. "Information" includes any requested certification, release or documentation.
- The family must supply any information requested by the GHA or HUD for use in the regularly scheduled reexamination of family income and composition in accordance with HUD requirements.
- The family must disclose and verify social security numbers and must sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family must report to GHA any changes in household composition, changes in income or assets within fourteen (14) day of the change. Failure to report any of these changes within fourteen (14) days can result in termination of the family's participation in the Housing Choice Voucher Program.

2. Housing Quality Standards (HQS) breach caused by family.

- Failure to pay utilities for which family is responsible.
- Failure to provide or maintain any appliances for which the family is responsible
- If any family member or any guest damages the dwelling unit or common areas beyond ordinary wear and tear.

3. Allowing GHA inspection. The family must allow GHA to inspect the unit at reasonable times and after reasonable notice, or your housing assistance will be terminated.

4. Violation of the lease. The family must not commit any serious or repeated violation of the lease.

5. Family notice of intent to vacate or lease termination.

- The family must notify GHA and the Owner before the family moves out of the unit, or terminates the lease
- The family must give the GHA a copy of the thirty-day notice of intent to vacate that the family gave to the owner before the family can *move* to a new apartment with assistance.

6. **Owner eviction notice.** The family must promptly give GHA a copy of any owner eviction notice. Promptly means within two weeks of receiving the eviction notice.
7. **Use and occupancy of the unit.**
 - The family must use the assisted unit for residence by the family. The assisted unit must be the family's only residence.
 - All family members in the unit must be approved by the GHA. The Family must promptly notify (within fourteen (14) days) the Housing Authority of the birth, adoption, or court-awarded custody of a child. The family must request the Landlords permission and GHA approval to add any other family member as an occupant.
 - The family must promptly notify the GHA (within fourteen (14) days) that a family member no longer resides in the unit.
 - If the GHA and landlord has given approval, a foster child or a Personal Care Attendant may reside in the unit.
 - A family member may engage in legal profit-making activities in the unit, but only if such activities are incidental to the primary use of the unit for residence by members of the family.
 - The family must not sublease the unit, assign the lease, or transfer the unit.
8. **Absence from the unit.** The family must supply any information requested by the GHA to verify that the family is living in the unit or information related to family absence from the unit. The family must cooperate with the GHA for this purpose. The family must promptly notify GHA. An extended period is defined as any period greater than thirty (30) calendar days. Written notice must be provided to the GHA at the start of the extended absence.
9. **Interest in the unit.** The family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the GHA has determined that approving the rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.
10. **Fraud and other program violation.** The members of the family must not commit fraud, bribery, or any other corrupt or criminal act in connection with this Federal housing program.
11. **Crime by family members.** The members of the family must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. Conviction is not necessary to warrant termination. Arrest or preponderance of evidence is sufficient.

12. **Alcohol abuse by family members.** The members of the family must not engage in abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
13. **Other housing assistance.** An assisted family, or any member of the family, must not receive HCV program assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) federal, State or local housing assistance program.
14. Abusive or violent behavior towards GHA personnel includes verbal as well as physical abuse or violence. Use of expletives that are generally considered insulting, racial epithets, or other language, written or oral, that is customarily used to insult or intimidate, may be cause for termination or denial.
15. If any member of the family has been evicted from public housing (federal or state) in the last five (5) years.
16. If the family currently owes rent or other amounts to the GHA or any PHA under any public housing program, (state or federal).

Certification of Understanding

I hereby certify that I understand the family obligations and grounds for denial/terminations of assistance under the Housing Choice Voucher Program administered by the Greenfield Housing Authority. I further understand that my failure to comply with these obligations may result in the termination of my family's rental assistance and/or termination of participation in the Housing Choice Voucher Program.

I have received a copy of this form.

_____	_____
Head of Household	Date
_____	_____
Co-Head	Date
_____	_____
Other Adult	Date
_____	_____
Other Adult	Date

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, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

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

FOR HA ONLY: 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 or 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 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.
- 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 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.
- 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 (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 reasons 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*].

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), HA must enter INS/SAVE Verification Number and date that it was obtained. A 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" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.



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:

GREENFIELD HOUSING AUTHORITY
1 ELM TERRACE
GREENFIELD MA 01301

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

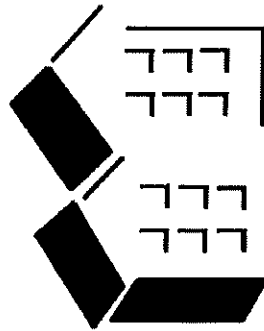
Signature

Date

Printed Name



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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. Remember, you may receive rental assistance at only one home!

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (Federal Privacy Act Notice and Authorization for Release of Information) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is FRAUD and a CRIME.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third-party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their

website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?
Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: https://www.hud.gov/program_offices/public_indian_housing/programs/ph/eiv

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY

Department of Criminal Justice Information Services 200
Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.
Criminal Offender Record Information (CORI)

Acknowledgement Form

To be used by organizations conducting CORI checks for housing purposes.

GREENFIELD HOUSING AUTHORITY is Registered under the (Organization) provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental lease of housing. As an applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

GREENFIELD HOUSING AUTHORITY
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing GREENFIELD HOUSING AUTHORITY (Organization)

with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
 Department of Criminal Justice Information Services
 200 Arlington Street, Suite 2200, Chelsea, MA 02150
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
 MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
 The fields marked with an asterisk(*) are required fields.

Please complete all

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last SIX digits of Social Security Number: ____ -- ____ Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

Street Address: _____

Apt. # or Suite: _____ *City: _____ * State: _____ * Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date



1 Elm Terrace
Greenfield, MA 01301
413-774-2932 (P) 413-772-0616 (F)



Equal Housing Opportunity

Dru Sjodin National Sex Offender Public Website (NSOPW)

The Dru Sjodin National Sex Offender Public Website (NSOPW), coordinated by the U.S. Department of Justice, is a cooperative effort between jurisdictions hosting public sex offender registries ("Jurisdictions") and the federal government. These Jurisdictions include the 50 states, U.S. Territories, the District of Columbia, and participating tribes. The Website provides an advanced search tool that allows a user to submit a single national query to obtain information about sex offenders; a listing of public registry Websites by state, territory, and tribe; and information on sexual abuse education and prevention.

Subjects Name: _____

Date of birth or approximate age: _____

Address: _____

Personal Identifying characteristics:

Sex _____ Race _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Other information (e.g. License plate number; parent's name, etc.):

*******WARNING*******

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR ENGAGE IN ILLEGAL, DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L.C.6, §§ 178C-178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L.C. 6 §§ 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L.C. 275, §§ 4).

SIGNATURE

DATE

