

# NEEDHAM HOUSING AUTHORITY

Admissions Office | 21 Highland Circle, Suite 10 | Needham, MA 02494 | (781) 444-3011

## FEDERAL APPLICATION IMPORTANT INFORMATION & INSTRUCTIONS

Dear Applicant,

The attached application package for **Federal Housing Programs** contains the following documents needed to determine whether you are eligible for public housing with the Needham Housing Authority:

APPLICATION FORMS	DESCRIPTION	
1. Federal Housing Programs Fact Sheet .....	For informational purposes only	
2. Applicant Verification Checklist .....	<b>REQUIRED:</b> provide all required and applicable documents listed	
3. Federal Housing Application .....	<b>REQUIRED:</b> head of household	
4. CORI Acknowledgement Form.....	<b>REQUIRED:</b> for all <u>adult</u> household members	
5. Disclosure Authorization and Consent Form.....	<b>REQUIRED:</b> for all <u>adult</u> household members	
6. HUD 9886 – Authorization for Release .....	<b>REQUIRED:</b> for all <u>adult</u> household members 7. Declaration of Section 214 Status .....	<b>REQUIRED:</b> for all household members
8. Authorization for Release of Information .....	<b>REQUIRED:</b> for all <u>adult</u> household members	
9. HUD 92006 - Supplement .....	<b>OPTIONAL:</b> Emergency Contact information	
10. HUD 50066 – VAWA Certification .....	<b>REQUIRED ONLY</b> for Victims of Domestic Violence	
11. Notice of Right to Reasonable Accommodations .....	For informational purposes only	
12. Reasonable Accommodation Request Form .....	<b>REQUIRED ONLY</b> for Reasonable Accommodation Requests	
13. Reasonable Accommodation Consent Form .....	<b>REQUIRED ONLY</b> for Reasonable Accommodation Requests	

### PLEASE FOLLOW THIS GUIDANCE IF YOU WISH TO BE SELECTED FOR HOUSING:

It is **YOUR RESPONSIBILITY** to ensure that your application is **COMPLETE**. Applications are **INCOMPLETE** until:

- ✓ All **REQUIRED FORMS** listed above are completed, signed, and submitted
- ✓ Photocopies of all required **VERIFICATION DOCUMENTS** for all household members are submitted
- ✓ Every adult (18+ years old) on the application **APPEARS IN PERSON** at the Admissions Office at 21 Highland Circle, Suite 10 with their **VALID PHOTO ID**

It is **YOUR RESPONSIBILITY** to ensure that their application remains **ACTIVE**. You must inform the NHA of any changes in address or family composition. Unreported changes in address may result in your **REMOVAL FROM THE WAITING LIST**. You will have to **RE-APPLY** and start over if your application is deemed inactive.

**Location:** Admissions Office  
21 Highland Circle, Suite 10  
Needham, MA 02494

**Office Hours:** Mon - Thur: 7:30AM – 4:00PM  
Fri: 8:00AM – 1:30PM



Please be advised that after we have received favorable criminal inquiries, landlord references and your application is complete, **you will be contacted by NHA Management to have all of your belongings inspected by an approved pest control company** prior to moving into your apartment.

<b>FEDERAL HOUSING PROGRAMS FACT SHEET</b>		
<b>PROGRAM</b>	<b>WHO IS ELIGIBLE</b>	<b>NHA DEVELOPMENTS</b>
<b>FEDERAL FAMILY HOUSING</b>	Low-income families where Head of Household is 18 years of age or older.	<b>CAPTAIN ROBERT COOK DRIVE HIGH ROCK ESTATES</b> (2,3,4 -bedroom units)
<b>FEDERAL ELDERLY/DISABLED HOUSING</b>	Low-income Near Elderly (50-61) and Elderly (62+) individuals/ Disabled Single Working/ families	<b>SEABEDS WAY</b> (1-bedroom units)

