



SLI
RESIDENTIAL

Supportive Living Inc. | Brain Injury Programs

**FOR SUPPORTIVE LIVING INC
ONLY**

Date Received: _____

Time Received: _____

Application Number: _____

Name: _____

Address (Full): _____

Please Indicate what property you are applying to:

_____ SLI Douglas House

_____ SLI Warren House

_____ SLI McLaughlin House

Instructions: Please follow carefully – Incomplete applications will be returned

- 1. Complete all areas:** If an item does not apply to you, mark "N/A" on that line.
- 2. Contained are the following forms in addition to the housing application, which must be completed and signed by each adult applicant:**
 - a. Criminal Offender Record Information Request (CORI)
 - b. Criminal & Sex Offender Background Information
 - c. Document Package for Applicant's/Tenant's Consent to the Release of Information (6 Pages)
 - d. Race and Ethnic Data Form
 - e. Social Security Admin-Consent for Release of Information
 - f. MA SSP Recipient Record and Information Release
 - g. Contact Information for HUD Assisted Housing Applicants (HUD form 92006)
 - h. Declaration of Section 214 Status Forms
 - i. Advocates Inc. Application for Services
- 3. In addition to the documents listed above, please make sure that the following items are included in your application submission to Supportive Living Inc.**
 - a. Copy of Social Security Card -The government requires that all applicants, except those who are not US citizens who do not claim eligible immigration status, submit a copy of their social security card with the attached housing application.
 - b. Picture Identification
 - c. Copy of Birth Certificate
 - d. Guardianship Paperwork



e. Verification of Income, which includes any of the following:

1. Social Security Award Letter
2. Welfare Award Letter
3. Employment Verification (6 Check stubs)
4. Veterans Award Letter
5. Bank Statements (Most current 6-month statements for checking Account. Most current for Savings Account)

4. Please send your application to:

**Stephanie DeSilva – sdesilva@supportivelivinginc.org
Supportive Living Inc.
Woburn, MA. 01801
781-937-3199**

Application for HUD Assisted Housing

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy—they must be able to pay rent, to care for their apartment, to report required information to Supportive Living to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Supportive Living Inc. is a management company that provides low rent housing to eligible households. Supportive Living Inc is not permitted to discriminate against applicants based on their race, color, religion, sex, national origin, disability handicap or familial status. In addition, Supportive Living Inc has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member have a disability.
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital or familial status. HUD applicants may file any complaints of discrimination to the U.S. Department of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC20410.

Supportive Living Inc does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



A. APPLICANT SUMMARY

Last Name:		First Name:		Middle Initial:	Social Security Number (SSN):
Present Address (if you live in a shelter, provide the address of the shelter):					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					<input type="checkbox"/> Check this box if you do not have a Social Security Number. *see below
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other					Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Primary Phone Number:		Date of Birth:		Is the Head of Household, Co-Head or Spouse disabled?	
() - - - - -				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Secondary Phone Number:		Place of Birth:		Email:	
() - - - - -					

- Are you, or any members of your household related to any members of the Board of Directors or Staff of Mainstay? ☐ YES ☐ NO
 - Do you presently work? ☐ YES ☐ NO
 - When did you begin living at your current address? _____
 - Do you need a wheelchair accessible apartment/unit? ☐ YES ☐ NO
 - Number of Bedrooms needed (choose one): ☐ Studio ☐ One Bedroom
 - Will you take an apartment/unit when one is available? ☐ YES ☐ NO
 - How did you hear about the apartment/unit for which you are applying? _____
 - Does anyone in your household own a car? ☐ YES ☐ NO
- If YES:
- Make of car: _____ Year: _____ Registration #: _____
- Make of car: _____ Year: _____ Registration #: _____
- Do you own a pet? ☐ YES ☐ NO
- If YES: Type of pet: _____ Weight of pet*: _____

*-Dogs will be limited to a size not to exceed 30 lbs.

* Applicants who do not have a Social Security Number who were 62 or older as of January 31, 2010, and were receiving rental assistance from the department of Housing & Urban development at another location on January 31, 2010, may qualify for the exemption from disclosing and providing verification of a Social Security Number.



B. HOUSING PREFERENCE

From the list below, check the box next to the community where you would like to live. Please do not choose a community unless you think you would really live there. Only check properties that have apartments appropriate for your household size. If you select a property from the list below that you are not eligible to occupy, you will not be added to that waiting list. Mainstay will make the final determination of eligibility based on the information that you are providing in this application.

Note: To be eligible for elderly housing, you must be at least 62 years of age or older.

Choose one:	Community	Address
	SLI Warren House	
	SLI Douglas House	
	SLI McLaughlin	

C. HOUSEHOLD COMPOSITION -List all persons, including yourself, who will be living in the apartment. List head of household first.

Name	Relationship	Gender*	Soc Sec #	Birth Date	Place of Birth
	Head				

***Note: providing information on gender is optional unless needed to determine unit size or eligibility**

Do you anticipate any changes in household composition in the next twelve months? ☐ YES ☐ NO

If yes, explain:

D. REFERENCE INFORMATION

1. Landlord References- Please list Landlord references for ALL Adults in Household (Attach a sheet of paper if space is needed)

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Business Phone:	
	Dates of Occupancy:	_____ to Present
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Business Phone:	
	Dates of Occupancy:	_____ to _____
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Business Phone:	
	Dates of Occupancy:	_____ to _____

2. Personal References- Please list Personal References for ALL Adults in Household (THESE MUST BE NON-FAMILY MEMBERS.)



Personal Reference #1:		
Address:		
Relationship:	Phone #:	
Personal Reference #2:		
Address:		
Relationship:	Phone #:	
Personal Reference #3:		
Address:		
Relationship:	Phone #:	

3. Emergency Contact		
In Case of Emergency Notify:		
Address:		
Relationship:	Phone #:	Cell #:
Email:		

E. INCOME- List ALL sources of income as requested below. All sources of regularly received monies must be listed regardless of a recipient's age. If a section doesn't apply, write "N/A"

Household Member Name	Source of Income		Gross Monthly Amount
	Social Security	Claim #:	\$
	Social Security	Claim #:	\$
	SSI Benefits		\$
	SSI Benefits		\$
	Pension	Provider:	\$
	Address:		
		Claim #:	
	Pension	Provider:	\$
	Address:		
		Claim #:	
	Veteran's Benefits	Claim #:	\$
	Veteran's Benefits	Claim #:	\$
	Unemployment Compensation		\$
	Unemployment Compensation		\$
	TANF- Welfare		\$
	TANF- Welfare		\$
	Full- Time Student Income (18+ only)		\$
	Interest Income	Source:	\$



	Interest Income	Source:	\$
	Employment		\$
	Employer:		
	Employer Name and Address:		
	Position Held:		
	Length of Employment:		
	Employment		\$
	Employer:		
	Employer Name and Address:		
	Position Held:		
	Length of Employment:		

	Alimony	
	Are you legally entitled to receive alimony?	YES NO
	If yes, list the amount you are entitled to receive.	\$
	Do you receive non-cash compensation or recurring gifts (including monies received regularly from trusts)?	YES NO
	If yes, how much do you receive?	\$
	Other income	Source: \$
	Other income	Source: \$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> YES <input type="checkbox"/> NO

F. ASSETS

Have you sold or given away any assets for less than fair market value over the last 5 years? ☐ Yes ☐ No

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/disposed \$_____ Amount sold/disposed for \$_____ Date of transaction _____

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate	Int. Rate
Balance \$	Balance \$

Savings Accounts

Bank	Bank
Address	Address



Account No.		Account No.	
Int. Rate	Balance \$	Int. Rate	Balance \$

Certificates of Deposit

Bank			Bank		
Address			Address		
Acct. #	Int Rate	Amt. \$	Acct. #	Int Rate	Amt. \$
Penalty for Early Withdrawal		Maturity Date	Penalty for Early Withdrawal		Maturity Date

Stocks

IRA's/401-K's

Name		Bank	
Address		Address	
Value \$	Div. Rate	Value \$	Div. Rate

Bonds

Trust Accounts

Bank		Bank	
Address		Address	
Present Value \$		Account No.	
Maturity Date		Int. Rate Balance \$	

Real Estate

Do you own any property? ☐ Yes ☐ No

If yes, type & location of property _____

Appraised market value \$ _____ Mortgage or outstanding loan due \$ _____

Income earned from this property \$ _____

Name & address of broker/realtor who would provide verification of market value (Please attach fair market value : _____

Name of Broker/Realtor:		Phone #:	
Address:			
City:	State:	Zip:	

G. MEDICAL EXPENSES

FOR ELDERLY, DISABLED APPLICANTS ONLY

Medical Costs - Complete only if head or spouse is 62 or older, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed.

You will have to document these expenses in order for them to be considered.



Medicare Expense

Monthly Amount \$	Monthly Amount \$
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Medical Insurance Expense

Name	Name
Address	Address
Claim No.	Claim No.
Monthly Amt. \$	Monthly Amt. \$

Pharmacy Expense

Name	Name
Address	Address
Anticipated prescription costs- Monthly Amount \$	Anticipated prescription costs- Monthly Amount \$

Physician Expense

Name	Name
Address	Address
Anticipated costs- Monthly Amount \$	Anticipated costs- Monthly Amount \$

Outstanding Medical Bills for which You are Making Monthly Payments

Name	Name
Address	Address
Anticipated costs - Balance Due \$	Anticipated costs - Balance Due \$
Monthly Amount \$	Monthly Amount \$

H. ADDITIONAL INFORMATION

- Are you or any member of your family currently using an illegal substance? ☐ Yes ☐ No
- Have you or any member of your family ever been convicted of a felony? ☐ Yes ☐ No

If yes, please describe: _____

- Have you are any member of your family been convicted of a misdemeanor? ☐ Yes ☐ No

If yes, please describe: _____

1. Have you or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? ☐ Yes ☐ No
2. Do you lack a fixed nighttime residence? ☐ Yes ☐ No
3. Are you fleeing or attempting to flee violence? ☐ Yes ☐ No
4. Have you ever been served a Notice to Quit or been asked to leave by a previous landlord? ☐ Yes ☐ No
5. Have you ever served with lease violations from a previous landlord? ☐ Yes ☐ No
6. Have you ever been evicted? ☐ Yes ☐ No



7. Have you or any household member been evicted from federally assisted housing for drug-related criminal activity? ☐ Yes ☐ No

If you checked "Yes" for any of the above questions 1-7, please explain the circumstances on an attached sheet of paper and identify property & landlord.

