

APPLICATION FOR CONTINUED OCCUPANCY FORM

Renewal Date: _____

1. Name and relationship of ALL persons living in your household, including date of birth and Social Security Number (Our use of each person's Social Security Number is limited to income verification only).

Name	Relationship	Date of Birth	Social Security Number
	Head of Household		

2. Total Gross Income for ALL household members and ALL sources. Persons over the age of 18 who live in the household must provide verification of income. Each person over the age of 18 who is unemployed must submit a Statement of No Income Form and a signed and dated Release From.

Income	Weekly	Monthly	Annually
Gross Wages BEFORE deductions			
Interest / Dividends (Form 1099)			
Commissions, tips, bonuses, other income (Form 1099)			
Self-Employed net income (at least 15% of gross receipts)			
Pension, Annuity, Retirement (gross amount)			
Alimony, child support, foster care (gross amount)			
Unemployment and Disability Compensation			
Social Security Benefits (gross amount)			
Public Assistance TAFD (gross amount)			
Other (specify):			
TOTAL GROSS INCOME			

Name of Employer _____ Address _____ Occupation _____

3. Allowable Deductions from Gross Income (subject to verification)	Annually
\$300.00 for each minor member (under age 18) and each income-contributing adult other than head	
Non-reimbursable medical expenses over 3% of gross income (including medical insurance)	
Care of children / sick persons necessary for employment	
Support payments made (child support, alimony)	
Tuition and fees (vocationally-related post-secondary education for member other than "FTS")	
Necessary handicapped homemaking or household expenses	
TOTAL DEDUCTIONS	

TOTAL NET INCOME

NOTES:

*Income Verification: Please submit verification of all income that you are receiving at this time. Interim re-determinations and changes in rent will **NOT** take effect until all information is received! All income must be verified as to what you are **CURRENTLY** receiving.*

*Deduction Verification: When submitting your medical deductions, it must be verified that you have **ALREADY** paid. You may submit cancelled checks. All deductions must be what you have paid during the previous 12-month period. If it is not verified that the deductions were paid, the NHA cannot use them for out-of-pocket expenses.*

The undersigned hereby certifies that the financial data supplied by this tenant is timely and accurate in all respects. The undersigned also understands that misrepresentation of these facts is grounds for termination. I hereby certify that all of my sources of income have been stated correctly in this Application for Continued Occupancy.

Signed under the pains and penalties of perjury:



Signature of Head of Household

Printed Name (please print clearly)

Email Address



Date

Telephone Number

EMERGENCY CONTACTS:

1. Name and Address Relationship Telephone Number

1. Name and Address Relationship Telephone Number

Earned Income Exclusion

This exclusion can only be used if you have been collecting from TAFDC, SSI, SS or DISABILITY. If you started working and, as a result of your new income, your benefits were decreased or terminated because of employment, you may have the option of having your rent frozen for the next 12 consecutive months, calculating your rent using the above income source. This exclusion may only be exercised once.

Welfare to Work Exclusion (please check off A, B or C below)

- To be taken this year (please complete line "A" below)
- Deferred
- Not applicable

Member(s) name: _____

Income Source (last 12 months): _____ Current Income Source: _____

N
H
A

NORTON HOUSING AUTHORITY

120 West Main Street
Norton, MA 02766
508-285-3929

AUTHORIZATION FOR RELEASE OF INFORMATION

(To be completed by all household members over the age of 18 years)

Name: _____

Address: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Criminal Offenders Records Information | <input type="checkbox"/> Financial Institutions |
| <input type="checkbox"/> Employer / D.E.T. | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Transitional Assistance | <input type="checkbox"/> Landlord Reference |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Other: _____ |

I hereby give you my permission to release this information to the Norton Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Norton Housing Authority within five (5) days of receipt of this request.

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

Thank you for your assistance and cooperation in this matter.



Signature

Date

FAIR INFORMATION PRACTICES ACT – STATEMENT OF RIGHTS

The Norton Housing Authority collects information about applicants and tenants for its 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. When 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 regard to the information collected about you. No information may be used for any purpose other than those described above without your consent.

