CHURCHILL HOMES I & II
An Equal Opportunity/Affirmative Action Agency
334 Elm Street, Holyoke, MA 01040-3798
Telephone (413) 539-2200 Fax (413) 539-2227

Control #_____

Specify B/R Size 1 2 3 4 5 6

Type of Housing Assistance you are applying for: a. Family ☐ b. Elderly/Handicapped ☐ c. Handicapped ☐ d. MRVP ☐

HOUSING WAITING LIST PRE- APPLICATION

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page.

Head of Household (legal name) **Last:**	**First**	**M.I.**	**Sex M/F** ___	**Social Security #** - -	**DOB** / /	**Age** ___

Current Address:				
	Street Name & Number	**City**	**State**	**Zip Code**

Telephone Number:		E-mail

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or handicapped. If handicapped, your handicap must be other than a history of alcohol or substance abuse. Physician's verification of handicap status forms are available upon request.

Do you legally reside in the City of Holyoke? Yes ☐ No ☐ Are you a citizen? Yes ☐ No ☐
Proof of residency - provide one of the following: copy of current lease, electric bill, tax bill (property) or telephone bill

If working, is your place of employment located in the City of Holyoke? Yes ☐ No ☐ If yes, provide Name & Address of employer.

Employer Name **Address** **City,** **State,** **Zip Code**

HOUSEHOLD COMPOSTION: List everyone who will occupy the apartment – INCLUDE YOURSELF

#	ADULTS (legal name) (first, middle, last)	Social Security #	Relationship to Head of Household	Sex F/M	Date of Birth	Age	Indicate if Married (M) Widowed (W) Separated (S) Divorced (D)
1			HOH		/ /		
2					/ /		
3					/ /		
4					/ /		

#	CHILDREN (name as it appears on SS card)	Social Security #	Relationship to Head of Household	Sex F/M	Date of Birth	Age	School Name
1					/ /		
2					/ /		
3					/ /		
4					/ /		
5					/ /		
6					/ /		

Is a change in family composition expected? Yes ☐ No ☐ If yes, what type of changes? _____ When?_____
Are you applying for housing as a handicapped individual? Yes ☐ No ☐ If yes, do you require an accommodation? Yes ☐ No ☐
VETERAN STATUS: Are you a military veteran? If so, please provide a copy of your honorable discharge with this application.
Do you claim any of the following local preferences?
FEDERAL:

- ☐ Resident, Working Veteran - RWV
- ☐ Resident, Working - RW
- ☐ Resident, Veteran - RV
- ☐ Resident - R
- ☐ Non-Resident, Working Veteran – NRWV
- ☐ Non-Resident, Working - NRW
- ☐ Non-Resident, Veteran – NRV
- ☐ Non-Resident – NR

STATE:

- ☐ Homeless due to Displacement by Natural Forces
- ☐ Homeless due to Displacement by Public Action (Urban Renewal)
- ☐ Homeless due to Displacement by Public Action (Sanitary Code Violations)
- ☐ Emergency Case under the Emergency Case Plan established by the HHA, pursuant to 760 CMR 5.11
- ☐ AHVP Participant
- ☐ Transfer for Good Cause
- ☐ Standard Applicant
- ☐ Local Veteran
- ☐ Local Resident

Race: (Optional Section)
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White

Ethnicity:
☐ Hispanic/Latino
☐ Non-Hispanic/Latino

Do you require any modifications in order to fully utilize the unit or the program and its services?
☐ Yes If yes, explain below
☑ No

_____

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments, (SSI), Workmen's Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, all other sources.

LIST AMOUNTS RECEIVED BELOW:

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	TANF	MONTHLY CHILD SUPPORT	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1							
2							
3							
4							
5							

Did you file a Federal income tax return for the most recent year? _____ Yes ☐ No ☐
Does anyone outside of your household pay any of your bills or expenses? Yes ☐ No ☐ If yes: Explain below:

_____

EXPENSES:

Extraordinary expenses required by employer	$
Expense for care of children or sick, incapacitated person if necessary to employment	$
Non-reimbursed medical expenses	$
Alimony or child support payments	$
Health insurance	$
Other	$

ASSETS; List all assets for everyone who will live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. Do not include clothing, furniture or automobiles.

Household Member	Asset Type	Asset Value	Income Imputed Income
		$	$
		$	$
		$	$
		$	$

Has any person listed on this application ever been a former tenant of the Holyoke Housing Authority? Yes ☐ No ☐ If yes, state name of development and date of residency _____ _____
Name of Development Date of Residency

Are you a board member, employee or a member of the immediate family of an employee or board member of this housing authority? Yes ☐ No ☐ (if so, this will not necessarily disqualify your application)
Have you or any member of your household ever received housing assistance from any other Housing Agency or Rental Assistance Program? Yes ☐ No ☐
If yes:
Name of Head of Household at that time: _____
Relation to present applicant: _____
Name of Housing Agency/Rental Assistance Program: _____
Move Out Date: _____ Reason for Move: _____
When you moved out were you in compliance with the lease and other program requirements? Yes ☐ No ☐ If NO, please explain:

_____

_____

Do you have any pets? Dog ☐ Cat ☐ Other ☐ None ☐ Please check any that apply.
The Authority has received a pet waiver to allow pet ownership in State-aided housing for the elderly. A copy of the pet policy guidelines and pet rider is available upon request.