**ATTENTION: IMPORTANT INFORMATION REGARDING APPLICATIONS**

- You **MUST COMPLETE** the **ENTIRE APPLICATION PACKAGE**
- You **MUST ATTACH ALL REQUESTED INFORMATION** and documentation pertaining to yourself and every household member listed on your application.
- You (and other adult household members, where required) **MUST SIGN ALL FORMS.**
- You **MUST WRITE YOUR NAME(S) EXACTLY** as they appear on your **SOCIAL SECURITY CARD(S)**.
- Incomplete applications **WILL NOT** be processed.
- Applications where names of household members do not match the Social Security cards provided will be considered **INVALID.**
- Incomplete or invalid applications **WILL BE RETURNED** to you for completion/corrections.
- Please **SUBMIT** completed applications to:

**NEEDHAM HOUSING AUTHORITY**  
**21 Highland Circle, Suite 10**  
**Needham, MA 02494**  
**ATTN: Admissions Office**

**APPLICANT VERIFICATION CHECK LIST**

- Please submit **COPIES ONLY** of the documents below. Originals **WILL NOT** be accepted.
- NEEDHAM HOUSING AUTHORITY(NHA) **DOES NOT** make photocopies.
- Please provide these verifications for the Head of Household and every member listed on your application, where required and applicable.

**FORM OF VERIFICATION**

**WHO MUST SUBMIT**

# NEEDHAM HOUSING AUTHORITY

Admission Department | 21 Highland Circle, Suite 10 | Needham, MA 02494 | (781) 444-3011

<b>Government Issued Photo ID <u>or</u> Valid Driver's License <u>or</u> Valid Passport</b>	➤ <u>Required</u> : HEAD OF HOUSEHOLD and all ADULTS (18+ years old)
<b>American Citizenship papers <u>or</u> Registered Resident Alien Card NOT <u>a requirement for State Applications</u></b>	➤ <u>Required</u> : HEAD OF HOUSEHOLD and all ADULTS and YOUTH not born in United States
<b>Birth Certificates</b>	➤ <u>Required</u> : HEAD OF HOUSEHOLD and all ADULTS and YOUTH
<b>Social Security Cards</b>	➤ <u>Required</u> : HEAD OF HOUSEHOLD and all ADULTS and YOUTH
<b>Current Income Verifications</b> (i.e., paystubs, public benefit letters, statements, etc.)	➤ <u>Required</u> : HEAD OF HOUSEHOLD and ANY household members receiving income
<b>Names, Addresses &amp; Phone numbers of present and previous landlord(s)</b> for last five (5) years	➤ <u>Required</u> : HEAD OF HOUSEHOLD
<b>Savings Account Statements</b> (current)	➤ <u>Required</u> : HEAD OF HOUSEHOLD and all ADULTS and YOUTH possessing accounts
<b>Checking Account Statements</b> (last 6 months)	➤ <u>Required</u> : HEAD OF HOUSEHOLD and all ADULTS possessing accounts
<b>Proof of Child Support Payments</b> (or signed affidavit if not receiving payments)	➤ <u>If applicable</u> : HEAD OF HOUSEHOLD and all ADULT single parents with custody of children
<b>Letters from Early Childhood Education or Grade School</b> (bearing child's address)	➤ <u>If applicable</u> : for all school-age YOUTH living in the household.
<b>Letters from Adult Education or Job Training program</b> (bearing student's address)	➤ <u>If applicable</u> : HEAD OF HOUSEHOLD any ADULT household member enrolled in school, vocational or job training program.

Please be advised that after we have received favorable criminal inquiries, landlord references and your application is complete, **you will be contacted by NHA Management to have all of your belongings inspected by an approved pest control company** prior to moving into your apartment.

