



# SOMERVILLE HOUSING AUTHORITY

30 Memorial Road, Somerville, Massachusetts 02145  
Telephone (617) 625-1152 Fax (617) 628-7057 TDD (617) 628-8889

## STANDARD APPLICATION FOR SECTION 8 PROJECT BASED VOUCHER PROGRAM

**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 to sign the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** Once completed please mail or fax to Somerville Housing Authority's main office.

**PLEASE PRINT:** \_\_\_\_\_ Federal Control No. \_\_\_\_\_

**SHA USE ONLY**

A. Name of Applicant: \_\_\_\_\_

Address of Current Residence: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

B. What is the Head of Household's racial designation? (Check one):

- |                        |                          |                        |                          |                 |                          |
|------------------------|--------------------------|------------------------|--------------------------|-----------------|--------------------------|
| White                  | <input type="checkbox"/> | Black/African American | <input type="checkbox"/> | American Indian | <input type="checkbox"/> |
| Asian/Pacific Islander | <input type="checkbox"/> | Wish not to disclose   | <input type="checkbox"/> | Other           | <input type="checkbox"/> |

Specify Other: \_\_\_\_\_

C. What is the Head of Household's ethnic designation? (Check one):

- |                 |                          |                     |                          |                      |                          |
|-----------------|--------------------------|---------------------|--------------------------|----------------------|--------------------------|
| Hispanic/Latino | <input type="checkbox"/> | Not-Hispanic/Latino | <input type="checkbox"/> | Wish not to disclose | <input type="checkbox"/> |
|-----------------|--------------------------|---------------------|--------------------------|----------------------|--------------------------|

**Language:** Do you understand and speak English? Y  N  If no, what is language spoken: \_\_\_\_\_

Do you understand and read English? Y  N  If no, what is language read: \_\_\_\_\_

Translation and interpretation services are available upon request by appointment only  
Sevis tradiksyon ak intepretasyon disponib si w bezen  
Servicio de traducción e intepretación estan disponibles, con cita, una vez que lo solicite  
Serviço de tradução e interpretação estão disponíveis somente após agendamento



D. Family Status: Check the statement(s) that best describes your family:

1. The Head of Household or spouse is 62 years of age or older
2. The Head of Household or spouse is disabled or handicapped

E. Type of Project Based Section 8 Housing You Are Applying For:

**1. HOUSING FOR THE ELDERLY (62+ YEAR OLD) AND NON-ELDERLY DISABLED (ONE BEDROOM):**

- Capen Court: Elderly (62+) and Non-Elderly Disabled.** 1 Capen Court is located in West Somerville. This development offers parking, laundry facilities, and community room. Supportive and assisted living services are available at the adjacent Visiting Nurse Facility at 405 Alewife Brook Parkway.
- Waterworks Apartments: Elderly (62+) and Non-Elderly Disabled.** Waterworks is located at 485 Mystic Valley Parkway. Waterworks is adjacent to SHA's Capen Court and the Visiting Nurse Facility. This development is located close to MBTA transportation and shopping.
- Waterworks II Apartments: Elderly (62+) and Non-Elderly Disabled.** Waterworks II is adjacent to SHA's Waterworks Apartments, Capen Court and the Visiting Nurse Facility. This development is located close to MBTA transportation and shopping.

**2. HOUSING WITH SUPPORTIVE SERVICES FOR DISABLED (ALL UNITS FOR SINGLE PERSON NEEDING SUPPORT):**

- Walnut Street Housing with Supportive Services for the Disabled.** Supportive service program provides medical, therapeutic, and behavioral services to adults with Intellectual Disabilities. Focuses include self-care, sensory/motor development, socialization, daily living skills, communication, community living, and social skills for individuals to maximize their functional independence.
- CASCAP Housing with Supportive Services for the Disabled.** 57 Merriam Street. Services provided by CASCAP.
- VINFEN Housing with Supportive Services for the Disabled.** 769 Broadway. Services provided by Vinfen.
- YMCA Housing with Supportive Services for the Disabled.** 101 Highland Avenue. Single Room Occupancy (SRO) Residents are provided their own room and share a kitchen and bathroom. Services provided by YMCA.
- Sewall Street Housing with Supportive Services for the Disabled.** Sewall Place is a 13-unit, single-room occupancy development at 10 Sewall Street in the Winter Hill neighborhood. Formerly the Boys and Girls Club, the building houses formerly homeless individuals. Managed by Wingate.

**3. FAMILY (ONLY THESE UNITS BELOW HAVE MORE THAN ONE BEDROOM)**

- Linden Street Family Housing (2 and 3-Bedroom units)** Located off Somerville Avenue in Union Square, the development has seven buildings, on-site parking, a large, centralized play area, and green space. Service provided by Somerville Community Corporation. Managed by Wingate.
- Next Step Housing with Supportive Services for the Disabled. (2-bedroom units)** 301 Medford Street.

**F. HOUSING PRIORITY STATUS: ONLY CHECK ONE BOX BELOW.** You will be required to provide documentation to verify your claim below.

<input type="checkbox"/> I have <b>not been</b> displaced from my current housing.
<input type="checkbox"/> I have been <b><u>displaced by Fire or Natural Forces</u></b> (fire, earthquake, flood, or other natural disaster).
<input type="checkbox"/> I have been or am about to be <b><u>displaced by Government Action and I don't have replacement housing.</u></b>
<input type="checkbox"/> I have been or am about to be <b><u>displaced due to Code Enforcement by City Officials and I don't have replacement housing.</u></b>
<input type="checkbox"/> I have been or am about to be <b><u>displaced by my Landlord through no fault of my own and my landlord has initiated court action against me and I don't have replacement housing.</u></b>
<input type="checkbox"/> I have been or am about to be <b><u>displaced due to being a victim of Domestic Violence and I don't have replacement housing.</u></b>
<input type="checkbox"/> I have been or am about to be <b><u>displaced due to Substandard Housing that has been cited by code enforcement officials and I don't have replacement housing.</u></b>
<input type="checkbox"/> I have been or am about to be <b><u>displaced due to being Rent Burdened (I have a lease and for the last 90 days (or more) I have been paying more than 50% of my income towards housing and utilities) and I don't have replacement housing.</u></b>
<input type="checkbox"/> I have been or am about to be <b>Homeless.</b>

**G. HOUSING PREFERENCE STATUS: CHECK ALL THE BOXES THAT APPLY BELOW.**

<input type="checkbox"/> <b><u>Local Resident Preference.</u></b> Check off if you reside in Somerville, work in Somerville or have been hired to work in Somerville.
<input type="checkbox"/> <b><u>Veteran's Preference.</u></b> A preference is given to a person honorably discharged from the Armed Services of the United States after service of one hundred eighty (180) consecutive days or more.
<input type="checkbox"/> I am a Veteran, or a member of my household is a Veteran Dates of Service: _____ to _____
<input type="checkbox"/> I, or a member of my household, is the spouse, surviving spouse, dependent parent or a child or divorced spouse with a dependent child of a Veteran.

H. Do you have any special needs due to a disability or need for a reasonable accommodation? YES  NO   
Specify the accommodation needed:

\_\_\_\_\_

I. Do you need a wheelchair accessible apartment? (Check One) YES  NO

**J. CRIMINAL RECORD:** Pursuant to 804 CMR 5.05(1) SHA will obtain Criminal Offender Record Information for all applicants and household members 17 years of age or older.

1. Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last five years?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you or any member of your household registered or required to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you answered yes to questions 1, 2 and/or 3 please explain: _____ _____	

**\*APPLICANTS WITH SEALED RECORDS PLEASE READ.** Applicants with sealed records: You are not required to list convictions that are included in a record that has been sealed. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. An applicant for employment, housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests or criminal court appearances.

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

Name: First, Last	Relationship	Social Security Number*	Sex* Check one	Date of Birth	Student (Yes or no)
	<b>HEAD</b>		M <input type="checkbox"/> F <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>
			M <input type="checkbox"/> F <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>

L. Is a change in the household composition (number of people in your household) expected? (Check One) YES  NO   
 If yes, what type? \_\_\_\_\_ When? \_\_\_\_\_



M. **INCOME BEFORE DEDUCTIONS:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 months. Please specify all sources.

**Employment Income Including Work as Subcontractor (Uber, Door Dash etc.) or Income from a Business You or a Family Member Own:** List for all household members regardless of age and/or student status.

Household Member	Employer	Employer Address	Gross Earnings
			\$ /per
			\$ /per
			\$ /per
			\$ /per

**Social Security, Disability, and Other Non-employment Income:** List sources including but not limited to Social Security, Disability, Child Support, Alimony, Welfare, Food Stamps, Unemployment, Annuities, Pensions, Retirements, V.A. Benefits, Gifts, Scholarships, Trusts/Inheritances, Gambling Winnings, etc.

Household Member	Source	Amount	Frequency

N. **Assets:** List all assets including but not limited to Bank Accounts (Checking and Savings), CDs, IRAs, Money Market, Investment, 401Ks, Stocks, Bonds, Real Estate, etc.