Does any member in your household own a car?

Make of Car _____ Year _____ License Plate # _____
Make of Car _____ Year _____ License Plate # _____

CRIMINAL RECORDS: Pursuant to 803 CMR 5.05 (1) the HHA will obtain criminal offender record information (CORI) for all applicants and household members 17 years of age and older.

Have you or any member of your family who live in the unit been convicted of a crime? Yes ☐ No ☐
If YES, please explain: _____

_____

_____

Do you or any member of your household who will live in the unit have any criminal matters pending? Yes ☐ No ☐
If YES, please explain: _____

_____

_____

Are you or any member of your household who will live in the unit subject to a lifetime sex offender registration requirement in any state? NO_____ Yes_____

If yes, who _____
Failure to truthfully respond to the above question may jeopardize approval for housing.

REFERENCES: List two references. These should not be relatives or household members.

1. NAME _____
   ADDRESS _____
   CITY _____ STATE _____ ZIP _____ TEL. NO. _____
2. NAME _____
   ADDRESS _____
   CITY _____ STATE _____ ZIP _____ TEL NO. _____

The Holyoke Housing Authority is an equal opportunity agency. We will not tolerate discrimination because of race, color, sex, national origin, or physical or mental handicaps. All applicants are welcome to submit application for housing and/or employment.

APPLICANT'S CERTIFICATION:

FPH - FEDERAL PUBLIC HOUSING
I understand that this application is not an offer of housing. I understand that the Holyoke Housing Authority will make no more than one offer of an appropriate conventional unit. If the offer is for a unit in the Federal Public Housing program and I do not accept that offer, I will lose any priority or preference status and my application will be put at the bottom of the waiting list. Upon the refusal of a third unit, the applicant will be removed from the waiting list.

MPH – MASSACHUSETTS PUBLIC HOUSING
I understand that this application is not an offer of housing. I understand that the Holyoke Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list, and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a 3-year period.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Holyoke Housing Authority. **I understand that it is my responsibility to inform the Holyoke Housing Authority in writing of any change of address, income, or household composition.** I authorize the Holyoke Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application. I understand that the Holyoke Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

_____ _____
Applicant's Signature Date

_____ _____
Interviewer/Reviewer's Signature Date

Attachment A

OMB Control # 2502-0581
Exp. 07/31/2012

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant **Date**

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

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

Holyoke Housing Authority

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION AGENCY
ADMINISTRATION BUILDING, 475 MAPLE STREET, Ste 1
HOLYOKE, MA 01040-3798
TELEPHONE 413-539-2220, FAX 413 –539-2227

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0286
Exp. 06/30/2017

THIS IS AN IMPORTANT NOTICE. PLEASE HAVE IT TRANSLATED.
Este es un aviso importante. Sírvase mandarlo traducir.

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

(1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.

(2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or

(3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. **Date the written request is received by victim:** _____

2. **Name of victim:** _____

3. **Your name (if different from victim's):**_____

4. **Name(s) of other family member(s) listed on the lease:**_____

_____

5. **Residence of victim:** _____

6. **Name of the accused perpetrator (if known and can be safely disclosed):**_____

_____

7. **Relationship of the accused perpetrator to the victim:**_____

8. **Date(s) and times(s) of incident(s) (if known):**_____
_____

10. **Location of incident(s):**_____

In your own words, briefly describe the incident(s):
_____
_____
_____
_____

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

CERTIFICACIÓN DE VIOLENCIA DOMÉSTICA, VIOLENCIA DE PAREJA, AGRESIÓN SEXUAL O ACOSO, Y DOCUMENTACIÓN ALTERNATIVA

Departamento de Vivienda y Desarrollo Urbano de los EE.UU.

Núm. de aprobación de OMB 2577-0286
Expira 30/06/2017

Propósito del formulario: La Ley sobre la Violencia contra la Mujer (VAWA, por sus siglas en inglés) protege a los solicitantes, inquilinos y participantes de ciertos programas de HUD de ser desalojados, denegados asistencia de vivienda o la terminación de su asistencia de vivienda por razón de actos de violencia doméstica, violencia de pareja, agresión sexual o acoso en su contra. A pesar del nombre de esta ley, las protecciones de VAWA están disponibles para las víctimas de violencia doméstica, violencia de pareja, agresión sexual y acoso independientemente del sexo, identidad de género u orientación sexual.

