GREENFIELD HOUSING AUTHORITY

THE WINSLOW – RENTAL APPLICATION

Incomplete applications will not be processed. Make sure to sign the last page.

**** ALL PAGES IN THIS PACKET MUST BE COMPLETED AND RETURNED *** If a question is not applicable, write **N/A.** Once completed please mail or hand deliver to the Property Manager at **The Winslow**, ***9 Wells St, Greenfield*** or to **Greenfield Housing Authority's** main office, ***1 Elm Terrace, Greenfield.***

LANGUAGE: Do you understand, read, and speak English? . . . . . Yes ☐ No ☐

If no, what is your language spoken/read? _____

Translation and interpretation services are available upon request by appointment only.
(Servicio de traducción e intepretación estan disponibles, con cita, una vez que lo solicite.)

A. Name of Applicant:_____

Address of Current Residence:_____

Mailing Address (If Different):_____

Date Of Birth:_____ **Social Security Number**:_____

City/Town:_____ **State**:_____ **Zip**:_____

Home Phone:(___)_____ **Work Phone**:(___)_____ **Cell Phone**:(___)_____

Email Address:_____

B. APPLICANT'S RACIAL DESIGNATION: (Check one):

☐ White ☐ Black/African American ☐ American Indian

☐ Asian/Pacific Islander ☐ Wish not to disclose ☐ Other

Specify Other:_____

C. APPLICANT'S ETHNIC DESIGNATION:(Check one):

☐ Hispanic/Latino ☐ Not-Hispanic/Latino ☐ Wish not to disclose

D. CHECK ALL THE BOXES THAT APPLY BELOW.

☐ 62 years of age or older ☐ Disabled or handicapped ☐ I am a **Veteran.**

☐ Am a full-time college student. If box checked, Name of College:_____

☐ I **reside in** Greenfield, **work in** Greenfield or have **been hired to work** in Greenfield.

☐ I have been or am about to be **displaced due to being a victim of Domestic Violence and I don't have replacement housing**.

☐ I have been or am about to be **Homeless**. ☐ I have not been **displaced** from my current housing

☐ I need a wheelchair accessible apartment.

☐ I have special needs due to a disability or need for a reasonable accommodation. If box checked, specify the accommodation needed: _____

HOUSEHOLD INFORMATION

All income for the household member must be reported and verified at every recertification. Please enter all household income below and provide GHA with supporting documentation (such as pay stubs) for all income, **including income from employment, pensions, government benefits, child support,** and all types of income.

FULL NAME	INCOME DESCRIPTION	FREQUENCY (Ex: weekly, monthly)	AMOUNT	ANNUAL INCOME (if known--if not leave blank)

HOUSEHOLD BANK ACCOUNTS, ONLINE FINANCIAL ACCOUNTS AND OTHER ASSETS

All assets in the household must be reported at every recertification. Please enter all assets for all household members and include along with the supporting documentation.

FULL NAME	DESCRIPTION OF ACCOUNT OR ASSET TYPE / ACCOUNT NUMBER (if any)	AMOUNT	ANTICIPATED INCOME (Ex: interest)

E. Have you sold, disposed of, transferred ownership or given away any real property or assets in the past two (2) years? . . . . . .Yes☐ No☐

If yes, type of property:_____ Date of transaction:_____

Value of the sold, disposed, transfer or gifted asset?_____

F. Have you ever received housing assistance from this or any other Housing Agency or Housing Authority? (**Check One**) . . . . . Yes ☐ No ☐

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

Name of Housing Agency: _____

Date Moved Out: _____Reason Moved Out: _____

When you moved out, were you in compliance with the lease & other program requirements?
(Check One) Yes☐ No☐ **If No, please explain**: _____

_____

G. CRIMINAL RECORD: Pursuant to 804 CMR 5.05(1) **GHA** will obtain Criminal Offender Record Information for all applicants and household members 17 years of age or older.

- Have you been convicted of a misdemeanor in the last five years?* . . . . . Yes ☐ No ☐
- Have you been convicted of a felony in the last ten years?* . . . . . .Yes ☐ No ☐
- Are you registered - or required to register - as a sex offender? . . . . . Yes ☐ No ☐
- If you answered yes to questions 1, 2 and/or 3 please explain:_____

_____

_____

***APPLICANTS WITH SEALED RECORDS PLEASE READ. Applicants with sealed records: You are not required to list convictions that are included in a record that has been sealed.** An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. An applicant for employment, housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests or criminal court appearances.

EMERGENCY CONTACT

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

YOUR NAME:	
MAILING ADDRESS:	
TELEPHONE #:	**CELL PHONE #:**
NAME OF CONTACT PERSON OR ORGANIZATION:	
ADDRESS:	
TELEPHONE #:	**CELL PHONE #:**
EMAIL ADDRESS (if applicable):	
RELATIONSHIP TO APPLICANT:	**REASON FOR CONTACT: (check all that apply)** ☐ **EMERGENCY** ☐ **UNABLE TO CONTACT YOU**
COMMITMENT OF HOUSING AUTHORITY OR OWNER: If you are approved for housing, this information will be kept as part of your tenant files.	
CONFIDENTIALITY STATEMENT: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	

CERTIFICATION & CONSENT TO VERIFICATION

NOTICE

Greenfield Housing Authority may use your name, date of birth, address, social security number, or other identifying information for purposes permitted by federal and state law, including to verify the information you have provided on this application, such as any information that you have provided about your wages, income, assets and receipt of public benefits or services. We may use the identifying information in conducting matches to confirm your eligibility for assistance and to detect fraud. We may also match the identifying information that you provided on this application relating to your family members, such as your spouse, an absent parent, or your dependents. Names, dates of birth, addresses, social security numbers or other identifying information may be matched with computer or other files, to include but not be limited to, files from the following Data Holders: Internal Revenue Service; Social Security Administration; Mass State Supplemental Program (SSP) Alien Verification Information System; Center for Medicare and Medicaid; MassHealth; Registry of Motor Vehicles; Department of Revenue; Department of Revenue Child Support Enforcement; Department of Transitional Assistance; Department of Early Education and Care; Division of Unemployment Assistance; Department of Veterans' Services; Bureau of Special Investigations; Bureau of Vital Statistics; SAVE; Department of Criminal Justice Information Services; employers; landlords; Local Housing Authorities, RAFT, schools, insurance companies, banks and/or financial institutions.

CERTIFICATION

I have answered all the questions and that the information given on this application regarding household income and assets is accurate and complete to the best of my knowledge. I understand that submission of false information or misrepresentation may result in the loss of eligibility. I acknowledge that this is a preliminary application for the purpose of placement on the waiting list for **The Winslow Building**. At the time of selection from the waiting list all information contained in the application will be subject to third party verification to determine eligibility requirements prior to approval of occupancy.

CONSENT

I authorize the **Greenfield Housing Authority** to use this application to authorize the Data Holders to release my wage, tax, child support, benefits, income or other information and to perform matches with the Data Holders to confirm the information on this application as it pertains to the determination of my eligibility for assistance, verifying the information on this application and for detecting fraud.

_____ SIGN HERE	_____	_____
Signature of Head of Household	Name (Print)	Date

This form must be read and signed by all adult family members of the household listed on this application. This certification and consent is valid until superseded by a subsequent application or revoked in writing by a signatory or a person legally authorized to act on his or her behalf.

To learn more, or if you're questions weren't answered above, please contact us at 413-773-5478.