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**(MAILING ADDRESS)**

**(APT #) (CITY)**

**(STATE)  
(ZIP)**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date of Birth**

\_\_\_\_-\_\_\_\_-\_\_\_\_  
**Social Security Number**

Phone  
number:

**SEX**

Male\_\_\_\_  
Female\_\_\_\_

**ETHNICITY**

Hispanic\_\_\_\_  
non-Hispanic\_\_\_\_

**ACCESSIBILITY**

Do any household members require a wheelchair?  
YES\_\_\_\_ NO\_\_\_\_

**RACE**

Native American\_\_\_\_ Pacific Islander\_\_\_\_ Black\_\_\_\_ White\_\_\_\_ Asian\_\_\_\_ Alaskan Native\_\_\_\_  
Other: \_\_\_\_

**PRIMARY LANGUAGE**

English Russian Haitian Creole Mandarin Chinese Other: \_\_\_\_\_

**PETS**

Does your household have any pets? YES NO

If yes, list number and kind(s) of pet(s): \_\_\_\_\_

**\*\*\*IMPORTANT: PLEASE WRITE NAMES EXACTLY AS THEY APPEAR ON SOCIAL SECURITY CARDS\*\*\***

**(2) OTHER HOUSEHOLD MEMBERS**

Please provide information on all members who will live with you, including unborn children and live-in aides:

	RELATION	LAST NAME	FIRST NAME	ETHNICITY*	RACE**	SEX (M/F)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)	AGE	DISABILITY	F/T STUDENT
1											
2											
3											
4											
5											
6											
7											
8											

\*ETHNICITY CODES: Hispanic (H), Non-Hispanic (N)

\*\* RACE CODES: Native American (NA), Pacific Islander (P), Black (B), Asian (A), Alaskan Native (AN), White (W), Other (O)

**(3) HOUSEHOLD INCOME**

Estimate the monthly income anticipated for all household members from all sources.

HOUSEHOLD MEMBER	SOURCE OF INCOME*	AMOUNT/MONTH	IF EMPLOYED	
			HOURS/WEEK	DATE OF HIRE

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**\*INCOME CODES:** Alimony (A), Own Business (B), Employment Wages (W), Federal Wage (F), General Assistance (G), Military Pay (M), TANF/Welfare (T), Pension (P), SSI (S), Social Security (SS), Child Support (C), Unemployment (U), Other Non-wage (N).

**(4) ASSETS**

Please list assets of all household members (except live-in aides, foster children or foster adults).

Assets have a dollar value or provide a source of income. They include, but are not limited to savings accounts, stocks, bonds, other forms of capital investment, real estate, and vehicles.

HOUSEHOLD MEMBER	ASSET TYPE*	VALUE
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

**(5) EXPENSES**

How much does your household spend each month for the following?

EXPENSE TYPE	AMOUNT/MONTH
Medical	\$
Medical Insurance	\$
Family/Child Care	\$
Work Related	\$
Homemaking Services	\$
Alimony or Child Support	\$
Other	\$

**(6) VEHICLES**

Does anyone in your household own a car? YES NO

	MAKE MODEL	YEAR	REGISTRATION #

Vehicle 1			
Vehicle 2			
Vehicle 3			

**(7) RENTAL HISTORY**

Starting with your most recent address, please list your addresses for the last **FIVE (5)** years.

**CURRENT RESIDENCE:**

\_\_\_\_\_  
(PRESENT ADDRESS) (APT #) (CITY) (STATE) (ZIP)  
\_\_\_\_\_  
FROM (MONTH/YEAR) (MONTH/YEAR) TO Are you the Primary Lease Holder?  
YES NO

\_\_\_\_\_  
(OWNER NAME) (OWNER TELEPHONE)

\_\_\_\_\_  
(OWNER ADDRESS) (APT #) (CITY) (STATE) (ZIP)

**PREVIOUS RESIDENCE:**

\_\_\_\_\_  
(ADDRESS) (APT #) (CITY) (STATE) (ZIP)  
\_\_\_\_\_  
FROM (MONTH/YEAR) TO (MONTH/YEAR) Were you the Primary Lease Holder?  
YES NO

\_\_\_\_\_  
(OWNER NAME) (OWNER TELEPHONE)

\_\_\_\_\_  
(OWNER ADDRESS) (APT #) (CITY) (STATE) (ZIP)

**PAST PREVIOUS RESIDENCE:**

\_\_\_\_\_  
(ADDRESS) (APT #) (CITY) (STATE) (ZIP)  
\_\_\_\_\_  
FROM (MONTH/YEAR) TO (MONTH/YEAR) Were you the Primary Lease Holder?  
YES NO