Uso de este formulario opcional: Si está solicitando las protecciones proporcionadas por VAWA de su proveedor de vivienda, su proveedor de vivienda puede darle una solicitud por escrito que le pide que presente documentación sobre el incidente o incidentes de violencia doméstica, violencia de pareja, agresión sexual o acoso.

En respuesta a tal petición, usted o alguien en su nombre puede completar este formulario opcional y presentarlo a su proveedor de vivienda, o usted puede presentar uno de los siguientes tipos de documentación de terceros:

(1) Un documento firmado por usted y un empleado, agente o voluntario de un proveedor de servicios para víctimas, un abogado, o un profesional médico o un profesional de salud mental (colectivamente, "profesional") de quien usted ha solicitado ayuda en relación con el incidente de violencia doméstica, violencia de pareja, agresión sexual o acoso, o los efectos del abuso. El documento debe especificar, bajo pena de perjurio, que el profesional cree que el incidente o incidente de violencia doméstica, violencia de pareja, agresión sexual o acoso ocurrió y cumple con la definición de "violencia doméstica", "violencia de pareja", "agresión sexual", o "acoso" en las regulaciones de HUD en 24 CFR 5.2003.

(2) Un registro de una agencia policial, administrativa o corte federal, estatal tribal, territorial o local; o

(3) A discreción del proveedor de vivienda, una declaración u otra evidencia proporcionada por el solicitante o inquilino.

Presentación de la documentación: El plazo para presentar la documentación es de 14 días laborables a partir de la fecha que usted recibe una solicitud por escrito de su proveedor de vivienda pidiéndole que presente documentación del incidente de violencia doméstica, violencia de pareja, agresión sexual o acoso. Su proveedor de vivienda puede, aunque no está obligado, extender el plazo para presentar la documentación, si usted solicita una extensión del plazo. Si la información solicitada no es recibida dentro de 14 días laborables a partir del momento en que recibió la solicitud de dicha documentación, o de la extensión de la fecha proporcionada por su proveedor de vivienda, su proveedor de vivienda no tiene necesidad de proporcionarle ninguna de las protecciones de VAWA. La distribución o expedición de este formulario no constituye una solicitud por escrito de certificación.

Confidencialidad: Toda la información proporcionada a su proveedor de vivienda con respecto al incidente(s) de violencia doméstica, violencia de pareja, agresión sexual o acoso se mantendrá en confidencialidad y tales detalles no se ingresarán en ninguna base de datos compartida. Los empleados de su proveedor de vivienda no deben tener acceso a estos detalles a menos que sea para concederle o denegarle las protecciones de VAWA, y dichos empleados no podrán revelar esta información a ninguna otra entidad o persona, salvo en la medida en que su divulgación sea: (i) bajo su consentimiento por escrito para divulgación por un tiempo limitado; (ii) requerida para uso en un proceso de desalojo o audiencia relacionada con la terminación de asistencia; o (iii) de algún otro modo exigido por las leyes aplicables.

PARA COMPLETARSE POR O EN NOMBRE DE LA VÍCTIMA DE VIOLENCIA DOMÉSTICA, VIOLENCIA DE PAREJA, AGRESIÓN SEXUAL O ACOSO

1. Fecha en que la víctima recibió la solicitud por escrito: _____

2. Nombre de la víctima: _____

3. Su nombre (si usted no es la víctima): _____

4. Nombre(s) de otro(s) miembro(s) de la familia en el contrato de arrendamiento: _____

_____

5. Residencia de la víctima: _____

6. Nombre del acusado (si se conoce y se puede divulgar con seguridad): _____

_____

7. Relación del acusado con la víctima: _____

8. Fecha(s) y hora(s) del (los) incidente(s) (si las sabe): _____

_____

10. Lugar del (los) incidente(s): _____

En sus propias palabras, describa brevemente el (los) incidente(s):

_____

_____

_____

_____

Esto es para certificar que la información proporcionada en este formulario es verdadera y correcta de acuerdo con mi mejor saber y entender, y que la persona mencionada anteriormente en el Número 2 es o ha sido víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso. Yo reconozco que presentar información falsa podría poner en peligro mi elegibilidad del programa y podría ser la base para denegar la admisión, terminar la asistencia o el desalojo.

Firma _____Firmado el (Fecha) _____

Carga de divulgación pública: La carga de divulgación pública para recopilar esta información se estima en un promedio de 1 hora por respuesta. Esto incluye el tiempo para recopilar, revisar e informar los datos. La información proporcionada debe ser utilizada por el proveedor de vivienda para solicitar la certificación de que el solicitante o inquilino es víctima de violencia doméstica, violencia de pareja, agresión sexual o acoso. La información está sujeta a los requisitos de confidencialidad de VAWA. Esta agencia no puede recopilar esta información, y usted no tiene la obligación de completar este formulario, a menos que muestre un número de control válido de la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés).