



SPRINGFIELD
HOUSING
AUTHORITY

Application Department
35A Saab Court P.O. Box 1609
Springfield, MA 01101
Phone: (413) 785-4517 - Fax: (413) 785-4567

**WELCOME TO THE SPRINGFIELD HOUSING AUTHORITY
APPLICATION PROCESS
TO HAVE YOUR APPLICATION ACCEPTED AND PROCESSED YOU
MUST COMPLETE THE FOLLOWING INSTRUCTIONS:**

1. **YOU MUST PROVIDE COPIES OF ALL DOCUMENTS REQUESTED.**
(SPRINGFIELD HOUSING AUTHORITY IS UNABLE TO MAKE COPIES OF DOCUMENTS).
2. APPLICATION MUST BE **COMPLETE AND SIGNED** BY ALL HOUSEHOLD MEMBERS 18 AND OVER.
3. FAXED APPLICATIONS WILL **NOT** BE ACCEPTED.
4. STATUS ON WAIT LIST WILL NOT BE GIVEN **OVER THE PHONE**, YOU MAY WRITE TO/OR COME INTO THE APPLICATION OFFICE WITH YOUR CLIENT NUMBER TO LOOK UP YOUR NUMBER ON THE WAIT LIST.
5. YOU MUST FILL OUT THE APPLICATION IN **INK** – APPLICATION IN PENCIL WILL NOT BE ACCEPTED.

COPIES OF DOCUMENTS FOR HOUSEHOLD

Birth Certificates for all household members _____
 Verification of birth place _____
 Social Security Cards for all household members _____
 Alien Cards _____
 Verification of Student Status _____
 Child care expense verification _____
 Medical pay. (i.e. health insurance, prescriptions) _____
 Medical doc. for reasonable accommodation _____
 Proof of citizenship _____
 Picture ID for all adults _____

COPIES OF INCOME FOR HOUSEHOLD

No income statement _____
 Employment (wage slips last 6 weeks) _____
 Welfare _____
 Child Support, Alimony _____
 Disability Benefits (SSI, SSDI, EAEDC) _____
 Social Security (Award letter) 1-800-772-1213 _____
 Retirement – Pension verification _____
 Veteran benefits _____
 Annuity _____
 Name and Address of Employer _____

COPIES OF ASSETS FOR HOUSEHOLD

Checking and/or savings accounts _____
 Term Certificates/Money Markets _____
 Stocks/Bonds _____
 Real Estate Holdings _____
 Cash value of a Life Insurance Policy _____

PLEASE CHECK OFF ALL COPIES PROVIDED

STATE APPLICATION



Universal STANDARD Application for State-Aided Public Housing, MRVP, & AHVP

This box is for Office Use Only
Date of Receipt:
Time of Receipt:
Control Number:
Barrier fee:
First Floor:
Elderly Handicapped:
Race:
Priority Category:
Language:

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page. If you need additional space to provide an answer, please attaché an additional sheet(s).

1. Name of Applicant:
Current Residence Address: Apt No:
City / Town: State Zip:
Mailing Address: Apt No:
Home Telephone Work Telephone

2. Type of Public Housing You are Applying For:

- Elderly Non-Elderly, Handicapped Congregate Elderly/Handicapped
Family MRVP AHVP

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or a person with a handicap. If you have a handicap, the handicap must be other than a history of alcohol/drug abuse. If you have a handicap, you must provide certification by a doctor clearly stating that you have a handicap and it is expected to be of long and indefinite in duration lasting at least six months. In addition, the LHA will need to determine that certain special architectural features OR low rent housing is not available in the private market AND that the applicant is faced with living in and institution or decadent substandard housing OR the applicant is paying extensive rents.

3. If you want to apply for emergency Housing you must select one of the categories below:

Note: To be eligible for Emergency applicant status you must be "homeless," which is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from is/her primary residence for one of the following reasons. Please check the reason that applied to your situation.

- Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)
Displaced by Public Action (i.e. Urban renewal, eminent domain)
Displaced by Public Action (i.e. Condemnation of home, code violations)
Displaced through No-fault of applicant or applicant household member(s) Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is direct threat to the life and safety of the applicant.

If you have selected one of the above emergency categories in this section, you must complete an EMERGENCY APPLICATION in addition to this Standard Application. All emergency applications must be accompanied by third party written documentation.



4. **Local Preference:** In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed.

Please answer the following:

-Provide the name of the City/Town in which you are employed: _____

-Provide the dates of employment: From: _____ To: _____

Home Telephone _____ - _____ - _____ Work Telephone _____ - _____ - _____

5. **Veteran Preference:**

Only for Family Housing: You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a

a. dependent child of a Veteran.

Only for Elderly / Handicapped Housing: You may apply for Veteran Preference if

b. you are a Veteran who resided in the City or Town.

If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: From: _____ To: _____

A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? yes no

Please Specify: _____

7. Do you need a wheelchair accessible apartment? yes no

8. Number of Bedrooms needed: 1 2 3 4 5

Note: Most elderly / handicapped housing developments only have 1 bedroom units.

9. Are you currently living in a non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? yes no



10. **Racial Designation:** (Responding to this question is optional). Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a minority, you may classify your household in that Minority category.

American Indian Asian Black Hispanic White Other

11. Does anyone in your household own a car? yes no

Make of car: _____ Year: _____ Reg. Number: _____

Make of car: _____ Year: _____ Reg. Number: _____

12. Members of household to live in unit, including **Head** of Household:

| First & Last Name | Relationship | Social Security No. | Sex | Date of Birth | Occupation • Employed • At Home • Handicapped • Student |
|-------------------|--------------|---------------------|-----|---------------|---|
| | Head | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

This information will be used to verify income, assets, and criminal record information.

13. Is a change in the household composition expected? yes no

If yes, what type? _____ When? _____



14. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 month. Specify all sources.

| Household Member Name | | Name & Address of Employer or Source of Income | Gross Income for Next 12 Months |
|----------------------------|---|--|---------------------------------|
| | Salaries, Wages, including Overtime / Tips | | \$ |
| | Salaries, Wages, including Overtime / Tips | | \$ |
| | Net Income from Business or Profession | | \$ |
| | Trust Income, Interest & Dividends | | \$ |
| | Unemployment or Disability Compensation | | \$ |
| | Pensions & Annuities | | \$ |
| | Regular Social Security Benefits and / or SSI | | \$ |
| | VA Disability Income | | \$ |
| | TAFDC or Public Assistance | | \$ |
| | Regular Alimony Support Payments | | \$ |
| | Other Income | | \$ |
| Total Gross Income: | | | \$ |



15. Expenses:

| | |
|--|----|
| Un-reimbursed Medical Expenses: | \$ |
| Alimony of Child Support Payments: | \$ |
| Health Insurance: | \$ |
| Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment) | \$ |

16. Assets: Do you own any real estate? yes no

If yes, please provide the address: _____

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

| Household Member | Asset Type | Asset Value or Current Balance | Name of Financial Institution | Account No. |
|------------------|------------|--------------------------------|-------------------------------|-------------|
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |

17. Have you sold, transferred or given away any real property or assets in the last three (3) years? yes no

If yes: Date of sale / transfer: Month _____ Day _____ Year _____
 Amount of the sale / transfer: _____
 Value of the sale / transfer: _____



18. **References:** List two references. These should not be relatives or household members.

(1) Name _____ Telephone No. _____
Address: _____ City _____ State _____ Zip _____

(2) Name _____ Telephone No. _____
Address: _____ City _____ State _____ Zip _____

19. **List Addresses for each Adult Household Member** for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if someone other than yourself. (Use additional sheet if necessary)

(1) Name of Primary Leaseholder: _____
Address: _____ Apt # _____ Date From: _____ To: _____
City _____ State _____ Zip _____
Landlord Name _____ Telephone No. _____
Landlord Address: _____ City _____ State _____ Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) yes no
Did this landlord return your security deposit? (check one) yes no n/a

(2) Name of Primary Leaseholder: _____
Address: _____ Apt # _____ Date From: _____ To: _____
City _____ State _____ Zip _____
Landlord Name _____ Telephone No. _____
Landlord Address: _____ City _____ State _____ Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) yes no
Did this landlord return your security deposit? (check one) yes no n/a

(3) Name of Primary Leaseholder: _____
Address: _____ Apt # _____ Date From: _____ To: _____
City _____ State _____ Zip _____
Landlord Name _____ Telephone No. _____
Landlord Address: _____ City _____ State _____ Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) yes no
Did this landlord return your security deposit? (check one) yes no n/a



20. Have you, or any member of your household ever received housing assistance from this or any other housing agency? (check one) yes no

If yes, Name of Head of Household at that time: _____

Relation to Applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

When you moved out, were you in compliance with the lease and other program requirements? (check one) yes no

If No, Please Explain: _____

21. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing Authority? yes no If so, this will disqualify your application.

If Yes, Please Explain: _____

22. Do you have any pets? yes no If so, how many? _____
Please describe: _____

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

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Business Phone: _____ Cell: _____

Email: _____



24. **Criminal Record:** Have you or any member of your household who will live in the unit has been convicted of a felony? yes no

If Yes, Please

Explain: _____

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

yes no

If Yes, Please

Explain: _____

APPLICANT'S CERTIFICATION:

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

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

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature as valid as the original.

Applicant's Signature: _____

Date: _____

Reviewer's Signature: _____

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)

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

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)

SPRINGFIELD HOUSING AUTHORITY
25 SAAB COURT/P.O. BOX 1609
SPRINGFIELD, MA 01101-1609

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.

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.

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.

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.



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[SPRHA]

CORI REQUEST FORM

Springfield Housing Authority has been certified by the Criminal History Systems Board for access to any and all information relative to any criminal convictions, both felonies and misdemeanors, regardless of when the conviction occurred. Also any and all information relative to any criminal charges which are currently pending before the courts by the commonwealth or any jurisdiction including federal courts.

Applicants 18 and over must fill out this form.

APPLICANT / EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER

MOTHER'S MAIDEN NAME

FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ FT. _____ IN. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

APPLICANT SIGNATURE

*****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____
SHA CORI AUTHORIZED EMPLOYEE

Fair Information Practices Act
Statement of Rights

Local Housing Authorities collect 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 _____



**NOTICE TO ALL APPLICANTS:
REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS
WITH MENTAL AND/OR PHYSICAL DISABILITIES**

Local Housing Authority (LHA) does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the LHA has an obligation to provide "reasonable accommodation" on account of a disability if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the LHA can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the LHA's housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant 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 LHA, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The LHA has an Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the LHA. You must also submit medical documentation verifying the existence of a disability, and the need for an accommodation to overcome these limitations and to participate in the LHA's housing or programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the LHA can reasonably do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you 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.



REQUEST FOR ACCOMMODATION

To: Accommodation Coordinator
_____ Housing Authority

Authority Address: _____

From: _____
Applicant Name (please print) Control Number

Address

Town/City, State, Zip
()

Area Code/Telephone Number

1. I have a disability which limits me in the following ways (describe): _____

2. On account of these limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing programs. (Describe)

3. Documentation verifying the existence of my disability, my limitations on account of it, and my need for accommodation is attached. (Attach appropriate documentation)

4. I attest that the foregoing information is true and correct.

Signature of Applicant Date _____



Name of Physician _____

Physician's Address _____

Date _____

**PHYSICIAN'S VERIFICATION OF HANDICAPPED STATUS FOR
STATE-AIDED ELDERLY/HANDICAPPED HOUSING**

Applicant's Name

Applicant's Control Number

Applicant's Address

I hereby authorize release of the following information: _____
Applicant's Signature

The Housing Authority is required by state regulations to obtain a physician's certification documenting that an applicant has a qualifying physical or mental impairment in order to determine the applicant's eligibility for elderly/handicapped housing. The applicant has authorized above your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

Executive Director or Tenant Selection Coordinator



5/7/04