1. No information may be disclosed to any person other than those described above without your consent. If we receive legal order to release the information, we will notify you.
2. You or your authorized representative has a right to inspect and copy any information. However, the Housing Authority reserves the right for a 24-hour notice in such cases in order to have someone available to assist you.
3. You may ask questions and receive answers from the Housing Authority about how we collect and use information.
4. 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 your file. If you are dissatisfied, you may appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights.



Signature

Date

NORTON HOUSING AUTHORITY

120 West Main Street
Norton, MA 02766
508-285-3929

AUTHORIZATION FOR RELEASE OF INFORMATION

(To be completed by all household members over the age of 18 years)

Name: _____

Address: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Criminal Offenders Records Information | <input type="checkbox"/> Financial Institutions |
| <input type="checkbox"/> Employer / D.E.T. | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Transitional Assistance | <input type="checkbox"/> Landlord Reference |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Other: _____ |

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I have read and understand this Fair Information Practices Statement of Rights.



Signature _____

Date _____

NORTON HOUSING AUTHORITY

120 West Main Street

Norton, MA 02766

508-285-3929

STATEMENT OF NO INCOME FORM

TO BE FILLED OUT ONLY IF YOU DO NOT HAVE AN INCOME!

Date: _____

I, _____, have not received any income since _____.

(Printed Name) *(Date)*

Please list how you pay the following (example: "my mother pays")

1. Rent: _____

2. Food: _____

3. Car Insurance: _____

4. Utilities: _____

Signed under the pains and penalties of perjury:

Signature



This is an important notice. Please have it translated.
 Este é um aviso importante. Queira mandá-lo traduzir.
 Este es un aviso importante. Sirvase mandarlo traducir.
 ĐÂY LÀ MỘT BÀN THÔNG CÁO QUAN TRỌNG
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
 Ceci est important. Veuillez faire traduire.

本通知很重要。請將之譯成中文。

នេះគឺជាជំនាញសំខាន់ សូមមេត្តាបកប្រែជូនផង

ЭТО ОЧЕНЬ ВАЖНОЕ СООБЩЕНИЕ ОБЯЗАТЕЛЬНО ПЕРЕВЕДИТЕ

Massachusetts Department of Housing and Community
 Development Resident Notice and Consent Form for
 State-Aided Public Housing and State Rental Assistance

Pursuant to state law, Chapter 334 of the Acts of 2006, The Department of Housing and Community Development (DHCD) must gather, compile, and report data in order to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units (including state-aided public housing) and recipients of state or federal rental assistance. DHCD will also evaluate the data to ensure that housing choice and inclusive patterns of housing are available across the Commonwealth.

In response to the above cited law and regulations at 760 CMR 61.00, DHCD is requiring local housing authorities administering state-aided public housing and state rental assistance and regional agencies administering state rental assistance to collect and report certain resident household data to DHCD. Much of this information is already collected pursuant to separate authority. DHCD will annually report to the state legislature on its data collection efforts and may provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Massachusetts General Laws Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, or relevance of the personal data or type of information held about you.

Please respond to the following data questions:

1) What is the race of the head of household?

Circle all that apply:

White
Black or African American
Asian
American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander
Other (specify) _____

2) Is at least one adult member of the household a racial minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or other minority) (yes or no)? _____

3) Is the head of household Hispanic/Latino (yes or no)? _____

4) Is at least one adult member of the household Hispanic/Latino (yes or no)? _____

5) What is the number of children under 6 years of age in the household that reside in the unit?

6) What is the number of children in the household that are 6 years of age or older but under 18 years of age that reside in the unit? _____

7) What is the household type?

Circle one of the following choices below:

- Single/non-Elderly
- Elderly
- Related/Single Parent (a single parent household with a dependent child or children)
- Related/Two parent (a two-parent household with a dependent child or children)
- Other (any household not included in the above four definitions, including two or more unrelated individuals)

In signing this consent form, you acknowledge that after reading this form you voluntarily provided the information above, that you understand that there are no penalties if you do not wish to provide the information, and that you have received a copy of this form for future reference.

Head of household signature

Date
