

Application for Federally-funded elderly housing.

Horton Terrace.

Please review the attached general information sheet. If you still have additional questions you may contact the office at 978-465-7216 to make an appointment.

Newburyport Housing Authority

25 TEMPLE STREET
NEWBURYPORT, MASSACHUSETTS 01950-2713
TEL: 978-465-7216 FAX: 978 463-3080
E-mail: nha@nhahousing.com
Visit our website at: nhahousing.com

FOR OFFICE USE ONLY

Date of Application: _____
Time Received: _____
Control Number: _____
Preference Category: _____

APPLICATION FOR HORTON TERRACE – ELDERLY/DISABLED FEDERAL HOUSING

Name: _____ Telephone: _____
Email: _____ Cell: _____
Address: _____ City/St/Zip: _____
DOB: _____ SS#: _____

Do you currently reside or work in Newburyport? YES NO

NAME OF PERSONS

TO RESIDE IN UNIT	Relation	DOB	Sex	SS#

Type of Unit Needed (Circle One): Standard Wheelchair Accessible* 1st Floor*

Racial Designation (Circle One): White, Black or African American, Native American, Asian, Pacific Islander

Ethnic Designation (Circle One): Hispanic/Latino or Not Hispanic/Latino

Time Resided at Present Address: _____ Amount of Rent: _____

Monthly Utility Costs: Gas _____ Electric _____ Oil _____

Priorities & Preferences (check if applicable and provide proper documentation)

_____ Horton Terrace Transfer (1st Preference). ***This preference is granted to current Horton Terrace residents*** in need of transfer due to documented medical condition, administrative reason or reasonable accommodation. Applicants will be accepted for this preference category regardless of the closure of the remainder of the waiting list.

_____ Other NHA Reasonable Accommodation or Transfer (2nd Preference). ***This preference is granted to current NHA Public Housing Residents*** (Other than Horton Terrace) in need of reasonable accommodation, or bedroom size, that cannot be otherwise accommodated under resident's current housing program or other NHA programs and other wise eligible for admission. Such accommodation must be documented in accordance with the NHA's adopted Reasonable Accommodation and Transfer Policy for the resident's current housing programs.



ESTIMATED INCOME ANTICIPATED FOR THE NEXT 12 MONTHS (Gross Amounts)

Annual wages or salary	
Commissions, fees, tips and bonuses	
Net income from business or profession	
Interest, dividends, net earning from property	
Pension, annuity, retirement	
Alimony, contributions, gifts	
Unemployment and disability compensation	
Social Security benefits	
Public Welfare	
Service Connected disability or death benefits	
Veterans Benefits	
Other-Specify	

ASSETS: List all Assets (Checking, Savings, IRA's, Stocks, Money Market, Mutual Funds, etc.)

Location of Asset	Account Number	Type of Asset	Current Balance or Value

Do you currently own your own home or other property? YES NO
 If yes, Address of Property: _____

Have you sold property in the past five years? YES NO
 If yes, Date of Sale: _____ Net proceeds: _____

MEDICAL EXPENSES

List all un-reimbursed annual medical expenses including medical insurance premiums, prescriptions, doctor's visits, Homemaker services and personal care attendants.

Medical Insurance	
Prescriptions	
Doctors Visits	
Homemaker Services	
Personal Care Attendants	
Other	

HOUSING HISTORY (List all places you have resided in the past 5 years)

Address: _____ Apt. No. _____ From Date: _____ to present
City/Town: _____ State/Zip Code _____
Name of Landlord: _____ Telephone: _____
Landlord's Address: _____
City/Town _____ State/Zip Code _____

Address: _____ Apt. No. _____ From: _____ To: _____
City/Town _____ State/Zip Code _____
Name of Landlord: _____ Telephone: _____
Landlord's Address: _____
City/Town _____ State/Zip Code _____

Address: _____ Apt. No. _____ From: _____ To: _____
City/Town _____ State/Zip Code _____
Name of Landlord: _____ Telephone: _____
Landlord's Address: _____
City/Town _____ State/Zip Code _____

Attach additional sheet if needed.

Are you an employee, board member or relative of anyone connected to the Newburyport Housing Authority? Yes No

If yes, please explain: _____

Have you ever received housing assistance under any other housing program by any housing agency? Yes No

If yes, please answer the following:

Name of agency: _____

Type of Housing: _____

Dates of Assistance: From _____ To _____

Did you leave as tenant in good standing? Yes No

If no, please explain: _____

EMERGENCY CONTACT

Name: _____

Relation: _____

Address: _____

Telephone: _____

APPLICANT'S CERTIFICATION:

I understand that this is neither a contract nor an offer of housing and does not bind either party. The above information is correct and I authorize Newburyport Housing Authority to make inquiries for the purpose of verifying my eligibility for housing. I further understand that this application is signed under penalty of perjury, and that false information or failure to report changes shall constitute grounds for rejection of my application. It is my responsibility to report any changes of household address or composition to the Newburyport Housing Authority.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

Newburyport Housing Authority

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NEWBURYPORT, MASSACHUSETTS 01950-2713

TEL: 978-465-7216 FAX: 978 463-3080

e-mail: nha@nhahousing.com

Visit our website at: nhahousing.com

Verification of Disabled Status for Federal Elderly/Disabled Housing

Re: _____
Name of Applicant

Control #: _____

Public Housing Authorities are required to verify all information used in determining eligibility and benefit levels. We ask your cooperation in providing the following information. A stamped envelope is enclosed for your convenience in returning the completed document.