\_\_\_\_\_  
(OWNER NAME) (OWNER TELEPHONE)



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(OWNER ADDRESS) (APT #) (CITY) (STATE) (ZIP)

*Please list any additional addresses and landlord information on a separate sheet of paper to conclude the five-year history.*

Have you ever lived in subsidized housing? YES NO

If yes, Name of Housing Authority: \_\_\_\_\_

Dates (From/To): \_\_\_\_\_ Former Address: \_\_\_\_\_

**(8) EMERGENCY CONTACT**

Please provide the name and contact information of a relative or friend who is NOT planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency:

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(LAST NAME) (FIRST NAME) (RELATIONSHIP)

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(ADDRESS) (APT #) (CITY) (STATE) (ZIP) (TELEPHONE)

**(9) CRIMINAL RECORD**

Have you and any member of your household on this application been convicted of a felony or misdemeanor? YES NO

If YES, please explain \_\_\_\_\_

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Do you or any member of your household who will live in the unit have any pending criminal matters?

YES NO

If YES, please explain \_\_\_\_\_

**(10) PREFERENCES**

Below are the applicant preferences under the federal program. If you feel you qualify for any of these preferences, please check the appropriate preference. No documentation is necessary at time of this filing, but documentation will be requested when applicant is contacted for orientation in order to verify preference.

**PREFERENCE 1** \_\_\_\_\_ Emergency cases-applicants displaced by Fire, Natural Disaster, or Government Action, including applicants in units determined to be uninhabitable by competent local authority shall be housed as an emergency case. Applicants granted emergency status will be housed in the next available unit appropriate for the family size. This will include families being displaced due to the presence of Lead Paint that has been determined to be hazardous to a young child. Needham Residents will be chosen before non-Needham Residents within this category.

**PREFERENCE 2** \_\_\_\_\_ Residency preference for families who are residing in the Town of Needham or have at least one member who works or has been hired to work, or is attending an educational or training program, full-time, in the jurisdiction of the HA, provided that no household member is currently living in subsidized or low income housing.

**PREFERENCE 3** \_\_\_\_\_ Working/Educational/Training preference for:

- (a) families with at least one adult who is employed a minimum of 32 hours weekly and has been employed for at least three months:
- (b) families with at least one adult who is a full-time participant in an educational or training program designed to prepare the individual for the job market. Pursuant to 24CFR5.410(b) (1) this preference shall also be available to families in which the head AND spouse, or sole member, are age 62 or older, or are receiving social security disability, supplemental security income, disability benefits, or any other payments based on an individual's ability to work.

**PREFERENCE 4** \_\_\_\_\_ A family who is suffering from Domestic Violence (including sexual abuse) by a spouse or other family member.

**(11) CERTIFICATION**

I understand that I should not make any plans to move, or end my present tenancy, based on this application, I understand that it is my responsibility to inform the housing authority, IN WRITING, of any change of address, income(s) or household composition.

I authorize the housing authority to make any inquiries to verify the information I have given in this application and further understand that the NEEDHAM HOUSING AUTHORITY will obtain criminal offense records on every adult who will reside in my apartment.

I CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS OR MISREPRESENTATIONS MAY RESULT IN THE CANCELLATION OF MY APPLICATION. THIS APPLICATION FOR RENTAL ASSISTANCE IS SIGNED UNDER THE PAINS AND PENALTY OF PERJURY.