Household Member:		Asset/Bank Name & Address:	
Account Type:	Interest Rate:	Annual Income:	Total:
Household Member:		Asset/Bank Name & Address:	
Account Type:	Interest Rate:	Annual Income:	Total:
Household Member:		Asset/Bank Name & Address:	
Account Type:	Interest Rate:	Annual Income:	Total:
Household Member:		Asset/Bank Name & Address:	
Account Type:	Interest Rate:	Annual Income:	Total:

O. Have you sold assets for less than fair-market value in the last two years? Check One: YES  NO

Explanation: \_\_\_\_\_

**P. Medical, Childcare, and Handicapped Care Expense Deductions** – If head of household or spouse is 62+ or disabled, household members may be eligible to deduct unreimbursed out of pocket medical expenses. Childcare/Handicapped Care expenses must be incurred to allow family members to work or enroll in school fulltime.

Type	Name/Source of Expense	Address of Expense	Yearly Amount

Q. Have you or any member of your household ever received housing assistance from this or any other Housing Agency or Housing Authority? Check One: YES  NO

If **yes**: Name of Head of Household at that time: \_\_\_\_\_

Name of Housing Agency: \_\_\_\_\_

Date Moved Out: \_\_\_\_\_

Reason Moved Out: \_\_\_\_\_

When you moved out, were you in compliance with the lease and other program requirements?

Check One: YES  NO

If NO, please explain: \_\_\_\_\_

R. **Emergency Reference**: Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you in the case of an emergency.

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

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

**S. APPLICANT'S CERTIFICATION**

**I/we understand that this application is not an offer of housing.** I/we understand that I/we will have to provide proof of all the facts before the Somerville Housing Authority can make a final decision on my eligibility. Based on this application, I/we understand that I/we should not make any plans to move with assistance from the Somerville Housing Authority.

I/we understand it is my responsibility to inform SHA in writing of any change of address, household size, or change in circumstances as I/we have described them in this application. I/we understand I/we must respond promptly to all SHA inquiries or my application may be cancelled.

I/we certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I/we understand that false statements or information are criminal offenses punishable under state and federal law. I also understand that false statements or information are grounds for rejection of this application or termination of tenancy.

**Authorization for Release of Information**

I \_\_\_\_\_, hereby authorize the Somerville Housing Authority to obtain any and all information necessary to determine my eligibility and the eligibility of my household under the Housing Choice Voucher Program. I understand that such information will be kept confidential and will be used only for program purposes.

I also authorize the Somerville Housing Authority to obtain from the local police department, sheriff office, and Federal Bureau of Investigations any or all criminal records that they may have on file in my name. Furthermore, I release the local police department, sheriff office, and Federal Bureau of Investigations and its employees thereof from any liability arising from the release of this information.

Privacy Act Notice, Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 200d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: your income and the amount your family will pay towards rent and utilities. Other uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: you must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Signed under the pains and penalties of perjury:**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse/Co-Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
SHA Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined no more than \$10,000, imprisoned for not more than five years, or both.

Translation and interpretation services are available upon request by appointment only  
Sevis tradiksyon ak intepretasyon disponib si w bezen  
Servicio de traducción e intepretación estan disponibles, con cita, una vez que lo solicite  
Serviço de tradução e interpretação estão disponíveis somente após agendamento





**SOMERVILLE HOUSING AUTHORITY**  
*Federal Privacy Act Statement/Fair Information Practices Act Statement of Rights*

Re: \_\_\_\_\_ SSN/Client ID: \_\_\_\_\_  
**Applicant/Tenant Name**

**FEDERAL PRIVACY ACT STATEMENT**

The U.S. Department of Housing and Urban Development (HUD) will collect and verify information you gave to the SOMERVILLE HOUSING AUTHORITY at application and re-examination. HUD will collect the information on Form HUD-50058. The data it will collect includes name, sex, birth date, Social Security number (SSN), income (by source), assets, certain deductible expenses, and the rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD may use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State, and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543, requires applicants and residents to give Somerville Housing Authority the SSN(s) of household members at least six (6) years old. If you are an applicant and you have been issued or use a SSN(s) and you do not give them to Somerville Housing Authority, then Somerville Housing Authority will be required to deny or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. seq., and the Housing Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to Somerville Housing Authority. If you are an applicant and you fail to give Somerville Housing Authority this information, Somerville Housing Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give Somerville Housing Authority this information, Somerville Housing Authority may have to evict you or withdraw your housing assistance.

**FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS**

Somerville Housing Authority collects information about applicants and tenants 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, local public housing authorities, other regional non-profit housing agencies, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by Somerville Housing Authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing Somerville Housing Authority's use and disclosure of the information it collects. Applications and tenants may give or withhold their permission when requested by Somerville Housing Authority to provide information (subject to the exceptions above); however, failure to permit Somerville 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 voluntarily disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from Somerville Housing Authority about how we collect and use your information.

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 refer to the Somerville Housing Authority's Section 8 Housing Choice Voucher Program Administrative Plan.

I/We have read this Statement and have also received a copy for my/our reference.

\_\_\_\_\_  
**Signature, Head of Household**

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

\_\_\_\_\_  
**Signature, Head of Household**

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