In the case of applicants or residents claiming to be a person with a disability, the Housing Authority must verify that the applicant or resident meets the HUD-required definition of disability; a disabled person is one with an inability to engage in any substantial gainful activity because of a physical or mental impairment other than a history of substance or alcohol abuse, that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months.

The applicant/resident has signed a release form enclosed, giving you permission to supply us with this information. Please fill out the form below and return it at your earliest convenience.

1. Does the applicant have one or more physical or mental impairments, other than a history of alcohol or substance abuse, which substantially impede(s) his or her ability to live independently? Circle the appropriate answer.¹ Yes / No

Comment: _____

2. If Yes to question 1 above, would suitable housing conditions improve the applicant's ability to live independently? Yes / No

3. If Yes to question 1 above, is the anticipated duration of the applicant's impairment(s) more than twelve months? Yes / No

4. Other comment: _____

¹Note: an applicant that has a history of alcohol or substance abuse may still be eligible for Elderly/Handicapped Housing if the applicant has one or more qualifying physical or mental impairments in addition to the history of alcohol or substance abuse and is otherwise eligible and qualified for such housing.



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CERTIFICATION

I certify that the information provided above represents my professional judgment and is true and accurate to the best of my knowledge and belief.

Print Name

Profession

Signature

Date

Phone: _____

Address: _____



Notice to All Applicants and Residents: Reasonable Accommodations and Modifications are available for Applicants and Residents with Mental and/or Physical Disabilities

Newburyport Housing Authority (NHA) does not discriminate against applicants or residents on the basis of mental (including psychiatric) or physical disabilities. In addition, the NHA has an obligation to provide "reasonable accommodations" and "reasonable modifications" on account of a disability if an applicant or resident or a household member is limited by the disability and for this reason needs such an accommodation or modification. A reasonable accommodation is a change that the NHA can make to its rules, policies, practices, or services, and a reasonable modification is a change an NHA can make to its facilities (including physical alterations to the housing unit or public or common use areas) that will assist an otherwise eligible person with a disability to have equal opportunity to use and enjoy the housing or common or public use areas or to participate fully in the NHA's programs, activities, or services. Such changes may not be reasonable if they are not financially and programmatically feasible for the housing authority.

An applicant or resident household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to The NHA, and to avoid disturbing neighbors), but an accommodation or modification may be the basis by which the household is able to meet those obligations of tenancy.

The NHA has an Accommodation Coordinator. If you need an accommodation or modification because of a disability, please complete the attached form and return it to the NHA. Upon reasonable request by the NHA, you must also submit documentation verifying the existence of a disability and the disability-related need for the accommodation or modification. Within thirty (30) calendar days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the NHA can reasonably do to provide you an accommodation or modification on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result needs an accommodation or modification, you, the household member, or authorized representative, may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.



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Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator

Newburyport Housing Authority

25 Temple Street
Newburyport, MA 01950

From: Applicant or Resident Name (please print) _____

Control Number _____

Address

Town/City, State, Zip

Area Code/Telephone Number

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

2. This request for a reasonable accommodation/modification is necessary so that I can:

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

Signature of Applicant or Resident (or authorized representative)

Date



DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

Signature of Family Member

Date

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

HA: Enter INS/SAVE Primary Verification # _____ Date _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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.	

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

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Signature of Applicant

Date

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

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



**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Newburyport Housing Authority
25 Temple Street
Newburyport, MA 01950

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

Signature

Date

Printed Name

Fair information Act - Statement of Rights

Newburyport Housing Authority collects information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards to the information collected about you.

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Date _____ Signature _____

Newburyport Housing Authority

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NEWBURYPORT, MASSACHUSETTS 01950-2713

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e-mail: nha@nhahousing.com

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GENERAL AUTHORIZATION FOR THE RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

State regulations require the Newburyport Housing Authority to obtain third party verification of the requested information.

I, the above named individual, have authorized the Newburyport Housing Authority to verify the accuracy of the information, which I have provided to the NHA from the following sources:

Criminal activity, CORI, Courts, law enforcement agency, credit bureau, employment (past and present wages, Pensions/Annuities), self-employment income, US Social Security Administration (Social Security, SSI Benefits, Social Security numbers), State Welfare Agencies (TAFDC, General Relief, etc.), State Employment Security Agencies, (unemployment benefits), Health and Accident, Insurance and Workman's Compensation, US Department of Veteran's Affairs, Federal, State and local benefits, Bank and other financial institutions (asset income, interest, IRA, CD's, Stocks & Bonds, etc.), Court records (alimony, child support), family composition, credit history, identity & marital status, handicapped assistance expenses, medical care, medical insurance premiums & expenses, school & college (tuition & fees), and child care expenses (day care).

I hereby give permission to release this information to the Newburyport Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Newburyport Housing Authority, 25 Temple St, Newburyport, MA 01950 within five (5) days of the receipt of this request.

I understand that a photocopy of this authorization is of the valid original.

Thank you for your cooperation.

Signature

Date



THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE