LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT

REQUEST TO ADD A HOUSEHOLD MEMBER

Federal Programs

To request to add a household member, you must complete the forms in this packet. We will conduct civil and criminal background checks on adult persons you wish to add to determine if they meet LHAND's admissions standards. If you wish to add this person as a Live-In Aide, **stop now and do not complete this form**. Contact your Case Representative to request to add a Live-In Aide.

Return your completed packet to your Case Representative.

Name of Head of Household:_____

Address:_____

- The family must inform LHAND of the birth, adoption or court-awarded custody of a child within 10 business days of the addition.
- Other than birth, adoption or court awarded custody of a child, families must request LHAND and Owner approval to add a new family member, live-in aide, foster child, or foster adult prior to the individual moving into the unit. It is the responsibility of the family, not the LHAND, to request and obtain the owner's written approval for the addition of family members.
- It is the responsibility of the family, not the LHAND, to request and obtain a de-lead certificate from the owner (if not already on file) when a household member under the age of six (6) is added.

Incomplete packets will not be accepted and will delay the review process

Check the applicable box to indicate the reason for the addition to the household and provide the requested information (listed below) for each addition.

☐ Birth: Name_____ Date of Birth:_____

☐ Adoption: Name_____ Date of Birth:_____

Effective Date:_____

☐ Court Awarded Custody: Name_____ Date of Birth:_____

Effective Date: _____

☐ Marriage: Name_____ Effective Date:_____

☐ Foster Child: Name_____ Effective Date:_____

☐ Other: Name _____ Effective Date:_____

Enter Reason for Addition to the Household (REQUIRED):_____

_____

_____

Requested information (provide photocopies of the following for each addition):

- Driver's licenses or state ID card (adults only, 18 years of age and older)
- Birth certificate
- Social Security card
- Alien Registration card, if applicable
- Marriage License
- Custody agreement, adoption papers (for each request due to adoption or court-awarded custody of a child)
- Third-party verification from the state or local government agency responsible for the placement of the individual with the family (for each request to add a foster child)
- Income and asset documentation for new household member(s), if applicable

Complete the sections below for the new household member(s).

LEGAL NAME: (as it appears on Social Security Card) First, Middle Initial, Last	Relationship to Head of Household	Date of Birth	Gender (M/F)	* Race / Ethnicity	Disabled (Yes/No)	Full-Time Student (Yes/No)	Social Security #
				/			
				/			
				/			

**Race Codes*: 1 = CAUCASIAN/WHITE, 2 = AFRICAN AMERICAN/BLACK, 3 = AMERICAN INDIAN or ALASKAN, 4 = ASIAN, 5 = NATIVE HAWAIIAN/other PACIFIC ISLANDER
Ethnicity Codes: 1 = HISPANIC, 2 = NOT HISPANIC *Please use both Codes* (one on each side of the slash) for each member. Example: 2/2 (BLACK/NOT HISPANIC)

INCOME: Income Sources include money from wages, self-employment, Unemployment, alimony, child support, and regular contributions or gifts received from persons not residing in the dwelling, TAFDC, Social Security, SSI, SSP, retirement, Pensions, Disability, Workman's Comp, Military pay, Veteran Benefits, Rental Property Income, and all other sources.

List **all** income earned or received by **the new** household member(s).

Household Member Name	Income Source (ex. wages, child support)	Name & Complete Mailing Address of Income Source	Gross Amount	Frequency
			$	☐Monthly ☐Weekly ☐Biweekly ☐Yearly
			$	☐Monthly ☐Weekly ☐Biweekly ☐Yearly
			$	☐Monthly ☐Weekly ☐Biweekly ☐Yearly

ASSETS: Assets include Checking, Savings, 401k, IRA, CD, Money Market, Stocks, Bonds, Retirement Accounts, Personal Property held as an investment, and all other assets. Does the new household member(s) have any assets? ☐**Yes** ☐**No** If Yes, list below.

List **all** Assets held by **the new** household member(s). *Cash value is the market value minus any costs/penalties/fees required to convert to cash.

Household Member Name	Type of Asset (ex. checking, retirement account)	Name & Complete Mailing Address of Financial Institution	*Cash Value/ Balance	Interest Rate
			$	%
			$	%
			$	%

I certify that the information given to the LHAND on the new family member(s) information, including income and assets is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal and state laws and are grounds for termination of housing assistance.

Head of Household: _____ _____
Name and Signature Date

New Family Member: (adults only) _____ _____
Name and 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.

For office use only:
Instructions: Complete the CORI/SORI & EIV Screening form for each addition. Forward the Screening form and this entire packet to the Manager for review.

LHAND Manager review and approval is required for additions to family composition:

☐ Approved ☐ Notice of Approval to Add a Household Member mailed to tenant and Owner

☐ Disapproved ☐ Notice of Denial to Add a Household Member mailed to tenant and Owner

Reason for Disapproval: _____

Manager: _____ _____
Name and Signature Date

*****If you are requesting to add an adult (18 years of age or older), the adult must sign and date this form*****

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

OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2021

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)
Lynn Housing Authority & Neighborhood Development 10 Church Street Lynn, MA 01902	

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(l)(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.

*****If you are requesting to add an adult (18 years of age or older), the adult must sign and date this form*****

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA: Lynn Housing Authority & Neighborhood Development	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination N*otice:** _____ **Signature of Head of Household** **Date** **Printed Name:**_____

Addendum: The Form HUD-52675 (above) **MUST** be signed by all other adult family members (age 18 years or older). Please use the space provided below for additional signatures required.

Printed Name		Printed Name	
Signature	Date	Signature	Date
Printed Name		Printed Name	
Signature	Date	Signature	Date

LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT

*****If you are requesting to add an adult (18 years of age or older), the adult must sign and date this form*****

TENANT NOTICE REGARDING FRAUD

The Lynn Housing Authority & Neighborhood Development (LHAND) is committed to eliminating fraud and dishonesty from its programs and has an aggressive investigative unit called the Housing Integrity Program. Any incident of fraud will be investigated and could result in the termination of your housing assistance and you being accused of a federal crime.

Some examples of fraud include, but are not limited to:

1. Misstatements of facts, omission of facts, making false statements, lying on personal declaration forms.
2. Allowing unauthorized people to live in the assisted unit.
3. Failure to report all income and assets. Many people forget to report income from second jobs, part-time jobs, tips, overtime, babysitting, child support, or social security or disability benefits. **Regular contributions or gifts (monetary or not) from organizations or persons not living in your household is income and must be reported.**
4. Having a personal interest in the assisted unit or a relationship with the owner.

If the landlord asks you to pay more than determined by LHAND, you should report this immediately. LHAND will determine if the extra payments are illegal and appropriate action will be taken.

If you know of any cases of fraud by other program applicants, tenants, property owners, contractors, or employees; or if you have any questions on this subject, please call the Housing Integrity Program unit at (781) 581-8740.

By signing this letter, you agree that you understand what your obligations are regarding reporting fraud, and that you have been given an opportunity to read this letter and to ask any questions associated with the letter to a qualified LHAND representative before signing below.

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I further understand that false or incomplete information made verbally or in writing to LHAND staff may lead to my termination from the housing assistance program, requirement to repay all overpaid rental assistance, arrest, fined up to $10,000, imprisoned for up to 10 years, and/or prohibited from receiving future rental assistance.

Head of Household Signature _____ Date_____

Signature of Other Household Member 18 or older_____ Date_____

Signature of Other Household Member 18 or older_____ Date_____

Signature of Other Household Member 18 or older_____ Date_____

Signature of Other Household Member 18 or older_____ Date_____

This is an important document. Please arrange to have it translated.

Este es un documento importante. Por favor, hacer arreglos para que sea traducido.

នេះគឺជាឯកសារដ៏សំខាន់។ សូមរៀបចំឱ្យបានបានបកប្រែ។

LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT

*****If you are requesting to add an adult (18 years of age or older), the adult must complete, sign and date this form*****

AUTHORIZATION FOR THE RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above-named individual, consent to allow the Lynn Housing Authority & Neighborhood Development, to obtain information from the following sources, for the purpose of verifying my eligibility in assisted housing programs:

1. Any person having knowledge of my conduct or activities such as any past or present employee, landlords, schools and colleges, or
2. Any credit bureau, retail merchant's association, bank, financial institution, or other credit-extending organization, or
3. Any clerk of courts or law enforcement agencies in a city, county or state of the Federal Government, or
4. Providers of alimony, child care, child support, credit, handicapped assistance, medical care, pension/annuities, the U.S. Social Security Administration, the U.S. Department of Veterans' Affairs, utility companies and Welfare agencies.

   a. All rental history, medical expenses, child care expenses and family composition;
   b. All records maintained by the Social Security Administration relating to me, my employment record, wages paid and/or statement of earnings;
   c. All income information and employment records including, but not limited to, letters of recommendation, any and all disciplinary notices, earnings records, wage rates;
   d. All records maintained by the Department of Transitional Assistance;
   e. All criminal record(s) maintained by the Department of Probation and any Criminal Offender Record Information from the Criminal History Systems Board;
   f. All State or Federal electronic verification systems;
   g. Other;

I hereby give you my permission to release this information to the Lynn Housing Authority & Neighborhood Development 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 Lynn Housing Authority and Neighborhood Development within five (5) days of receipt of this request.

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

THIS AUTHORIZATION IS VALID FOR A PERIOD OF 15 MONTHS FROM THE DATE NOTED BELOW OR SO LONG AS I AM A TENANT OF THE LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT OR A PARTICIPANT IN ANY PROGRAM ADMINISTERED BY THE LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT, WHICHEVER IS LATER.

Signed: ↙_____ Date: ↙_____

Social Security Number: ↙_____ Date of Birth: ↙_____

This is an important document. Please arrange to have it translated.

Este es un documento importante. Por favor, hacer arreglos para que sea traducido.

នេះគឺជាឯកសារដ៏សំខាន់ៗ សូមរៀបចំឱ្យបានបានបកប្រែ។

LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT

*****This form must be completed for each new household member *****

CITIZENSHIP CERTIFICATION

Instructions: To be completed for each household member. Parents or legal guardians will sign for children under the age of eighteen. Misrepresentation of information is grounds for termination of assistance. Information provided on this form is subject to appropriate verification with the Immigration and Naturalization Service (INS). **Please print in a legible manner.**

Notice: Eligibility for federal housing assistance is limited to U.S. citizens and those who have eligible immigration status. Financial assistance is contingent upon the submission and verification of citizenship or eligible immigration status. Assistance may be prorated, denied, or terminated if any or all family members are determined ineligible for assistance.

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

Last Name:_____ First Name:_____ Middle Name:_____

Date of Birth:_____ Social Security #:_____ Alien Registration #:_____

Admission Number:_____ Nationality:_____
(if applicable, this is an 11-digit number found on DHS Form I-94, *Departure Record*) (foreign nation or country to which you owe legal allegiance-may or may not be country of birth)

I hereby declare, under penalty of perjury, that: *(Please select only one of the checkboxes below)*

☐ **I am a citizen or national of the Unites States of America.**
If you check this box, sign below. No further action is required.

☐ **I am a non-citizen with eligible immigration status and I am 62 years of age or older.**
If you check this box, submit proof of age and sign below.

☐ **I am a non-citizen with eligible immigration status, as evidenced by one of the following documents:**
If you check this box, provide the original of one of the following documents and sign below:

- Form I-94, Arrival-Departure record, with one of the following annotations:
  a) "Admitted as Refugee Pursuant to Section 207"
  b) "Section 208" or "Asylum"
  c) "Section 243(h)" or "Deportation stayed by Attorney General"
  d) "Paroled pursuant to Section 212(d)(5) of the INA"
- Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following documents:
  a) A final court decision granting asylum (but only if no appeal is taken);
  b) A letter from an INS asylum officer granting asylum (if application was filed on or after 10/1/1990) or from an INS district director (if application filed before 10/1/1990);
  c) A court decision granting withholding of deportation; or
  d) A letter from an INS asylum officer granting withholding of deportation (if application was filed on or after 10/1/1990)
- Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210"
- Form I-688B or now known/replaced as I-766 Form, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- Form I-551, Alien Registration Receipt Card;
- A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If for any reason, the documents shown above are not currently available, check this box to request an extension ☐
By signing below, I hereby certify that I am a non-citizen with eligible immigration status, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be taken to obtain this evidence.

Verification Consent: By signing below, I hereby consent to the following:
1) The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing.
2) The release of such evidence of eligible immigration status by the LHAND without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **Notification:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

☐ **I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.**
If you check this box, sign below. No further action is required. You are NOT eligible for housing assistance.

Signature_____ Date _____

☐ Check here if signing on behalf of a child for whom you are responsible

PENALTIES FOR MISUSING THIS FORM: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. . Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT

*****If you are requesting to add an adult (18 years of age or older), the adult must sign this form if the adult is claiming Zero Income*****

ZERO INCOME CERTIFICATION

To be signed only by new adult household member if reporting zero income

Head of Household:	**Address:**

If the adult household member being added is reporting zero income, he/she must sign this form. Adult household members include, head of household, co-head, spouse, or any individual 18 and older (including full-time students).

This is to certify that I am presently unemployed and do not receive any income from sources such as unemployment, public assistance (TANF), alimony, child support, Social Security, pension or annuity, military pay, disability, assets, veteran's benefits, government grants, savings accounts, trust funds, gifts, etc.

I further certify that I have been advised by the Lynn Housing Authority & Neighborhood Development (LHAND) that in view of the fact that the Department of Housing and Urban Development (HUD) will be required to subsidize part or all of my monthly rental payments, due to my lack of income, they may elect to investigate the validity of my application for increased subsidy payments.

I further certify that the information given to LHAND regarding my income status is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy with the LHAND. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.

I further certify that because I am reporting zero income, I have been advised by LHAND that I must report any **monetary or non-monetary increase in my income within 10 business days** from the date of the change so that the necessary rental adjustments can be made.

I declare under the penalties of perjury in Massachusetts law that the information is true and correct.

Name of Adult Household Member Claiming Zero Income: _____

_____ _____

Signature Date

Name of Adult Household Member Claiming Zero Income: _____

_____ _____

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.

*****If you are requesting to add an adult (18 years of age or older), the adult must complete, sign, and date this form*****

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Lynn Housing Authority & Neighborhood Devlopment (LHAND) is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to LHAND
(Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing LHAND
(Organization)
with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The LHAND may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that LHAND, must first provide me
(Organization)
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____
Signature of CORI Subject *Date*

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name:_____ Middle Initial: _____

* Last Name:_____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY):_____ Place of Birth: _____

* Last **SIX** digits of Social Security Number:_____-- _____ ☐ No Social Security Number

Sex:_____ Height:_____ft._____in. Eye Color:_____ Race: _____

Driver's License or ID Number:_____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

_____

_____

_____

Verified by:

_____
Print Name of Verifying Employee

_____ _____
Signature of Verifying Employee *Date*

*****This form must be completed for the addition of children (birth, adoption, or court awarded custody), if the child will not be living with both biological or adoptive parents: *****

LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT

Custody & Child Support Affidavit

Complete a separate form for each minor in this unit not living with both biological or adoptive parents:

Child Name: _____

SSN (last four digits):_____ DOB: _____

Name of Absent Parent: _____

Will this child live with you at least 50% of the time? ☐**YES** ☐**NO**

Who claimed the child as a dependent on their most recent tax return?

☐ **I did** ☐ **The absent parent** ☐ **Other:** _____ ☐ **No one**

Do you receive support (monetary or not) for this child? ☐**YES** ☐**NO**
(Note: "Support" may be legally ordered or an informal agreement)

If **YES** list amount $_____ per _____

Have you ever been awarded an amount of child support for this child through the courts? ☐**YES** ☐**NO**

If awarded but not paid, have you taken legal action to collect child support? ☐**YES** ☐**NO**

If yes, please describe efforts and proof:_____

Do you expect to receive child support for this child in the next 12 months? ☐**YES** ☐**NO**

If no, please explain:_____

I certify that the information presented in this Self-Certification is true and correct to the best of my knowledge. I understand that supplying false statements or false information to the LHAND is considered fraud or misrepresentation, is punishable under Federal, State, and Local Law, and is grounds for rejection of my application, eviction, and/or termination of housing assistance under any of LHAND's housing programs.

Signed under the pains and penalty of perjury.

_____ _____
Applicant/Participant Signature Date

_____
Print Name

LYNN HOUSING AUTHORITY
& NEIGHBORHOOD DEVELOPMENT

FAMILY COMPOSITION CHANGE – LANDLORD APPROVAL

- The program requires that the family informs LHAND of the birth, adoption or court-awarded custody of a child within 10 business days of the addition.
- Other than birth, adoption or court awarded custody of a child, requests to add a new family member or other household member (live-in aide or foster child/adult) must be made to both LHAND and the landlord and **approved** by both **prior to the individual moving into the unit**.
- This includes any person not on the lease who is expected to stay in the unit for more than the program allows and no longer qualifies as a "guest."
- LHAND will determine if the individual meets the PHA's eligibility criteria and documentation requirements, LHAND will provide written notice to the family and Owner.

Your written approval is requested to add the individual(s) below.

To Be Completed By the Head of Household

Head of Household Name:_____

Tenant Address:_____

_____

Addition of Family Members

☐ Marriage: Name _____ Requested Move-In Date: _____

☐ Other: Name: _____ Requested Move-In Date: _____

Reason for Addition to the Household:_____

_____

_____

To Be Completed By Owner/Landlord

I ☐ Approve ☐ Disapprove this change:

Landlord Name:_____ Landlord Phone Number:_____

_____ _____

Signature Date

Reason for Disapproval, if applicable: _____

_____

Reminder: A de-lead certificate must be on file when a household member under the age of six (6) is added.