List all states, other than the one that you reside in now, in which you have ever lived.

CERTIFICATION

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the Department of Housing and Urban Development's eligibility criteria and Mainstay resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

PENALTIES FOR MISUSING THIS FORM:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, Mainstay, and any owner (or any employee of HUD, Mainstay or the owner) 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 this verification form is restricted to the purposes cited above. 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, Mainstay, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Authorization

I/we do hereby authorize Mainstay and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Applicant _____

Spouse/Co-Tenant _____

Signed under the pains and penalties of perjury on
this date: _____





Mainstay

SUPPORTIVE HOUSING & HOME CARE

CERTIFICATION/RECERTIFICATION QUESTIONNAIRE

Name of Applicant: _____

DOES YOUR HOUSEHOLD HAVE ANY OF THE FOLLOWING INCOME/ASSETS WHICH WE HAVE NOT ALREADY DISCUSSED AND/OR CERTIFIED:

- | | YES | NO |
|---|-------|-------|
| 1. Are you or any member of your household subject to a lifetime state sex offender registration program in any state? | _____ | _____ |
| 2. Do you have any of the following? | | |
| Checking Accounts----- | _____ | _____ |
| Savings Accounts----- | _____ | _____ |
| Money Market Funds----- | _____ | _____ |
| Trusts (If yes, is the trust irrevocable?)----- | _____ | _____ |
| IRA/Keogh Accts. or Other Capital Retirement Accts.--- | _____ | _____ |
| Stocks/Bonds----- | _____ | _____ |
| Certificates of Deposit----- | _____ | _____ |
| Equity in Rental Property or Other Capital Invest. | _____ | _____ |
| Personal Property held as an Investment----- | _____ | _____ |
| Other Accounts not listed above----- | _____ | _____ |
| Cash Held (Safety Deposit Boxes, etc.)----- | _____ | _____ |
| Life Insurance | _____ | _____ |
| 3. Have you received any lump sum payments such as: | | |
| Inheritances----- | _____ | _____ |
| Lottery Winnings----- | _____ | _____ |
| Insurance Settlements (health, accident, Workers Compensation, etc.)----- | _____ | _____ |
| Capital Gains----- | _____ | _____ |
| Social Security Benefits, Unemployment Comp., etc.--- | _____ | _____ |
| Other----- | _____ | _____ |
| 4. Have you disposed of any assets for less than Fair Market Value in the past five years? (Please complete the Divestiture of Asset form.) | _____ | _____ |
| 5. Are any assets held jointly with other person(s)? | _____ | _____ |
| Describe: _____ | | |





YES NO

6. Do you receive periodic income such as:
- | | | |
|--|-------|-------|
| Employment – (Attach 6 recent check stubs)----- | _____ | _____ |
| Retirement Funds----- | _____ | _____ |
| Pension----- | _____ | _____ |
| Social Security Income----- | _____ | _____ |
| (Attach a current Social Security Award Letter) | | |
| Annuities----- | _____ | _____ |
| Insurance Policies----- | _____ | _____ |
| Disability or Death Benefits----- | _____ | _____ |
| Other----- | _____ | _____ |
7. Do you regularly receive monetary gifts or non-cash contributions from persons outside your household?
- If yes, Amount _____
- Please Describe _____
- _____
- _____
8. Have you listed any household members who will be permanently absent from the unit ?
- _____
9. Has the employment status of any household member(s) changed?
- _____
10. Are there any Live-In Care attendants?
- _____
11. Are you, or any members of your household a full or part-time student, or planning to become a student within the next twelve months (full or part-time)?
- _____

I/WE CERTIFY THAT I/WE HAVE BEEN ASKED THE ABOVE STATEMENTS AND THEY ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT IT IS MY/OUR RESPONSIBILITY TO REPORT TO MANAGEMENT SUCH CHANGES IN INCOME AND ASSETS WHENEVER THEY OCCUR. SUBMITTAL OF FALSE STATEMENTS OF INFORMATION IS PUNISHABLE UNDER FEDERAL LAW.

Head of Household _____ Date _____

Spouse/ (Co-Head)	Date
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Mainstay Supportive Housing & Home Care

Mainstay does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.





