LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT
Admissions Office
27-29 Curwin Terrace
Lynn, MA 01905
(781) 581 – 8760 / (800) 439 – 2370 (TDD)

APPLICATION FOR FEDERAL PUBLIC HOUSING

This application is valid for the federal public housing properties operated by the Lynn Housing Authority & Neighborhood Development (LHAND). This is not an application for the Section 8 Voucher Program.

1. To be eligible for the public housing program:

- The applicant family must:
  - Qualify as a family as defined by HUD and the LHAND.
  - Have income at or below HUD-specified income limits.
  - Qualify on the basis of citizenship or the eligible immigrant status of family members.
  - Provide social security number information for household members as required.
  - Consent to the PHA's collection and use of family information as provided for in LHAND-provided consent forms.

- The LHAND must determine that the current or past behavior of household members does not include activities that are prohibited by HUD or the LHAND.

2. Eligible for Placement on the Waiting List:

Generally, for a development with a waiting list that is continuously open, applicants will be placed on the waiting list according to LHAND preference(s), bedroom size, and the date and time their complete application is received by the LHAND. New applicants will be placed behind any applicants remaining from prior years who fall into the same preference or priority category.

For a development with a waiting list that is only open for a specified period of time, applicants will be placed on the waiting list via a lottery system according to LHAND preference(s) and bedroom size.

The LHAND will assign families on the waiting list according to the bedroom size for which a family qualifies as established in its occupancy standards.

Placement on the waiting list does not indicate that the family is, in fact, eligible for admission. When the family is selected from the waiting list, the LHAND will verify any preference(s) claimed and determine eligibility and suitability for admission to the program.

3. **Ineligible for Placement on the Waiting List:**

If the LHAND determines from the information provided that a family is ineligible, the family will not be placed on the waiting list. When a family is determined to be ineligible, the LHAND will send written notification of the ineligibility determination within 10 business days of receipt of the completed application. The notice will specify the reasons for ineligibility and will inform the family of its right to request an informal hearing and explain the process for doing so.

Applicants with disabilities may seek assistance with the completion of the application at the LHAND's Admissions Office, at the address above.

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Screening for Eligibility:

- LHAND will perform criminal background checks through local law enforcement for all household members 18 years of age and older in accordance with current Criminal Offender Record Information (CORI) regulations.
- LHAND will perform criminal background checks necessary to determine whether any household member 18 years of age and older is subject to a lifetime registration requirement under a state sex offender program in the state where the housing is located, as well as in any other state where a household member is known to have resided

Screening for Suitability as a Tenant:

LHAND will consider the family's history with respect to the following factors:

- Payment of rent and utilities
- Caring for a unit and premises
- Respecting the rights of other residents to the peaceful enjoyment of their housing
- Criminal activity that is a threat to the health, safety, or property of others
- Behavior of all household members as related to the grounds for denial
- Compliance with any other essential conditions of tenancy

Reasons for Denial of Admission:

LHAND will deny assistance in the following cases:

- Any member of the household has been evicted from federally assisted housing in the last three years for drug-related criminal activity.
- Any household member is currently engaged in the use of illegal drugs.
- Any household member's current use or pattern of use of illegal drugs, or current abuse or pattern of abuse of alcohol, may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents.
- Any household member has ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine on the premises of federally assisted housing.
- Any household member is subject to a lifetime registration requirement under a state lifetime sex offender registration program.
- Has a pattern of unsuitable past performance in meeting financial obligations, including rent within the past three years
- Has a pattern of disturbance of neighbors, destruction of property, or living or housekeeping habits at prior residences within the past three years which may adversely affect the health, safety, or welfare of other tenants
- Owes rent or other amounts to this or any other PHA or owner in connection with any assisted housing program
- Misrepresented or does not provide complete information related to eligibility, including income, award of preferences for admission, expenses, family composition or rent
- Has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program in the last three years
- Has engaged in or threatened violent or abusive behavior toward PHA personnel
- If any household member is currently engaged in, or has engaged in, any of the following criminal activities, within the past three years, the family will be denied admission.
    - Drug-related criminal activity, defined by HUD as the illegal manufacture, sale, distribution, or use of a drug, or the possession of a drug with intent to manufacture, sell, distribute or use the drug [24 CFR 5.100].
    - Violent criminal activity, defined by HUD as any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage [24 CFR 5.100].
    - Criminal activity that may threaten the health, safety, or welfare of other tenants [24 CFR 960.203(c)(3)].
    - Criminal activity that may threaten the health or safety of PHA staff, contractors, subcontractors, or agents.
    - Criminal sexual conduct, including but not limited to sexual assault, incest, open and gross lewdness, or child abuse.

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Office Use Only (Date & Time Stamp)

Total Preference Points: _____

APPLICATION FOR FEDERAL PUBLIC HOUSING

Check appropriate boxes:
☐ ~~Curwin Circle~~ ☐ ~~1 BR~~ ☐ ~~2BR~~ ☐ ~~3BR~~ ☐ ~~4BR~~ ☐ ~~5BR~~ *(Curwin Circle waiting list is currently closed)*
☐ Wall Plaza

Notice: Applications that are left with blanks or not signed cannot be processed or placed on our waiting list.

APPLICANT NAME:
(Head of Household) _____
First, Middle, Last

CURRENT ADDRESS:
_____
Street, Apt. # City, State, Zip

MAILING ADDRESS:
(If different)
_____
Street, Apt. # City, State, Zip

DAYTIME PHONE: _____ **EMAIL:** _____

For Statistical Purposes Only
RACE: ☐ African American/Black ☐ Asian ☐ Caucasian/White
☐ Native Hawaiian ☐ American Indian or Alaskan ☐ Pacific Islander

ETHNICITY: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

PREFERENCES: Eligible applicants are assigned a place on the waiting list based upon their preferences. Applicants may claim qualification for preferences when they fill out this application. All of the preferences will require verification. Verification takes place after your name has come to the top of the waiting list. When we reach your name on the waiting list we will notify you to come in and fill out the formal application.

Please check all preferences that apply to your current household situation:

This Column for LHAND Use Only:	
_____ 10 Points	☐ **Lynn Resident:** Families who live in the City of Lynn. Families where the head, spouse/co-head, or sole member, works, or has been hired to work in the City of Lynn, will also be given the benefit of the Lynn residency preference.
_____ 5 Points	☐ **Working Family:** Families where the head, spouse/cohead, or sole member is employed; are active participants in an accredited educational and/or training program designed to prepare the individual for the job market; or are receiving unemployment benefits. As required by HUD, families where the head and spouse/cohead, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference.
_____ 1 Point	☐ **Victim of Domestic Violence:** Families that include victims of domestic violence, dating violence, sexual assault, or stalking. The applicant must certify that the abuser will not reside with the applicant.
_____ 1 Point	☐ **Veteran:** Current members of the U.S. Armed Forces, veterans, or widowed, non-remarried spouses of veterans.
_____ 0 Points	☐ **No Prefrences**

HOUSEHOLD COMPOSITION: Beginning with yourself, list all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

LEGAL NAME First, Middle Initial, Last	***RELATIONSHIP TO Head of Household**	**DATE OF BIRTH**	**PLACE OF BIRTH**	**SEX (M/F)**	***DISABLED Yes/No**	**SOCAIL SECURITY #**
	Head of Household					

*Relationship to Head of Household: Spouse, Co-Head, Other Adult, Son, Daughter, Foster Child, Live-In Aide
*Disabled: Has a verified disability determined to be continuous, and/or long term (more than 12 months)

HOUSEHOLD INCOME: List all money earned or received by everyone listed on this application. This includes money from wages, self-employment, unemployment, alimony, child support, gifts/contributions, Social Security, SSI, retirement, disability, workman's compensation, TAFDC, Veteran Benefits, Rental Property Income, and all other sources:

NAME First, Middle Initial, Last	**INCOME SOURCE OR TYPE OF INCOME/ NAME & ADDRESS OF INCOME SOURCE**	**GROSS AMOUNT**	**FREQUENCY** Monthly, Weekly, Biweekly, Yearly
		$	
		$	
		$	
		$	
		$	

Are you and each household member a U.S. Citizen, or do you and each household member at least possess eligible immigrant status which can be verified with U.S. Immigration and Naturalization Service? ☐ Yes ☐ No

Do you or any household member need a physically modified, wheel chair accessible unit? ☐ Yes ☐ No

If Yes, please specify any special needs you, or any household member may require:

_____

Have you or any household member 18 or older, ever lived in public housing? ☐ Yes ☐ No

If Yes, when?_____ where?_____

CERTIFICATION

All adult household members must sign this declaration to certify accuracy of the information reported.

I/we understand that this application is not an offer of housing,

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified,

I/we authorize the LHAND to make inquiries to verify the information provided on this application,

I/we understand that it is my/our responsibility to inform the LHAND of any change of address, income, or household composition, and

I/we understand that any false statement made on this application will cause me/us to be disqualified for admission:

HEAD OF HOUSEHOLD SIGNATURE: _____ DATE: _____

SPOUSE/COHEAD SIGNATURE: _____ DATE: _____

OTHER ADULT SIGNATURE: _____ DATE: _____

OTHER ADULT SIGNATURE: _____ DATE: _____

OTHER ADULT SIGNATURE: _____ DATE: _____

OTHER ADULT SIGNATURE: _____ DATE: _____

Warning: Title 18, Section 1001 of the U.S. Code provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing 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 or imprisoned for not more than five years or both.

IT IS YOUR RESPONSIBILITY TO NOTIFY OUR OFFICE OF ANY ADDRESS CHANGES, IN WRITING. IF YOU DO NOT RESPOND TO OUR CORRESPONDENCES, OR YOUR MAIL IS RETURNED TO US, YOU WILL BE REMOVED FROM THE WAITING LIST.

Return Completed Application and the Supplement to Application for Federally Assisted Housing HUD-92006 form to:

Mail/DropBox:
Admissions Office
27-29 Curwin Terrace
Lynn, MA 01905

Email: admissions@lhand.org

Fax: (781) 581-8771

FOR LHAND USE ONLY

Application is complete? ☐ Yes ☐ No

Applicant contacted in order to complete application? _____

Outcome: _____

Assigned ID: _____ Entered into housing software by:_____ Date:_____

Additional Information: _____

_____

Una versión en Español de este documento está disponible en su Oficina principal, en la Oficina Central del LHAND

OMB Control # 2502-0581
Exp. (02/28/2019)

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.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: 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.

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.

Legal Notification: 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.**

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.