

FAMILY INFORMATION FORM

List each person currently living in the household. List yourself first. Please remember to sign and date the form at the bottom of this sheet. Please complete S.S.# section for all members of the household.

LAST NAME	FIRST NAME	M.I	SEX M/F	RELATIONSHIP TO YOU	S.S.#	*RACE/ETHNI CITY

*RACE CODES ARE: 1 = WHITE 2 = BLACK 3 = AMERICAN INDIAN 4 = ASIAN/PACIFIC ISLANDER

*ETHNICITY CODES ARE: 1 =HISPANIC OR 2 = NOT HISPANIC. PLEASE USE BOTH CODES (ONE EACH SIDE OF THE SLASH) FOR EACH MEMBER. EXAMPLE: 2 / 2 = BLACK/NOT HISPANIC.

PLEASE LIST EACH PERSON RECEIVING INCOME AND COMPLETE APPROPRIATE INFORMATION.

NAME	EMPLOYMENT PLACE AND ANNUAL INCOME	PUBLIC ASSISTANCE ANNUAL INCOME	OTHER INCOME: SS, SSI, CHILD SUPPORT, PENSION, UNEMPLOYEMNT, ETC.	ASSETS: BANK ACCTS., STOCKS, BONDS, LIFE INS., ETC.

TENANT INFO:

NAME _____ DATE _____

MAILING ADDRESS _____ PHONE _____

IN CASE OF EMERGENCY, please give name & address of someone to contact:

NAME _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE _____

**SIGNED UNDER THE PAINS AND PENALTIES OF
PERJURY:** _____

(Signature)



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**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS USING CONSUMER REPORTING AGENCIES TO CONDUCT CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

HOUSING ASSISTANCE CORPORATION is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. Department of Housing and Community Development has authorized HOUSING ASSISTANCE CORPORATION to submit CORI checks to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or 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 HOUSING ASSISTANCE CORPORATION 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 Housing Assistance Corporation with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The

, on behalf of
may conduct subsequent CORI checks within one year of the date this Form was signed by me
provided, however, that must
first provide me with written notice of this check.

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

SIGNATURE

DATE

HOUSING ASSISTANCE CORPORATION
460 WEST MAIN STREET
HYANNIS, MA 02601
508-771-5400

EOHHS
HASSC

CORI REQUEST FORM

Housing Assistance Corporation has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the Section 8 program, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant Signature

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER

*ID Theft Index PIN
(if applicable)

MOTHER'S MAIDEN NAME

FORMER AND /OR CURRENT ADDRESS: _____

SEX: _____ HEIGHT: _____ FT. _____ IN. WEIGHT _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

CHSB USE ONLY

RECORD ATTACHED: _____

NO RECORD: _____

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Family Member: _____
Head of Household: _____
Address: _____
City, State, Zip Code: _____

I, the above named individual, hereby grant permission to Housing Assistance Corporation to obtain all information it deems necessary in determining my eligibility which includes the following:

1. Amount and sources of income
2. Amount, location and value of assets
3. Child care expenses
4. Medical expenses and verification of medically necessary special accommodations relating to myself and/or my minor child(ren) named:

5. Full-time student status of household dependents named:

If I am not the Head of household, I further grant permission to the agency to disclose any of this information to the Head of household indicated above.

I authorize you to release the information requested below, subject to the condition that it be kept confidential. Please supply this information within five (5) business days of receipt of this request to avoid delay in the processing of my file.

Thank you.

 Date Signature SSN# (last four digits)

My signature above also acknowledges receipt of the Massachusetts Fair Information Practices Act Statement of Rights. This General Authorization shall remain effective for fifteen months from the date appearing above. I understand that a photocopy of this authorization is as valid as the original.

FOR AGENCY USE ONLY



MASSACHUSETTS FAIR HOUSING INFORMATION PRACTICES ACT
STATEMENT OF RIGHTS

Housing Assistance Corporation collects information about applicants and participants 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 agencies, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by Housing Assistance Corporation staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing agencies use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by Housing Assistance Corporation to provide information, however, failure to permit Housing Assistance Corporation to obtain the required information may result in delay, denial of assistance, or termination of housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or participant, 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 agency about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

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

SIGNATURE

DATE



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AGENCY POLICY AND PROCEDURES FOR REASONABLE ACCOMMODATION

Summary of Reasonable Accommodation

Our primary goal is to provide stable, safe, and affordable housing to low and moderate income persons. It is the policy of this Agency to provide reasonable accommodation in our efforts to house applicants with disabilities. A reasonable accommodation ensures that all applicants or participants have an equal opportunity to live in and become a part of the community in which they reside.

Who is a person with a disability?

A person with a disability is one who has a physical or mental impairment that substantially limits one or more major life activities such as caring for one's self, performing major tasks, walking, seeing, hearing, speaking, breathing on one's own, learning and working,

A physical impairment can be caused by illness, disease, a birth defect, injury, or aging. A mental impairment is a mental, psychiatric or psychological disorder such as mental illness, mental retardation, autism, or specific learning disabilities.

In some cases, alcoholism or a history of substance use and abuse may be considered a disability. However, current users of illegal drugs are not considered disabled.

What is a "reasonable accommodation?"

A reasonable accommodation is any change which can be made to rule, procedure, or apartment that allows a person with a disability to have an equal opportunity to access this Agency's housing or programs. Reasonable accommodation that can be made by the agency managing the Massachusetts Rental Voucher/Alternative Housing Voucher Programs may include:

- Changes, expectations or adjustments to a rule
- Changes, expectations or adjustments to a policy
- Changes, expectations or adjustments to a service
- Changes, expectations or adjustments to an apartment

The change requested however can not cause an undue financial or administrative burden or case a fundamental alternation in the nature of the program.



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For example, an applicant/participant is being denied rental assistance or being terminated from the program as a result of program violations when failure to comply is a result of their disability. Or, they are having difficulty finding an appropriate apartment because of their physical disability.

How does someone apply for a “reasonable accommodation?”

If a person or anyone in their household needs a reasonable accommodation, they or someone acting on their behalf, must submit a request for a reasonable accommodation. While a written request is preferred, it is not required. If an applicant or participant indicates that an exception, change, or adjustment to a rule, policy, practice, service, or an apartment is needed because of a disability, the Agency will treat this as a request for a reasonable accommodation even if no formal request is made.

The applicant with a disability or person acting on their behalf must provide the following:

- The reason for the request. The Agency will provide forms which an applicant/participant will be encouraged but not required to use.
- Documentation of the existence of a disability, verification can be provided by a doctor or a qualified service provider and they may be asked to certify and explain how the accommodation requested is related to the disability and how it will help in accommodating the disability.
- If the disability is obvious or otherwise known to the Agency, **AND** if the need for the requested accommodations is readily apparent or known, no further verification will be required.
- A proposal, when implemented, would result in overcoming barriers to equal access and make possible the use of the housing program. If the Agency terminating assistance for failure to meet the program requirements, the reasonable accommodation requested should ensure compliance with program requirements going forward.
- A plan for continued implementation, which could reasonably be expected to prevent recurrence of non-compliance with program regulations.
- Documentation of the involvement of any person, agency or organization, which will assist or monitor the implementation of the request.

How are requests processed?

Agency staff will review requests for reasonable accommodation. If additional information is needed, applicants/participants will receive a written request with specific deadlines for providing the information requested.

In reviewing requests, Agency staff will consider the following:

- Whether there is sufficient evidence of the existence of a disability.
- Whether there is an identifiable relationship between the requested accommodation and the disability.



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- Whether the request is reasonable in terms of not causing an undue financial and administrative burden of fundamental alteration to the housing program.
- Whether the proposed accommodation is necessary to provide equal opportunity to housing program.

And, in the case where a request involves a participant's violation of program requirements or proposed termination from the program

- Whether any failure to comply with program requirements was caused by the disability.
- Whether the proposed reasonable accommodation can reasonably be expected to prevent further violations of program requirements.
- Whether mitigating circumstances exist that impact the decision to deny or terminate assistance.

How long does it take to process a request?

The decision on any request will be issued within 15 business days after the Agency has received the request and all requested supportive documentation, and the notification will be in writing. Approval of a request for accommodation will include terms, conditions, performance expectations for all parties, and a schedule if appropriate.

If the Agency denies the request due to undue financial and administrative burden, the applicant/participant will meet the Agency staff to discuss with the family alternatives, if no alternative can be reached the Agency will notify the applicant/participant of its determination within 15 business days of the most recent discussion or communication with the family.

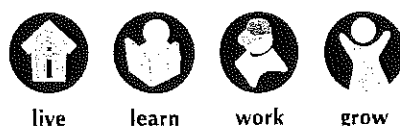
The applicant/participant has a right to appeal the decision to the Massachusetts Commission Against Discrimination.

Applicants or participants who believe that they have been subject to discrimination may notify the Agency either orally or in writing. The agency will attempt to remedy the complaint against them.

The Agency will refer the applicant or participant to the appropriate fair housing center, and if necessary provide them with information on how to complete and submit the form to HUD's office of Fair Housing and Equal Opportunity and the Massachusetts Commission Against Discrimination. If requested, the Agency will assist in completing the complaint form.

Should the family have any questions during the process, they can contact someone on the Massachusetts Rental Voucher/Alternative Housing Voucher staff.

How is the Agency's policy implemented?



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A copy of this document is posted in a public area at the Agency. Copies of this policy are provided at application intake and with any notice of denial or assistance, re-examination, program violation, or termination.

Definitions

- **Reasonable accommodation** is intended to provide persons with disabilities with equal opportunity to participate in the Massachusetts Rental Voucher/Alternative Housing Program through the modification of program policies, procedures, or services. An accommodation may be considered "reasonable" if it does not cause an undue burden or cause a fundamental alteration in the nature of the housing program
- **A disability** is a physical or mental impairment which substantially limits one or more major life activities, such as caring for one's self, performing major tasks, walking, seeing, hearing, speaking, breathing on one's own, learning and working; a record of such an impairment; or being regarded as having such an impairment. **THIS TERM DOES NOT INCLUDE CURRENT ILLEGAL USE OF A CONTROLLED SUBSTANCE**

Sign:
Date:



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CHILDCARE VERIFICATION

TO BE COMPLETED ONLY IF YOU HAVE CHILDCARE EXPENSES FOR CHILDREN 12 AND UNDER ARE EMPLOYED, A STUDENT OR CURRENTLY SEEKING EMPLOYMENT.

TO BE COMPLETED BY TENANT: I CERTIFY THAT THE BELOW LISTED CHILDCARE EXPENSES HAVE NOT BEEN AND WILL NOT BE REIMBURSED BY ANY OUTSIDE AGENCY.

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO HOUSING ASSISTANCE CORPORATION.

TENANT NAME - PLEASE PRINT

SOCIAL SECURITY #

TENANT SIGNATURE

DATE

TO BE COMPLETED BY PROVIDER: THIS FORM MUST BE RETURNED TO HOUSING ASSISTANCE IMMEDIATELY.

Child(ren) in daycare: _____

Days of the week child(ren) is/are in daycare: S / M / T / W / T / F / S (Circle days)

List hours of the day child(ren) is/are in daycare: _____.

Number of weeks per year child(ren) is in daycare: _____.

Parent pays \$ _____ * **WEEKLY / MONTHLY / BI-WEEKLY** (Circle one)

NAME OF PROVIDER - PLEASE PRINT

PHONE #

ADDRESS OF PROVIDER

SIGNATURE OF PROVIDER

DATE

***TO THE BEST OF MY KNOWLEDGE, THE CHILD CARE EXPENSES ARE NOT PAID BY OR REIMBURSED FROM ANY SOURCE.**



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NO-INCOME CERTIFICATION

THIS SECTION MUST BE NOTARIZED - To be completed if you are 18 or older

DATE _____

I, _____, hereby certify that I am not currently employed and I do not receive income of any kind. If I should receive income from any source in the future, I shall report it to Housing Assistance Corporation.

DO NOT SIGN UNTIL YOU HAVE THE FORM NOTARIZED

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Warning - Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to matters within it's jurisdictions.

COMMONWEALTH OF MASSACHUSETTS

Barnstable, SS: _____, 20_____

Then personally appeared _____, proved to me through satisfactory evidence, which was/were

_____ to be the persons(s) whose name(s) is/are signed and acknowledged to me that he/she/they

Description of Evidence of Identity

signed it voluntarily for its stated purpose.

Notary Public

My Commission Expires



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VERIFICATION OF INCOME

FOR VERIFICATION OF EMPLOYMENT, TAFDC, EAEDC, UNEMPLOYMENT, VETERANS, WORKMAN'S COMP.
FOR SOCIAL SECURITY VERIFICATION SEE INFO SHEET. CHILD SUPPORT REPORTED ON THE CHILD
SUPPORT VERIFICATION FORM.

**I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO HOUSING
ASSISTANCE CORPORATION.**

_____ TENANT NAME - PLEASE PRINT	_____ SOCIAL SECURITY #	_____ DATE
_____ TENANT SIGNATURE	_____ TYPE OF INCOME	
_____ EMPLOYER/PROVIDER NAME	_____ EMPLOYER/PROVIDER MAILING ADDRESS	

FOR EMPLOYER/PROVIDER TO COMPLETE

We are required to verify the income of all persons either applying for or currently receiving housing assistance. Due to the Federal and State regulations governing occupancy under these programs, we must have written verification of income. Please return this completed form to Housing Assistance Corporation at the above address.
THIS FORM MUST BE RETURNED TO THE ABOVE ADDRESS IMMEDIATELY.

TYPE OF INCOME _____ GROSS PAYMENT _____ HR/WEEK _____
PAYMENT RECEIVED HOW OFTEN: WEEKLY/BIWEEKLY/MONTHLY. (circle one)
MEDICAL DEDUCTION _____ HOW OFTEN? _____
TIPS _____ HOW OFTEN? _____ BONUSES _____ HOW OFTEN? _____
START DATE _____ TERMINATION/LAYOFF DATE (CIRCLE ONE) _____

IF TENANT'S WORK IS SEASONAL OR SPORADIC, INDICATE LAY-OFF PERIODS:

_____ NAME OF EMPLOYER/PROVIDER - PRINT	_____ COMPLETE MAILING ADDRESS	
_____ EMPLOYER/PROVIDER SIGNATURE	_____ PHONE#	_____ DATE



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VERIFICATION OF CHILD SUPPORT

IF YOU ARE RECEIVING CHILD SUPPORT YOU MUST SUPPLY ONE OF THE FOLLOWING VERIFICATIONS:

COPY OF COURT ORDER, DIVORCE AGREEMENT, COPY OF CANCELED CHECKS FROM PAYEE OR A DOR PRINTOUT - DOR STUBS ARE NOT ACCEPTABLE.

IF YOU CANNOT PROVIDE ONE OF THE ABOVE VERIFICATIONS YOU NEED TO COMPLETE SECTION 1 BELOW AND HAVE THE FORM NOTARIZED. **IF SUPPORT HAS ENDED COMPLETE SECTION 2** BELOW WITH THE DATE THE SUPPORT ENDED AND HAVE THE FORM NOTARIZED.

SECTION 1

I am currently receiving \$ _____ MONTHLY/WEEKLY/BI-WEEKLY (circle one) in child support for the following child(ren):

SECTION 2

I have not received support payments since _____

DO NOT SIGN UNTIL YOU ARE HAVING FORM NOTARIZED

 SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

 DATE

Warning - Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to matters within its jurisdictions.

COMMONWEALTH OF MASSACHUSETTS

Barnstable, SS: _____, 20

Then personally appeared _____ proved to me through satisfactory evidence, which was/were _____ to be the person(s) whose name(s) is/are signed and acknowledged

Description of Evidence of Identity
 to me that he/she/they signed it voluntarily for its stated purpose

 NOTARY PUBLIC

 MY COMMISSION EXPIRES



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CHILD SUPPORT PAYMENTS

A deduction can be given if you are paying out for child support, however, this must be verified (i.e. court order, cancelled checks, money order receipts).

I, _____, am paying out \$ _____ weekly/monthly
(circle one)

to _____ in child support.

Signed _____ Date _____



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BANK ACCOUNT VERIFICATION

TO BE COMPLETED BY TENANT

DO YOU HAVE A BANK ACCOUNT?

YES

NO

SOCIAL SECURITY #

IF YOU DO NOT HAVE A BANK ACCOUNT YOU MUST CHECK NO AND SIGN BELOW

CHECKING ACCOUNT NUMBER

SAVINGS ACCOUNT NUMBER

NAME OF BANK

MAILING ADDRESS

I HEREBY AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO HOUSING ASSISTANCE CORPORATION.

TENANT NAME - PLEASE PRINT

TENANT SIGNATURE
(IF JOINT ACCOUNT MUST BE SIGNED BY BOTH)

DATE _____

TO BE COMPLETED BY BANK

THIS FORM MUST BE RETURNED TO HOUSING ASSISTANCE IMMEDIATELY.

CHECKING: _____
AVERAGE 3-MONTH BALANCE _____

RATE OF INTEREST

SAVINGS: _____
CURRENT BALANCE

RATE OF INTEREST

AUTHORIZED TITLE - PLEASE PRINT

PHONE#

AUTHORIZED SIGNATURE

DATE _____



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STUDENT STATUS

DO NOT COMPLETE FOR CHILDREN UNDER 18 YEARS OF AGE.

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION REQUESTED BELOW TO HOUSING ASSISTANCE CORPORATION:

HEAD OF HOUSEHOLD - PLEASE PRINT

STUDENT NAME - PLEASE PRINT

SOCIAL SECURITY #

STUDENT SIGNATURE

DATE

COMPLETE SCHOOL NAME

PHONE#

COMPLETE MAILING ADDRESS OF SCHOOL

TO BE COMPLETED BY SCHOOL

THIS FORM MUST BE RETURNED TO HOUSING ASSISTANCE IMMEDIATELY.

This is to certify that _____ is enrolled as a **full-time/part-time**
(circle one) student.

Anticipated date of completion: _____, 20____

AUTHORIZED NAME/TITLE - PLEASE PRINT

DATE

AUTHORIZED SIGNATURE

PHONE #



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