Mainstay

SUPPORTIVE HOUSING & HOME CARE

Previous Landlord References

To Current/Prior Landlord: _____

From: Mainstay Supportive Housing & Home Care
Property Management Department
29 Crafts Street, Suite 260
Newton, MA 02458

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE.

Subject: Verification of Information supplied by the applicant listed below for Housing Assistance

Applicant's
Name and Address: _____

The person named above has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

Landlord – Please complete all the following information

Dates of Occupancy: From _____ To: _____ Current rent amount: \$ _____
Rent due date: _____ Is rent subsidized? _____
If subsidized, amount \$ _____ Who pays subsidy? _____
Lease expiration Date: _____
Does rent include utilities or allowances? _____
Amount of utilities or allowances included in rent \$ _____
List all names occupying the property:

RENTAL HISTORY DURING THE LAST 12 MONTHS:

(Please check one)

☐ Always pay by the due date

Previous Landlord References - continued

CURRENT STATUS OF RENT:

Current? ☐ Behind? ☐

Amount behind: \$ _____





Mainstay

SUPPORTIVE HOUSING & HOME CARE

☐ Pays over 30 days late: (Dates of Occurrences; _____)

Date last paid: _____

Next due date: _____

☐ Generally stays behind schedule

Have you had any problems with this resident? ☐ yes ☐ no

If yes please explain: _____

Violation of House Rules ☐ yes ☐ no

Violations of Lease ☐ yes ☐ no

History of disruptive behavior ☐ yes ☐ no

Housekeeping habits: _____

Termination of Assistance? ☐ yes ☐ no

Previous Evictions? ☐ yes ☐ no

Convictions involving the illegal manufacture or distribution of a controlled substance? ☐ yes ☐ no

Convictions involving the illegal use of a controlled substance? ☐ yes ☐ no

Landlord's

Signature: _____ Date: _____

=====

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

=====

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

X

SIGNATURE

DATE

=====

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) 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 this verification form is restricted to the purposes cited above. 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408, f, g and h.

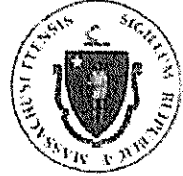
=====

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THE COMMONWEALTH OF MASSACHUSETTS
Division of Banks
1000 Washington Street 10th Floor, Boston, MA 02118
TEL 617-956-1500 | TDD 617-956-1577 | FAX 617-956-1599
MASS.GOV/DOB



Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing and housing purposes.

Mainstay Supportive Housing & Home Care is registered under the provisions of M.G.L. c6, § 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.

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 **Mainstay Supportive Housing & Home Care** 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 **Mainstay Supportive Housing & Home Care** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY:

Mainstay Supportive Housing & Home Care may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however that **Mainstay Supportive Housing & Home Care** 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 of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
Division of Banks
1000 Washington Street, 10th Floor, Boston, MA 02118
TEL. 617-956-1500 | TDD: 617-956-1577 | FAX. 617-956-1599
MASS.GOV/DOB



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.

* 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: _____ -- _____ ☐ No 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



Mainstay

SUPPORTIVE HOUSING & HOME CARE

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

1. Have you been evicted from federally assisted site for drug related criminal activity within the past three years? ☐ Yes ☐ No

Please Explain: _____

2. Do you currently use illegal drugs or abuse alcohol? ☐ Yes ☐ No

Please Explain: _____

3. Are you currently subject to a lifetime registration requirement under state sex offender registration program? ☐ Yes ☐ No

Please Explain: _____

4. Have you been convicted of any drug related crime within the past three years? ☐ Yes ☐ No

Please Explain: _____

5. Have you been convicted of any felony within the past five years? ☐ Yes ☐ No

Please Explain: _____

6. Have you been convicted of any crime involving fraud or dishonesty within the past 3 years? ☐ Yes ☐ No

Please Explain: _____

7. Have you been convicted of any crime involving violence within the past three years? ☐ Yes ☐ No

Please Explain: _____

8. Are you currently charged with any of the above criminal activities? ☐ Yes ☐ No

Please Explain: _____

9. Please list all states in which you have lived or have held licenses to drive, please include drivers license numbers.

Please Provide: _____

10. Have you ever used or been known by any other name? ☐ Yes ☐ No

Please Provide: _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Mainstay Supportive Housing & Home Care to a public housing authority or to an agency contracted by Mainstay Supportive Housing & Home Care, to conduct a criminal background check.

Applicants Name (Please Print) _____

Applicants Signature: _____ Date: _____

Last six digits of Applicants Social Security #: _____ Applicants Date of Birth: _____



**Document Package for
Applicant's/Tenant's Consent
to the
Release Of Information**

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

(✓)

Applicant/Tenant Signature

Date

Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD)
and an Owner and Management Agent (O/A) and to a Public Housing
Agency (PHA)

U. S. Department of Housing
And Urban Development
Office of Housing
Federal Housing Commissioner

HUD Office requesting release of information
(Owner should provide the full address of the
HUD Field Office, Attention: Director,
Multifamily Division):
Boston Regional Office
Thomas P. O'Neill, Jr. Federal Building
10 Causeway Street, 3rd Floor
Boston, MA 02222-1092

O/A requesting release of information (Owner
should provide the full name and address of
the Owner.):
MHPI
c/o Mainstay Supportive Housing & Home Care
29 Crafts Street, Suite 260
Newton, MA 02458

~~PHA requesting release of information (Owner should
provide the full name and address of the PHA and the
title of the director or administrator. If there is no PHA
Owner or PHA contract administrator for this project
mark an X through this entire box.)
«contract_admin_address1» «contract_admin_address2»
«contract_admin_city» «contract_admin_state»
«contract_admin_zip»~~

Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance. 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 PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

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

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202: Sections 202 and 811 PRAC, Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures

(✓)

Head of Household

Date

(✓)

Spouse

Date

(✓)

Other Family Member 18 and over

Date

(✓)

Other Family Member 18 and over

Date

Additional Signatures, if needed

(✓)

Other Family Member 18 and over

Date

(✓)

Other Family Member 18 and over

Date

(✓)

Other Family Member 18 and over

Date

(✓)

Other Family Member 18 and over

Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099-INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify 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. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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, the O/A, or the PHA responsible for the unauthorized disclosure or improper use.

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 &
4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887-A (02/2007)

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U. S. Department of Housing
And Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that

you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled, and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed.

The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of applicant or Tenant (Print)

(✓)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Mainstay Supportive Housing & Home Care

Name of Project Owner or his/her representative

Occupancy Specialist

Title

Signature & Date

Date:

cc: Applicant/Tenant

Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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, the O/A, or the PHA responsible for the unauthorized disclosure or improper use.

Original is retained on file at the project site

ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 &
4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887-A (02/2007)

Citizen/Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) 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 this verification form is restricted to the purposes cited above. 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



Citizen/Non-citizen Declaration

DECLARATION

I, _____ hereby declare, under

penalty of perjury, that I am _____

(print or type first name, middle initial, last name):

☐ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
 - (a) United States (U.S.) Passport
 - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
 - (a) U.S. Birth Certificate
 - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
 - (c) U.S. Citizen ID card issued by USCIS
 - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (e) Certificate of Citizenship issued by USCIS
 - (f) American Indian card issued by USCIS for the Kickapoo tribe
 - (g) Final Adoption Decree
 - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
 - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - (k) Extract of U.S. hospital birth record established at the time of birth
 - (3) Proof of Identity includes
 - (a) Driver's License
 - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
 - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
 - (d) Day care or nursery record (minors only)
 - (e) School record or report card (under 16 only)
 - (f) School ID with picture
 - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature

Date

☐ Check here if adult signed for a child.



Citizen/Non-citizen Declaration

- ☐ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

- c. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207";
 - b. "Section 208" or "Asylum";
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature _____

Date _____

- ☐ Check here if adult signed for a child.



Citizen/Non-citizen Declaration

EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

☐ Check here if adult signed for a child.



**Race and Ethnic Data
Reporting Form**

U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property	Project No.	Address of Property
Mainstay Supportive Housing & Home Care		
Name of Owner/Managing Agent	Type of Assistance or Program Title:	
Name of Head of Household	Name of Household Member	

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature _____

Date _____

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (*Signifies a required field. **Please complete these fields in case we need to contact you about the consent form)

TO: Social Security Administration

*My Full Name

*My Date of Birth
(MM/DD/YYYY)

*My Social Security Number

I authorize the Social Security Administration to release information or records about me to:

*NAME OF PERSON OR ORGANIZATION:

Mainstay Supportive Housing & Home Care

*ADDRESS OF PERSON OR ORGANIZATION:

29 Crafts Street, Suite 260

Newton, MA 02458

*I want this information released because: I have applied or am receiving housing assistance under HUD
We may charge a fee to release information for non-program purposes.

*Please release the following information selected from the list below:

Check at least one box. We will not disclose records unless you include date ranges where applicable.

1. ☐ Verification of Social Security Number
2. ☐ Current monthly Social Security benefit amount
3. ☐ Current monthly Supplemental Security Income payment amount
4. ☐ My benefit or payment amounts from date _____ to date _____
5. ☐ My Medicare entitlement from date _____ to date _____
6. ☐ Medical records from my claims folder(s) from date _____ to date _____
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
7. ☐ Complete medical records from my claims folder(s)
8. ☐ Other record(s) from my file (We will not honor a request for "any and all records" or "the entire file." You must specify other records: e.g., consultative exams, award/denial notices, benefit applications, appeals, questionnaires, doctor reports, determinations.)

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

*Signature: _____

*Date: _____

**Address: _____

**Daytime Phone: _____

Relationship (if not the subject of the record): _____

**Daytime Phone: _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness	2. Signature of witness
Address(Number and street, City, State, and Zip Code)	Address(Number and street, City, State, and Zip Code)

Instructions for Using this Form

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian, acting on behalf of a minor child, you may complete this form to release only the minor's non-medical records. We may charge a fee for providing information unrelated to the administration of a program under the Social Security Act.

