



Neighborhood Services Office
 10 Church Street
 Lynn, MA 01902
 (781) 581-8600

~ TBRA APPLICATION~

All sections must be completed.

Please check one:

Please Print Legibly

Head of Household: (Circle) Mr. Mrs. Ms.

First Name	Middle	Last Name	
Current Address	City	State	ZIP
Email Address: _____	Phone # _____		
Current Mailing Address	City	State	ZIP
Occupation (1)	Employer Name and Address	Date of Employment	Years in line of business
Applicant #2 Name	Employer Name and Address	Date of Employment	Years in line of business

HOUSEHOLD COMPOSITION: List yourself and all persons who live with you, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member.

Name: Last, first, middle initial	Relationship to Head	Date of Birth	Sex M/F	Disabled Y/N	Fulltime Student Y/N	Social Security Number
	HEAD					

Relationship to Applicant: Spouse, Co-Head, Other Adult, Son, Daughter, Foster Child, Live-in Aide, etc.

Disabled: Has a verified disability determined to be continuous, and/or long term (more than 12 months)

Social Security #: If any household member(s) does not have a Social Security #, explain the reason why here:

RACE/ETHNICITY: LHAND collects data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic/Latino ethnicity. Your answers will not affect your application.

<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other	Hispanic Ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No
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INCOME: List all money earned or received by all household members

FAMILY MEMBER	SOURCE OF INCOME: Includes money from wages, self-employment, unemployment, alimony, child support, regular contributions or gifts received from organizations or persons not residing in the dwelling, TAFDC, Social Security, SSI, retirement, pensions, disability, workman's comp, military pay, veteran's benefits, rental property income and all other sources.	AMOUNT	MONTHLY, WEEKLY, BIWEEKLY, YEARLY
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Please indicate start date if not working on 01/01/2023: _____

ASSETS: List all current assets owned (including but not limited to savings and checking accounts, certificates of deposit, stocks, bonds, mutual funds, real estate, including trusts and partnerships, business and other investments)

NAME	DESCRIPTION OF ASSET	CURRENT VALUE
		\$
		\$
		\$
		\$
		\$

Did any member of the household dispose of any assets for less than the fair market value within the past two years?
 Yes No (Were the assets either given away or sold at less than the allotted market value?)

EXPENSE INFORMATION

- ___ YES ___ NO Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?
- ___ YES ___ NO Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?
- ___ YES ___ NO Does your household pay care expenses for the care of a family member with a disability that enables a family member to work?

COVID IMPACT STATEMENT: Please explain in detail how you and your family was impacted by the Covid 19 Pandemic

LANDLORD AND UNIT INFORMATION:

NAME OF LANDLORD: _____

LANDLORD ADDRESS: _____

LANDLORD PHONE #: _____

ARE YOU RELATED TO THE LANDLORD? ____ YES ____ NO. IF YES PLEASE LIST RELATIONSHIP: _____

MONTHLY RENT AMOUNT: \$_____ HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? _____

ARE YOU RECEIVING ANY RENTAL SUBSIDY? ____ YES ____ NO. IF YES, PLEASE EXPLAIN: _____

NUMBER OF SLEEPING BEDROOMS IN UNIT: _____

WHICH OF THE FOLLOWING UTILITY COSTS DO YOU PAY IN ADDITION TO RENT? Please circle

GAS HEAT	GAS STOVE	GAS HOT WATER	OIL HEAT	OIL HOT WATER
ELECTRIC HEAT	ELECTRIC STOVE	ELECTRIC HOT WATER	ELECTRIC LIGHTS	

PLEASE READ CAREFULLY AND SIGN

I understand that the LHAND request this information as part of the application process and that this application is not an offer of housing. Some information is being obtained for statistical purposes only. The LHAND is an equal opportunity housing provider and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, family status or any other basis prohibited by law in the administration of the programs and activities.

By signing below, I certify that the information given to the LHAND in this application form is accurate and complete to the best of my knowledge. I authorize the LHAND to make inquiries to verify the information provided on this application. I understand that it is my responsibility to inform the LHAND of any change of address, income, or household composition. I also understand that a criminal background check will be may be performed for members of my household, fourteen (14) years and older according to the Federal Law.

APPLICANT SIGNATURE: _____

DATE: _____

APPLICANT SIGNATURE: _____

DATE: _____

Warning: 18 U.S. C. 1001 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 a department or agency of the United States shall be fined not more than \$10,000 or imprisoned not more than five years or both.

***Incomplete applications will result in delay in processing**



Date: _____

ELIGIBILITY RELEASE FORM

Purpose: Your signature on this Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the Lynn Housing Authority & Neighborhood Development to obtain information from a third party relative to your eligibility in the:

- HOME/CDBG Homebuyer Program
- HOME/CDBG Rehabilitation Program(s)
- DeLead Program
- TBRA (all programs)

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME/CDBG/DeLead/TBRA Program(s) and the amount of assistance necessary using HOME/CDBG/DeLead/TBRA funds. This information will be used to establish level of benefit on the HOME/CDBG/DeLead/TBRA program(s); to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Authorization: I authorize the Lynn Housing Authority & Neighborhood Development and HUD to obtain information about me and my household from the following sources that is pertinent to eligibility for participation in the HOME/CDBG/DeLead/TBRA Program(s):

- Any credit bureau, retail merchants' association, bank, financial institution, or other credit-extending organization
- Providers of alimony, child support, credit, handicapped assistance, pension/annuities, the U.S. Social Security Administration, the U.S. Department of Veteran's Affairs, and Welfare agencies
- All income information and employments records
- Other:

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

Head of Household- Signature, Printed Name, Date
Family Member Head

Other Adult Member- Signature, Printed Name, Date
Family Member #2

Head of Household- Signature, Printed Name, Date
Family Member #3

Other Adult Member- Signature, Printed Name, Date
Family Member #4
