

FOR OFFICE USE ONLY

Control Number: PBV-PH _____

Control Number: PBV-NPA _____

Bedroom Size: _____

SALEM HOUSING AUTHORITY

136 Canal Street, Suite 2

Salem, Massachusetts 01970

978-744-4431

TTD 800-745-6575

Universal Application for Section 8 Project Based Voucher Program

The information which you are being asked to provide as the Head of Household is used to determine if your Household is both **eligible** and **qualified** for admission to the programs indicated above. This information is subject to verification. By signing this application, you are certifying that the information you have provided is true and correct to the best of your knowledge. **Misrepresentation of information is grounds for removal from the waiting list or termination from the Section 8 Project-Based Voucher Program. Incomplete applications will not be processed.**

Please Print all Answers Legibly

1. Head(s) of Household: _____ Maiden Name: _____

2. Current Address: _____

City or Town _____ State _____ Zip _____

3. Current Mailing Address: _____

City or Town _____ State _____ Zip _____

4. Home Phone _____ Mobile _____ Work _____

5. Email: _____

6 .Language: Do you understand and speak English? Y N If no, what is language spoken: _____

Do you understand and read English? Y N If no, what is language read: _____



7. Do any of the Preferences Categories listed below pertain to your current status?

Please select all that apply to your household.

SHA staff will review the basis of your claimed Preference to determine if you are eligible for the Preference.

Veteran	
Involuntarily Displaced (Disaster i.e.: fire, flood, code enforcement, etc.)	
Victim of Domestic Violence	
Substandard Housing (including homelessness)	
Rent Burden Paying More than 50% of income for rent and utilities	
Lives, works, or has been hired to work in the jurisdiction of Salem	

8. Project-Based Section 8 Site-Based List You Are Applying For:

FAMILY UNITS (select one or both)

- Pequot Highlands Family** (1, 2 and 3-Bedroom units). Located on First Street in Salem, Massachusetts, Pequot Highlands is a large multifamily elevator building offering on-site management. Rent includes heat, hot water, and electricity. Resident services are available and facilities include a community room, computer lab, outdoor recreation areas, and gardens. The site is conveniently located near shopping centers, hospitals, and Salem State University.
- New Point Family Apartments** (2 and 3-Bedroom units) Located on three different sites, at Ward Street, Peabody Street, and Congress Street. The buildings are brick walk-up style apartments in the heart of the Point neighborhood, the apartments are close to downtown Salem, public transportation, and a variety of local amenities.

9. Indicate all racial, minority or ethnic group(s) to which household members belong by circling the appropriate group(s) listed below. An answer to these questions is not mandatory for completion of this application.

White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander
Hispanic or Latin Non-Hispanic or Non-Latin



10. Provide the full name including middle initial of all Household members who will be living in the unit, their date of birth, place of birth, sex, relationship to the Head of Household, occupation and Social Security Number. Social Security numbers will be used for income verification.

NAME	Date of Birth	Place of Birth	SEX	Relation to Head of Household	Occupation or School Level	Social Security Number
1.				HEAD		- -
2.						- -
3.						- -
4.						- -
5.						- -
6.						- -

11. GROSS INCOME

List ALL types and sources of income for each household member.

Employment Income Including Work as Subcontractor (Uber, Door Dash etc.) or Income from a Business You or a Family Member Own: List for all household members regardless of age and/or student status.

Household Member	Employer	Employer Address	Gross Earnings
			\$ /per
			\$ /per
			\$ /per
			\$ /per
			\$ /per

Social Security, Disability, and Other Non-employment Income: List sources including but not limited to Social Security, Disability, Child Support, Alimony, Welfare, Food Stamps, Unemployment, Annuities, Pensions, Retirements, V.A. Benefits, Gifts, Scholarships, Trusts/Inheritances, Gambling Winnings, etc.

Household Member	Source	Amount	Frequency

Gross Monthly Income \$ _____ X 12 = Gross Annual Income \$ _____



12. ASSETS

List **ALL** assets of all Household members. If necessary, use an additional page.