NOTE: Do not use this form to:

- Request the release of medical records on behalf of a minor child. Instead, visit your local Social Security office or call our toll-free number, 1-800-772-1213 (TTY-1-800-325-0778), or
- Request detailed information about your earnings or employment history. Instead, complete and mail form SSA-7050-F4. You can obtain form SSA-7050-F4 from your local Social Security office or online at www.ssa.gov/online/ssa-7050.pdf

How to Complete this Form

We will not honor this form unless all required fields are completed. An asterisk (*) indicates a required field. Also, we will not honor blanket requests for "any and all records" or the "entire file." You must specify the information you are requesting and you must sign and date this form. We may charge a fee to release information for non-program purposes.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the requested information pertains.
- Fill in the name and address of the person or organization where you want us to send the requested information.
- Specify the reason you want us to release the information.
- Check the box next to the type(s) of information you want us to release including the date ranges, where applicable.
- For non-medical information, you, the parent or the legal guardian acting on behalf of a minor child or legally incompetent adult, must sign and date this form and provide a daytime phone number.
- If you are not the individual to whom the requested information pertains, state your relationship to that person. We may require proof of relationship.

PRIVACY ACT STATEMENT

Section 205(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. We will use the information you provide to respond to your request for access to the records we maintain about you or to process your request to release your records to a third party. You do not have to provide the requested information. Your response is voluntary, however, we cannot honor your request to release information or records about you to another person or organization without your consent. We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, the Privacy Act (5 U.S.C. § 552a(b)) permits us to disclose the information you provide on this form in accordance with approved routine uses, which include but are not limited to the following:

1. To enable an agency or third party to assist Social Security in establishing rights to Social Security benefits and or coverage.
2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level.
3. To comply with Federal laws requiring the disclosure of the information from our records; and,
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. We use information from these matching programs to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of incorrect payments or overpayments under these programs. Additional information regarding this form, routine uses of information, and other Social Security programs is available on our Internet website, www.socialsecurity.gov, or at your local Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

**Massachusetts SSI State Supplement Program (SSP)
Request for Access to SSP Recipient Record and Information**

This form is to be completed by an SSP recipient who wishes to authorize another individual to have access to his or her SSP record and information.

Section 1. SSP Client Information:

- Client Name: _____
- Client Date of Birth: _____

Client Address: _____

(number and street) (apartment, PO Box or Rural Route)

(city) (state) (zip code)

- Last Four (4) Digits of Client's SSN: _____

Section 2. Authorization for Access to My SSP Record:

I hereby authorize the individual named below to have access to my SSP record and information. I understand that if I wish to stop this access, I must call SSP Assistance Line at 1-877-863-1128.

- Name: _____

- Address: **Mainstay Supportive Housing & Home Care**
29 Crafts Street **Suite 260**
(number and street) (apartment, PO Box or Rural Route)
Newton **MA** **02458**
(city) (state) (zip code)

- Telephone Number: _____

Section 3. REQUIRED: SSP Client Signature:

_____ Date: _____

Please call the Massachusetts SSP Assistance Line at 1-877-863-1128 if you have any questions about this form. Return completed form to:

**MASSACHUSETTS SSP
P. O. Box 4018
TAUNTON, MA 02780-0315
857-323-8310**

or fax to:



Mainstay

SUPPORTIVE HOUSING & HOME CARE

Date _____

Bank or Financial Institution Verification

Property: _____

Bank Name _____

Re: _____

Bank Address _____

SS#: _____

This person has applied or receives housing assistance under a program of the US Department of Housing & Urban Development. This agency requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. Your prompt return of this information is necessary to assure timely processing of the application or continuation of assistance. Please provide the following information and return to us in the provided self-addressed, stamped envelope. A consent to release this information can be found below or attached to this form. Thank you.

•mgmt_company•

Information Being Requested

Please list all accounts, either individually or jointly. All account #'s may not be listed and some may be incorrect.

Type of Account	Account #	Date Acct Opened	Date Acct Closed	Penalty Charge for Early W/D (If Applicable)	***** Checking Only Average Six (6) Month Balance	Today's Balance	Today's % Rate
						\$	0.00
						\$	0.00
						\$	0.00
						\$	0.00
						\$	0.00

Signature & Title of Person Supplying Info _____

Phone # _____

Date _____

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent. You do not have to sign this form if it is not clear who the requesting organization is or what organization is supplying the information.

(✓)

Applicant Signature _____

Date _____

Please Return By: _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



Mainstay

SUPPORTIVE HOUSING & HOME CARE

Certificate of Disability

Date _____

Re: Applicant Name _____

Applicant Address _____

SS# _____

I, _____, (name of certifying physician) hereby certify to «mgmt_company», that the above named applicant does/does not have a disability which conforms to the following definition (initial appropriate definition below):

A PERSON IS CONSIDERED DISABLED, IF: (1) the following Social Security disability definition is met, OR (2) the individual has a developmental disability as described in paragraph (b) or physical, mental or emotional impairment as described in paragraph (c).

_____ (a) Section 223 of the Social Security Act defines disability as:

"Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months, or,

"In the case of an individual who attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."

_____ (b) Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)) defines developmental disability in functional terms as:

"Severe chronic disability that: (a) is attributable to mental or physical impairment or combination of mental and physical impairments; (b) is manifested before the person attains age 22; (c) is likely to continue indefinitely; (d) results in substantial functional limitation in three or more of the following areas of major life activity: (1) self-care; (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, (7) economic self-sufficiency; and (8) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services which are of lifelong or extended duration and are individually planned and coordinated."

_____ (c) Has a physical, mental or emotional impairment that:

(1) substantially impedes his or her ability to live independently, (2) is of such a nature that ability to live independently could be improved by more suitable housing conditions, and (3) is expected to be of long-continued and indefinite duration.

I certify this _____ of _____, _____

Signature _____

Title _____

Penalties for misusing this consent:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) 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 this verification form is restricted to the purposes cited above. 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, the PHA or the owner responsible for the unauthorized disclosure or improper use.

I hereby authorize the release of the requested information. (✓)

Applicant/Tenant Signature _____

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:	Email Address:
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)		
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Late payment of rent		
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.		
<input type="checkbox"/> 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. 3501-3526). 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) and the name used by HUD to protect disbursement data from fraudulent actions.

WARREN HOUSE
17 Warren Avenue
Woburn, MA

MCLAUGHLIN HOUSE
333 Park Street
North Reading, MA

DOUGLAS HOUSE
7 Oakland Street
Lexington, MA

OLD FARM ROCKPORT
291 Granite Street
Rockport, MA

Advocates, Inc. Application for Services

1. IDENTIFYING INFORMATION

Participant Name: _____ Tel #: () _____

Present
Address _____ City: _____ State: _____ Zip: _____

Diagnosis: _____

Functional Limitations: _____

Current Living Arrangements: Alone () With Others () Other: _____

If living with others, please describe living situation and care needed: _____

Marital Status: (Circle one) S M W D Sep. Sex: M F Birthdate: _____ / _____ / _____

Total Monthly Income: _____ Medicaid Card #: _____

Social Security #: _____ Medicare #: _____

Other Insurance Specify with policy #'s: _____

Subscriber: _____



2. CONTACT INFORMATION

A. Emergency Contact: _____ Tel #: () _____
Address: _____ Relationship: _____

B. Emergency Contact: _____ Tel #: () _____
Address: _____ Relationship: _____

C. Case Manager: _____ Agency: _____
Address: _____ Tel #: () _____

D. Guardian: _____ Tel #: () _____
Address: _____
Referred by: _____ Title: _____ Tel #: () _____
Address: _____

E. Mass Rehabilitation Counselor: _____ Tel #: () _____
Address: _____
Comments: _____

3. MEDICAL INFORMATION

Primary Care Physician: _____ Tel #: () _____
Address: _____

Date of Last Physical: _____

Present Hospital Affiliation: _____

INPATIENT HOSPITALIZATION HISTORY (USE ADDITIONAL PAPER IF NECESSARY)

Facility	Reason for Admission	Admission Date	Discharge Date



OUTPATIENT SERVICES HISTORY (USE ADDITIONAL PAPER IF NECESSARY)

Facility	Reason for Admission	Therapies Used: Physical, Occupational, Speech, Neuropsychological, Psychological, Other... (please specify)	Discharge Date

NURSING HOME, LONG TERM CARE, MENTAL HEALTH FACILITY HISTORY

Admission Date	Facility	Reason for Admission	Discharge Date

MEDICATION SCHEDULE

Medication	Dosage	Purpose	Prescribing Physician	Date Started



Names of other physicians involved with their telephone number:

Neurologist: _____ Tel #: () _____

Neurosurgeon: _____ Tel #: () _____

Psychiatrist: _____ Tel #: () _____

Other physicians involved in your care: _____

Allergies: _____

Any other significant illness or injuries: _____

4. ASSISTANCE IN HOME

Certified Home Health Agency currently using: _____

Address: _____ Tel #: () _____

Nurse () Frequency: _____

Home Health Aid () Frequency: _____

Homemaker () Frequency: _____

Personal Care Assistant (): _____

Other services needed: _____

Special Equipment being used: _____

Other (describe): _____

Signature of person filling out this application: _____

Printed name of person filling out this application: _____

Signature of applicant: _____

Printed name of applicant: _____

Date: _____



Advocates, Inc.
1 Clarks Hill, Suite 305
Framingham, MA 01702

WARREN HOUSE
17 Warren Avenue
Woburn, MA

MCLAUGHLIN HOUSE
333 Park Street
North Reading, MA

DOUGLAS HOUSE
7 Oakland Street
Lexington, MA

OLD FARM ROCKPORT
291 Granite Street
Rockport, MA

AUTHORIZATION FORM
FOR THE USE OR DISCLOSURE OF HEALTH INFORMATION

Client Name: _____ DOB: _____
By signing this Authorization, I authorize the use or disclosure of my Protected Health Information designated below between:

Staff at Warren House, McLaughlin House, Douglas House or Old Farm Rockport Clinician/Staff or Advocates staff at Advocates, Inc. 1 Clarks Hill, Suite 305, Framingham, MA 01702

And the following person / Organization:

Supportive Living, Inc. (SLI)

Print Name

400 West Cummings Park, Suite 6100, Woburn, MA 01801

Print Address

Health information includes information collected from me or created by the above Providers, or information received by the above Providers from another health care provider, a health plan, my employer or a health care clearinghouse. Health information may relate to my past, present or future physical or mental health or condition, the provision of my health care, or payment for my health care services.

I further understand that Advocates and its employees are prohibited from disclosing information about treatment for alcohol or drug abuse without my specific written authorization unless a disclosure is otherwise authorized by federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR, Part2).

I further understand that under state law Advocates and its employees are prohibited from disclosing information about my HIV status without my specific written authorization. Advocates and its employees are also prohibited under state law from disclosing the results of a genetic test (including the identity of a person being tested) without first obtaining an authorization that constitutes "informed consent," except when the test results disclosed will be used only as confidential research information for use in epidemiological or clinical research conducted for the purpose of generating scientific knowledge about genes or learning about the genetic basis of disease or for developing pharmaceutical and other treatments of disease.

Check appropriate boxes:

Health Information that may be used or disclosed through this Authorization is as follows:

- ☒ All health information about me, including my clinical records, created or received by Advocates or any of its employees and the above listed Provider/Organization. This information may include, if applicable:
- ☐ Information pertaining to the identity, diagnosis, prognosis or treatment for alcohol or drug abuse; Specifically for the following purpose(s) _____



_____ Information regarding AIDS, ARC or HIV including, for example, a test for the presence of HIV antibodies or antigens, regardless of whether (i) this test is ordered, performed, or reported and (ii) the test results are positive or negative.

Specifically for the following purpose(s) _____

_____ Information regarding the results of a genetic test.

- Specific information including only: _____

This Authorization expires: upon discharge from the program

(Insert applicable event or date -- mm/dd/yy)

(Note: If an expiration event is used, the event must relate to the Client or the purpose of the use or disclosure).

1. I understand that Advocates and its employees cannot guarantee that PHI disclosed to the above indicated Person/Organization will not be re-disclosed to a third party. The Person/Organization may not be subject to federal laws governing privacy of health information. However, if the disclosure consists of treatment information about a client in an alcohol or drug abuse program, the Person/Organization is prohibited under federal law from making any further disclosure of such information unless further disclosure is expressly permitted by written consent of the Client or as otherwise permitted under federal law governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR, Part 2).
2. I understand that I may refuse to sign this Authorization and that my refusal to sign will not affect my ability to obtain treatment (or payment, if applicable) from Advocates, Inc, except when (i) my refusal may limit Advocates ability to provide safe and effective care (ii) I am receiving research-related treatment or (iii) receiving health care solely for the purpose of creating information for disclosure to a third party. If any of these exceptions apply, my refusal to sign an authorization may result in my not obtaining treatment (or payment, if applicable) from the Provider.
3. I understand that I may revoke this Authorization in writing at any time, except that the revocation will not have any effect on any action taken by Advocates or its employees in reliance on this Authorization before written notice of revocation is received by Advocates or its employees. I further understand that that I must provide any notice of revocation in writing to the Privacy Office at Advocates, Inc. 27 Hollis St., Framingham, MA 01702

I have read and understand the terms of this Authorization. I have had an opportunity to ask questions about the use or disclosure of my health information.

Client's signature: _____ Date of signature: _____

Print Client's full name: _____

Client's Home Address: _____

Client's Home Telephone: _____ Date of Birth: _____

When client is not competent to give consent, the signature of a parent, guardian, health care agent (proxy) or other representative is required.

Signature of legal representative: _____ Date of signature: _____

Print name: _____

Relationship of representative to client: _____

AGENCY CODE: XSLIVI
FEE EXEMPTION CODE: FE411



AUTHORIZATION FOR RELEASE OF INFORMATION

Re: Applicant/Tenant _____

Property Name: _____

Address: _____

I/We, the undersigned below hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed on the attached verification form and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers
Support and Alimony Providers
State Unemployment Agencies
Banks and other Financial
Institutions

Welfare Agencies
Educational Institutions
Social Security Administration
Previous Landlords (including
Public Housing Agencies)

Veterans Administrations
Retirement Systems
Medical and Child Care
Providers

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will be valid for 15 months from my signature date. Everyone 18 years or age and older must sign this form.

SIGNATURES

Signature of Applicant/Resident	Printed Applicant/Resident Name	Date
Signature of CO/Applicant Resident	Printed Co/Applicant/Resident Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Signature of Adult Member	Printed Adult Member Name	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY

