

**BURTON F. FAULKNER TOWER**  
**25 HIGHLAND AVENUE**  
**SOMERVILLE, MASSACHUSETTS 02143**

(617) 628-2119 · FAX (617) 776-9303

Dear Applicant:

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

As per your request, attached is an application for an apartment in our building. **Please answer every question and sign the application.**

In order to be placed on our waiting list, you must be either age 62 or older, or have a permanent disability. If you have a permanent disability, and are under the age of 62, proof of your disability is required. PLEASE NOTE: We are currently giving preference to the elderly, with only 7.7% of our apartments assigned to non-elderly applicants.

Our building holds a state certification for Section 8 subsidy. You do not need your own certificate. If you have one, it must be turned in when you accept an apartment in our building. In order to be eligible for Section 8 subsidy, your income must fall within the limits regulated by H.U.D. At present, these limits are: \$46,000.00 per year for one person and \$52,500.00 per year for two people. If your Gross Income is above these limits, you are not eligible for an apartment in our building. We cannot accept unsubsidized applicants.

In order for a husband and wife to be eligible for a two-bedroom apartment, there must be a medical necessity. A doctor's letter to that effect must accompany your application.

Upon receipt and verification of your application, you will be placed on the appropriate waiting list, and notified by mail of your current number on that list. You will not hear from us again until our next annual update of the waiting lists. Your number will not change until that time. Being placed on our waiting list does not insure acceptance. Your acceptance is contingent upon completion of appropriate forms, and a credit/criminal check. These are not conducted until your name nears the top of the waiting list.

We also maintain state preferences, as follows: 1<sup>st</sup> Priority – Homelessness due to Displacement by Natural Forces, 2<sup>nd</sup> Priority – Homelessness due to Displacement by Public Action (Urban Renewal), 3<sup>rd</sup> Priority – Homelessness due to Displacement by Public Action (Sanitary Code Violations), and 4<sup>th</sup> Priority – Involuntary Displacement by Domestic Violence. Please call for an explanation of these priorities.

***PLEASE NOTE: Burton F. Faulkner Tower is smoke free.***

Sincerely,

Deborah Reid  
Site Manager

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FINANCED BY MASSACHUSETTS HOUSING FINANCE AGENCY  
APARTMENTS AVAILABLE ON AN OPEN OCCUPANCY BASIS



**Burton F. Faulkner Tower**  
**25 Highland Avenue**  
**Somerville, MA 02143**  
**Phone: 617-628-2119**  
**Fax: 617-776-9303**

***Office Use Only***

**Date Received:** \_\_\_\_\_  
**Time Received:** \_\_\_\_\_  
**Wait List No.:** \_\_\_\_\_

**APPLICATION FOR RESIDENCY**

***PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION***

**List the Head of Household and all other members who will be living in the unit and, provide social security numbers for all household members.**

Member No.	Last Name	First Name	M/I	Relationship to Head	Birth Date	Age	Sex	Soc. Sec. No.
<b>Head</b>				<b>Self</b>				
2								
3								

*All members of household, regardless of age, must declare their citizenship or immigration status. Please complete the attached Citizenship Declaration documents and return with this application.*

Are you or any members of your household disabled? Yes [ ] No [ ]

Are you or any members of your household a person with a disability that requires the amenities of an accessible unit?  
 Yes [ ] No [ ]

Are you or any members of your household a part-time or full-time student enrolled in an institute of higher education?  
 Yes [ ] No [ ]

Current Address: \_\_\_\_\_  
 Street City State Zip Code Area Code & Phone #

Landlord's Name Area Code and Phone # Rent Amount Length of Stay

If you have lived at your current address less than five years, please provide the name, address and phone number of all former landlords for the past five years:

Name of Landlord	Address	Phone	Dates you lived there
			From To

- Has any member of the household ever been evicted from another federally assisted site for drug related criminal activity within the past three years? Yes [ ] No [ ]
- Does any member of the household use illegal drugs or abuse alcohol? Yes [ ] No [ ]
- Have any members of the household been convicted and or adjudicated of a misdemeanor or felony? Yes [ ] No [ ]
- Are you or any members of your household registered as a Life-time Sex Offender? Yes [ ] No [ ]
- List every State you have ever resided in: \_\_\_\_\_

**EQUAL HOUSING OPPORTUNITY**

**TYPE OF APARTMENT NEEDED:**

**1 BR**                      **2 BR**  
                     

**UNIT TYPE REQUESTED:**

**Wheelchair Adapted Unit**     YES    NO  
**Hearing/Visual Adapted Unit**  YES    NO

**INCOME**

Income Source	Monthly Income Head of Household	Monthly Income Member #2	Monthly Income Member #3
Social Security			
SSI/Disability			
Pension/Annuity			
Employment/Salary			
General Relief			
Interest/Dividends			
Family Assistance			
Other _____			
<b>TOTAL:</b>			

**ASSETS**

Assets Owned	Current Value	Annual Income Received	Owned by Whom	Comments
Checking				
Savings/Money Market/CD				
Home/Real Estate				
Business				
Cash held				
Assets given away				
Life Insurance Accounts				
IRA/401K/KEOGH				
Other _____				
<b>TOTAL</b>				

HUD requires us to report the race and ethnicity of the Head of Household for all applicants. We request your cooperation in completing the following questions. **This response is optional and your entry will have no bearing on your eligibility for housing.**

Race of Head of Household:     White    Black or African American    Asian  
 American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  
 Other \_\_\_\_\_

Ethnicity of Head of Household:    Hispanic or Latino     Non-Hispanic or Latino

Applicant(s) represents that all information on this application is true and accurate and understands that the owner/management will rely upon said information and make independent investigations to determine the applicant's credit, financial and character standing. **In addition, we conduct criminal background checks as required by the Housing and Urban Development Department (HUD). Pursuant to the HUD guidelines, we will not admit an applicant who has been evicted from another federally assisted site for drug related criminal activity within the past three years, who uses illegal drugs or abuses alcohol, and/or who is classified as a sex offender.**

The applicant(s) hereby releases the owner/management, his/her employees and agents, and any firm or person supplying them with the information from any liability whatsoever concerning the release or use of this information and will hold them harmless from any suit or reprisal whatsoever. All holders of any such information are hereby authorized to release any and all such information they may have concerning the applicant(s).

\_\_\_\_\_  
Signature Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Co-Applicant

\_\_\_\_\_  
Date

**PLEASE CHECK THE APPROPRIATE BOX:**

How did you hear about this facility:  Newspaper Ad  Church/Agency  Referral/Friend  
 Telephone Inquiry  Internet  **Burton F. Faulkner Tower**  
*For Office Only*

\_\_\_\_\_  
Housing Administrator

\_\_\_\_\_  
Date

**NOTE: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in this development.**

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Rev. 1-14



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**FAMILY SUMMARY SHEET**

<b>Member No.</b>	<b>Last Name of Family Member</b>	<b>First Name</b>	<b>Relationship to Head of Household</b>	<b>Sex</b>	<b>Date of Birth</b>
Head					
2					
3					

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

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**EMERGENCY CONTACT:**

Please list the name, address, and telephone number of the person you wish to be notified in the event of an emergency:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TEL NO: \_\_\_\_\_

**PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL CONSIDERATIONS:**

1. Have you been displaced from your home? Yes \_\_\_ No \_\_\_ If so, please explain: \_\_\_\_\_
2. Does your present apartment contain health code violations? Yes \_\_\_ No \_\_\_ If so, please describe: \_\_\_\_\_
3. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_ No \_\_\_ If so, please describe: \_\_\_\_\_
4. Have you or any member of your household suffered actual threats of physical violence by a spouse or other member of the household? If so, please provide details: \_\_\_\_\_

**Additional Required Information**

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? \_\_\_\_\_ If yes, list the name of the person and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required) \_\_\_\_\_

**NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.**

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries will be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report, and a Criminal Offenders Record Information (CORI) report will be requested. I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

If you have a disability and you need a change in the rules or policies that would make it easier for you to live here, or, if you require a change in communication, you can ask for this change, which is called a REASONABLE ACCOMMODATION. If you can show that you have a disability, and, if your request is reasonable, we will try to accommodate you.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

**This must be signed by all applicants aged 18 and older.**

*Signed under the pains and penalties of perjury.*

\_\_\_\_\_  
Head of Household/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

**A copy of a birth certificate and social security card for each applicant must accompany this application.**

Burton F. Faulkner Tower does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<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: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input checked="" type="checkbox"/> Other: <u>Security Deposit</u>
<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.	

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

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**Signature of Applicant**

**Date**

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

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

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**APPLICANT DECLARATION FORM**

Section 214 of the Housing and Community Development Act 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible noncitizens in the Section 8 Housing Assistance Payments Programs for which you have applied. Therefore, you are required to declare U.S. Citizenship, or submit evidence of eligible immigration status for each of your family member for whom you are seeking housing assistance. If you are not, a citizen or national, complete the following declaration. If you are not, please call the above number to have the correct declaration mailed to you. **FAILURE TO ESTABLISH ELIGIBLE STATUS WILL RESULT IN YOUR NOT BEING CONSIDERED FOR A TENANT IN THIS BUILDING.**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSHOLD: \_\_\_\_\_ SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DECLARATION:**

I, \_\_\_\_\_, hereby declare, under penalty of perjury, that I am a citizens or national of the United States.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
RELATIONSHIP TO HEAD OF HOUSHOLD: \_\_\_\_\_ SEX: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DECLARATION:**

I, \_\_\_\_\_, hereby declare, under penalty of perjury, that I am a citizens or national of the United States.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Consent for Release of Information  
(For use with State Subsidized Programs)**

**BURTON F. FAULKNER TOWER**

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I, the above named individual, have authorized Burton F. Faulkner Tower to verify the accuracy of the information which I have provided, from the following sources (specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give you my permission to release this information to Burton F Faulkner Tower, 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 Deborah Reid 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.

**Signed under the pains and penalties of perjury.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Carefull

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410