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APPLICANT'S SIGNATURE

DATE

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RECEIVED BY (NHA STAFF)

DATE



# FINGERPRINT/CRIMINAL CONVICTION HISTORY REPORT RELEASE FORM

**INSTRUCTIONS: PLEASE COMPLETE ALL SECTIONS AND SIGN AND DATE BELOW.**

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<b>Last Name</b>	<b>First Name</b>	<b>Middle Name Maiden/Former Name(s)</b>

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<b>Date of Birth (mm/dd/yyyy)</b>	<b>Place of Birth/ Country of Citizenship</b>

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<b>Current Address</b>	<b>City/State/Zip</b>

RACE	
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Native American/Alaskan Native
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> African American/Black

SEX
<input type="checkbox"/> Female
<input type="checkbox"/> Male

HAIR COLOR						
<input type="checkbox"/> Bald	<input type="checkbox"/> Black	<input type="checkbox"/> Blonde	<input type="checkbox"/> Brown	<input type="checkbox"/> Grey	<input type="checkbox"/> Red/Auburn	<input type="checkbox"/> Sandy
<input type="checkbox"/> White	<input type="checkbox"/> Blue	<input type="checkbox"/> Green	<input type="checkbox"/> Orange	<input type="checkbox"/> Pink	<input type="checkbox"/> Purple	<input type="checkbox"/> Streaked

EYE COLOR		
<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown
<input type="checkbox"/> Grey	<input type="checkbox"/> Green	<input type="checkbox"/> Hazel
<input type="checkbox"/> Maroon	<input type="checkbox"/> Multi	<input type="checkbox"/> Pink

HEIGHT
_____ feet
_____ inches

WEIGHT
_____ lbs

I authorize **NEEDHAM HOUSING AUTHORITY (NHA)** to utilize the personal information above for the sole purpose of obtaining a criminal arrest and conviction history report via *FBI Live Scan*, which I understand is linked to a national database.

I hereby certify that the above information is true and correct. As an applicant for public housing, I understand that NHA is required to secure a criminal background report as part of the eligibility screening process and verify that the data collected is that of my own.

**Applicant Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

## Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

**Authority:** 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 that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**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. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing  
OMB CONTROL NUMBER: 2501-0014  
exp. 1/31/2014

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

# NEEDHAM HOUSING AUTHORITY

Admissions Office | 21 Highland Circle, Suite 10 | Needham, MA 02494 | (781) 444-3011

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Supplemental Contact Information for HUD-Assisted Housing Applicants

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 HA or the owner responsible for the unauthorized disclosure or improper use.

form HUD-9886 (7/94)

**DECLARATION OF SECTION 214 STATUS**

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

**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), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

**Notice to applicants and tenants:** In order to be eligible to receive the housing sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Montana Department of Commerce, Local Field Agent Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury<sup>i</sup>, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

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

**I have eligible immigration status and I am 62 years of age or older.** Attach evidence of proof of age<sup>ii</sup>; 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 §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)<sup>iii</sup> ; or

Permanent residence under §249 of INA<sup>iv</sup>; or

Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA<sup>v</sup>; or Parole status under §§212(d)(5) of the INA<sup>vi</sup> ; or

Threat to life or freedom under §243(h) of the INA<sup>vii</sup> ; or

Amnesty under §245A of the INA<sup>viii</sup>

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

# NEEDHAM HOUSING AUTHORITY

Admissions Office | 21 Highland Circle, Suite 10 | Needham, MA 02494 | (781) 444-3011

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

*Continued on Next Page....*

## VERIFICATION CONSENT FORM

**WHO MUST SIGN:** In order to be eligible to receive housing assistance, each noncitizen adult or child applying for, or currently receiving housing assistance, must be lawfully within the U.S. Each adult member of the household 18 years of age and older must sign and complete the data as requested. For minor children under the age of 18, the responsible adult in the household must sign for the child(ren). Please read the below CONSENT information carefully, sign and return to the Housing Authority. You are free to consult with an immigration lawyer or other immigration expert of your choosing.

**CONSENT:** I consent to allow the **NEEDHAM HOUSING AUTHORITY** (NHA) to request and to obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that the HA cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member, except as provided in HUD regulations. In addition, I understand I must be given an opportunity to contest the determination with the INS or the HA, or both.

<i>Head of Household</i>	<i>Alien #</i>	<i>Date Expires</i>	<i>Signature of Head of Household</i>
<i>Spouse/Co-Head</i>	<i>Alien #</i>	<i>Date Expires</i>	<i>Signature of Spouse/Co-head</i>
<i>Adult Household Member 1</i>	<i>Alien #</i>	<i>Date Expires</i>	<i>Signature of Adult Household Member 1</i>
<i>Adult Household Member 2</i>	<i>Alien #</i>	<i>Date Expires</i>	<i>Signature of Adult Household Member 2</i>
<i>Minor under age 18</i>	<i>Alien #</i>	<i>Date Expires</i>	<i>Signature of Adult Responsible for Child</i>
<i>Minor under age 18</i>	<i>Alien #</i>	<i>Date Expires</i>	<i>Signature of Adult Responsible for Child</i>
<i>Minor under age 18</i>	<i>Alien #</i>	<i>Date Expires</i>	<i>Signature of Adult Responsible for Child</i>



Supplemental Contact Information for HUD-Assisted Housing Applicants

Minor under age 18

Alien #

Date Expires

Signature of Adult Responsible for Child

**Privacy Act Statement:** The information on this form is being collected by the NEEDHAM HOUSING AUTHORITY to determine the applicant's or tenant's eligibility for housing assistance. The NHA may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to: (1) the Department of Housing and Urban Development (HUD) as required by HUD; and (2) to the Immigration and Naturalization Service (INS) for purposes of verification of the immigration status of each individual and not for any other purpose.

*Continued on Next Page...*

**LISTING OF NON-CONTENDING FAMILY MEMBERS**

**PENALTIES FOR MISUSING THIS CONSENT** The Department of Housing and Urban Development (HUD), the Housing Authority (HA) and any owner (or any employee of HUD, the HA 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 on the consent form is restricted to the purposes cited on the form. 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 HA or the owner responsible for the unauthorized disclosure or improper use.

I, \_\_\_\_\_ certify, under penalty of perjury<sup>ix</sup>, that the persons listed below are members of my household. Each person listed below has elected not to contend that he or she has eligible immigration status.

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(Signature of Head of Household or Spouse) (Date)

# NEEDHAM HOUSING AUTHORITY

Admissions Office | 21 Highland Circle, Suite 10 | Needham, MA 02494 | (781) 444-3011

**Instructions:** If one or more members of a family elect not to contend that he or she has eligible immigration status and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance despite the fact that no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the PHA the family member(s) who will elect not to contend that he or she has eligible immigration status. In the space(s) provided above, type or print the names of the family members who elect not to contend that he or she has eligible immigration status. Listed members of the family do not sign above. However, the Head of Household or Spouse must sign and date the form in the space provided.

## ENDNOTES

i

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

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

ii

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.

iii

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.

iv

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].

v

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 (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].

vi

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].

vii

Threat to life or freedom under §243(h) 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].

viii

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

ix

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the

**AUTHORIZATION FOR RELEASE OF INFORMATION**

In order to process my application for public housing, I understand that it is necessary for the NEEDHAM HOUSING AUTHORITY(NHA) Admissions Office to contact various individuals, agencies, businesses, medical professionals, hospitals, employers, schools, and other entities to obtain information for the purposes of eligibility and suitability screening.

I understand that any information I disclose may be discussed with these same individuals and organizations, when appropriate, for the purpose of processing my application. I authorize NHA Admissions Office to obtain information regarding my eligibility for housing from the sources listed below:

- |   |   |  |
|---|---|--|
| Anti-Poverty Agencies                                   | Housing Authorities   | Real Estate Property Managers                          |
| Apartment Complexes                                     | Human Services Agencies   | Recovery Facilities and Housing                        |
| Cape Organization for the Rights of the Disabled (CORD) | Independent Living Centers  | Rehabilitation Facilities                              |
| Client Assistance Programs                              | Interfaith Councils   | Rented Homes   |
| Clubhouses  | Landlords   | Salvation Army including Hospitality Overnight Program |
| Community Action Committee                              | Law offices, public and private   | Schools and Colleges, public and private               |
| Community Developments                                  | Legal Services  | Shelters   |
| Correctional Facilities                                 | MA Commission for the Blind   | Sober Houses   |
| Department of Mental Health                             | MA Commission for the Deaf and Hard of Hearing                                | Social Security Administrations                        |
| Department of Mental Retardation                        | MA Rehabilitation Commission  | Statewide Head Injury Programs and Support Systems     |
| Department of Public Health                             | Mental Health Centers, public and private                                     | Subsidized Housing                                     |
| Department of Transitional Services                     | Motel, Hotel owners   | Veterans Administration                                |
| Division of Employment and Training                     | Nursing Homes   | Veterans Services                                      |
| Drug and Alcohol Clinic and Programs                    | Outreach Organizations  | Youth Programs   |
| DSS and Children’s Services                             | Psychiatrists, Psychologists, Physicians, and other health care professionals | Other (see below)                                      |
| Employers   | Real Estate Professionals   |  |
| Hospitals, public and private                           |   |  |
| Housing Assistance Programs                             |   |  |

Exceptions or Additions to the above list: \_\_\_\_\_

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Applicant/Tenant Signature	Printed Name	Date
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NHA Representative Signature	Printed Name	Date
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NHA may collect or disclose your information for screening purposes and/or to comply with legal and other obligations. By signing above, you allow NHA to collect information and to use or disclose as described in this release. You have the right to review information we collect and maintain about you.

OMB Control # 2502-0581  
Exp. (11/30/2015)

Optional and

# NEEDHAM HOUSING AUTHORITY

Admissions Office | 21 Highland Circle, Suite 10 | Needham, MA 02494 | (781) 444-3011

## 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.

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

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency Assist with Recertification Process	<input type="checkbox"/>
<input type="checkbox"/> Unable to contact you Change in lease terms	<input type="checkbox"/>
<input type="checkbox"/> Termination of rental assistance Change in house	<input type="checkbox"/> rules
<input type="checkbox"/> Eviction from unit Other:	<input type="checkbox"/> _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	
<b>Signature of Applicant</b>	<b>Date</b>

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

Supplemental Contact Information for HUD-Assisted Housing Applicants

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.

Form HUD- 92006 (05/09)

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

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

OMB Approval No. 2577-0249 Exp. (07/31/2017)

Purpose of Form: The Violence Against Women Reauthorization Act of 2013 (“VAWA”) protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

Use of Form: This is an optional form. A PHA, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as “Victim”) has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

- (1) A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or (2) Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the PHA, owner or manager cannot require any additional evidence from the Victim.

Confidentiality: All information provided to a PHA, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the PHA, owner or manager, and such information shall not be entered into any shared database. Employees of the PHA, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

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

Date Written Request Received by Victim: \_\_\_\_\_

Name of Victim: \_\_\_\_\_

Names of Other Family Members Listed on the Lease: \_\_\_\_\_

Name of the Perpetrator\*: \_\_\_\_\_

\*Note: The Victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

Perpetrator’s Relationship to Victim: \_\_\_\_\_

Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking Occurred: \_\_\_\_\_

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Location of  
Incident(s): \_\_\_\_\_

Description of Incident(s) (This description may be used by the PHA, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Executed on (Date) \_\_\_\_\_

## Supplemental Contact Information for HUD-Assisted Housing Applicants

**Public reporting burden** for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

EXECUTIVE DIRECTOR

TELEPHONE (781) 444-3011

FAX (781) 444-1089

### NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

Dear Applicant/Tenant:

You may ask for a Reasonable Accommodation if you have a disability which causes you to need:

- A change in the rules or policies or services or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site,
- A change in the way we communicate with you or give you information.

If we know that you have a disability or you can show that you have a disability and if your request is reasonable - meaning it does not pose "an undue financial and administrative burden" (is not too expensive or too difficult to do) and does not require a fundamental change in the nature of the program - we will try to make the changes you request.

You can obtain a Reasonable Accommodation Request Form at **21 Highland Circle, Suite 10, Needham, MA 02494** or at any of NHA's Property Management Offices. All requests will be processed by the NHA's designated Reasonable Accommodations Coordinator. If you need help filling out your request or if you want to give us your request in some other way, we will help you.

We will give you an answer in 15 business days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If your request is not approved, we will provide reasons for the denial and you can provide additional information if you think that will help.

**NOTE:** All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and the common areas.



The NEEDHAM HOUSING AUTHORITY does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, veteran status, public assistance, genetic information, gender identity, disability, or any other class protected by state or local law, in the access to

its programs for employment, or in its activities, functions or services.

# NEEDHAM HOUSING AUTHORITY

Admissions Office | 21 Highland Circle, Suite 10 | Needham, MA 02494 | (781) 444-3011

FAX (781) 444-1089

## REQUEST FOR A REASONABLE ACCOMMODATION

Name of Applicant/Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

A **disability** is defined as: *A physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.*

1. The following member of my household has a disability as defined above:

Name: \_\_\_\_\_ Relationship to Head: \_\_\_\_\_

2. As a result of his/her/my disability I request the following change or changes so that the person listed can live here as easily or successfully as the other residents. Check the change(s) you need:

An apartment for people who have difficulty seeing well or who are blind.

An apartment for people who have difficulty hearing well or who are deaf.

An apartment designed to meet the physical needs of people who use wheelchairs or who have mobility impairment and need the features of an accessible apartment.

A regular apartment that has some things changed so I can use it. Please describe what needs to be changed.

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A certain kind of parking space or a particular place where I need my space to be. Write what you need on the lines below.

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***Continued on next page...***

An assistance animal (an animal that helps me by doing things I cannot do or that are very hard for me to do or an animal that gives me emotional support that makes the symptoms or results of my disability better.)

A change in how we talk with you or give information to you. Please write the particular supports you need to enable us to communicate with you:



Supplemental Contact Information for HUD-Assisted Housing Applicants

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A change in a rule, services or policy. Write what you need below:

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Any other housing need you have because of a disability. Please write what you need on the lines below:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Applicant/Tenant*

Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_ *Reasonable*  
*Accommodation Coordinator*

The following person is responsible for coordinating compliance with applicable non-discrimination requirements for the Needham Housing Authority:

**Name:**

**Phone:** (781) 444-3011

**Fax:** (781) 444-1089

**E-mail:**



The NEEDHAM HOUSING AUTHORITY does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, veteran status, public assistance, genetic information, gender identity, disability, or any other class protected by state or local law, in the access to its programs for employment, or in its activities, functions or services.

**ANGIE MEDEIROS**  
**EXECUTIVE DIRECTOR**

**TELEPHONE (781) 444-3011    FAX (781) 444-1089**

# NEEDHAM HOUSING AUTHORITY

Admissions Office | 21 Highland Circle, Suite 10 | Needham, MA 02494 | (781) 444-3011

## CONSENT TO RELEASE INFORMATION - REASONABLE ACCOMMODATION

**To Applicant or Tenant:** Please complete and sign this form to allow the NEEDHAM HOUSING AUTHORITY to verify your disability-related need for the accommodation you requested. Please make sure the information about who is to give and receive the information is clearly filled in before you sign it.

### I GIVE PERMISSION TO GIVE INFORMATION TO:

Name: \_\_\_\_\_ Title: Reasonable Accommodation Coordinator

Address: Needham Housing Authority, 21 Highland Circle, Suite 10, Needham, MA 02494

Phone: (781) 444-3011 Fax: (781) 444-1089

### I GIVE PERMISSION TO GIVE INFORMATION FROM:

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Service or Medical Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

### THE INFORMATION WILL BE REGARDING:

Tenant/Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

I hereby authorize the service or healthcare provider named above to contact the housing staff listed above or housing provider listed above to contact the service provider listed above to verify disability status, need for the requested accommodation described below and the connection between the two. I understand that this information will be kept confidential and used only to make a decision about my reasonable accommodation request. I understand I may change my mind and notify the housing and service provider that I no longer give permission to discuss my request.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(Adult resident with disability or Guardian)*



The NEEDHAM HOUSING AUTHORITY does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, veteran status, public assistance, genetic information, gender identity, disability, or any other class protected by state or local law, in the access to its programs for employment, or in its activities, functions or services.