Household Member	Type of Asset	Account Number	Amount or Value	Interest Rate
	Checking			
	Checking			
	Savings			
	Savings			
	CD's			
	CD's			
	IRA's			
	Stocks/Bond			
	Annuity			
	Real Estate			

13. DEDUCTIONS

List **ALL** deductions for allowable expenses.

Expense	Description of Cause of Expense	Verified	Gross Annual Expense
Medical/Disability Expense (elders/disabled only)			
Medial Insurance Expense (elders/disabled only)			
Daycare Expense			

14. Have you or any member of your household ever participated in a housing subsidy program?

Yes No

If yes, what program, where and when did you participate?

15. Have you sold, given, loaned or placed in trust any money, real estate or other asset in the past two years?

Yes No

16. Are you receiving or can you receive any income from *any* trust funds which were established with household assets?

Yes No



17. Criminal Record:

Have you or any member of your household who will live in the unit been convicted of crimes involving controlled substances? Yes No

Have you or any member of your household been convicted of crimes of violence (e.g. assault)? Yes No

Do you or any member of your household who will live in the unit have any criminal matters pending? Yes No

18. Are you or any member of your household subject to a lifetime registration requirement under a state sex offender registration program? Yes No

Assistance for Persons with Disabilities

The SHA uses MassRelay TTY at 711. You can also ask for disability-related assistance when you contact the SHA, including reasonable accommodations and auxiliary aids and services.

Discrimination and Fair

Housing Rights: If you believe you have been discriminated against, call the HUD Fair Housing and Equal Opportunity national toll-free hotline at 1-800-669-9777. Or, you may contact the local HUD field office at Boston Regional Office of FHEO, U.S. Department of Housing and Urban Development, Thomas P. O'Neill, Jr. Federal Building; 10 Causeway Street, Room 308, Boston, Massachusetts 02222, (617) 994-8300, (800) 827-5005. TTY (800) 877-8339

Limited English Proficiency

You are entitled to free translation and interpretation services upon request by calling the SHA at (978) 744-4431.

Violence Against Women's Act (VAWA) Protections and Coverage

If you are applying for or receiving assistance under any housing operated by a public housing authority, you may have housing protections under VAWA. The Violence Against Women Act (VAWA) is a federal law that, in part, provides housing protections for people applying for or living in units subsidized by the federal government and who have experienced domestic violence, dating violence, sexual assault, or stalking, to help keep them safe and reduce their likelihood of experiencing homelessness.

Please see two important VAWA forms provided under Forms and Application on the SHA website: "Notice of Occupancy Rights under the Violence Against Women Act VAWA" (HUD form 5380) and "Certification of Domestic Violence" (HUD Form 5382).

Note: Information from the Department of Criminal Justice Information Services (DCJIS) will be reviewed for you and/or any other adult household members. Information from DRU SJDin National Sex Offender



Website will be reviewed and information from the National Criminal Information Clearinghouse (NCIC) may be obtained.

APPLICANT'S CERTIFICATION

I/we understand that this application is not an offer of housing. I/we understand that I/we will have to provide proof of all the facts before the Salem Housing Authority can make a final decision on my eligibility. Based on this application, I/we understand that I/we should not make any plans to move with assistance from the Salem Housing Authority.

I/we understand it is my responsibility to inform SHA in writing of any change of address, household size, or change in circumstances as I/we have described them in this application. I/we understand I/we must respond promptly to all SHA inquiries or my application may be cancelled.

I/we certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I/we understand that false statements or information are criminal offenses punishable under state and federal law. I also understand that false statements or information are grounds for rejection of this application or termination of tenancy.

Authorization for Release of Information

I _____, hereby authorize the Salem Housing Authority to obtain any and all information necessary to determine my eligibility and the eligibility of my household under the Housing Choice Voucher Program. I understand that such information will be kept confidential and will be used only for program purposes.

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. 200d), 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 the amount your family will pay towards 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.

Signed under the pains and penalties of perjury:

Applicant Signature: _____

Date: _____

Spouse/Co-Head Signature: _____

Date: _____

SHA Reviewer: _____

Date: _____

***Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any 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 no more than \$10,000, imprisoned for not more than five years, or both.

