



**Application for
Massachusetts Rental
Voucher Program (MRVP)**

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Race and/or Ethnicity:	_____
Priority Category:	_____
Local Preference (LHAs Only):	_____
Voucher Size:	_____

Incomplete applications will not be processed. Please complete all information requested on the application. **If a question is not applicable, please write N/A.** **Make sure you sign the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** **Once completed please mail or hand carry to the housing agencies at which you want to apply and are accepting applications.**

1. Name of Applicant: _____

Mailing Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____

2. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship to Head of Household	Date of Birth	Sex	Social Security Number	Racial Designation*	Ethnic Designation**
	Head					

Social security number will be used to verify income, assets, and criminal record information.

Responding to these questions is optional. Your status with respect to tenant selection procedures will NOT be affected by this information.

*Racial Designation: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander: White; Other (specify):

**Ethnic Designation: Hispanic/Latino or Not Hispanic/Latino

3. Do you understand spoken or written English? Yes No

Primary Spoken Language: _____

Primary Written Language: _____



4. **Homeless Priority:** If you want to apply for a Homeless Priority, you must first be considered homeless.
NOTE: MRVP's definition of homeless is NOT the same as those used by homeless shelters or Section 8.
 Residing in a homeless shelter will NOT automatically qualify you as a Homeless Priority applicant.

<p>"Homeless" is defined by state regulations as an applicant who is (you must be able to check ALL boxes):</p> <input type="checkbox"/> Without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit; <input type="checkbox"/> Who has not caused or substantially contributed to the situation; <input type="checkbox"/> Who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing; and <input type="checkbox"/> Who is displaced or about to be displaced from his/her primary residence.
<p>If you think you meet the definition of homeless, please select the category below that best describes your situation. Homelessness MUST be due to one of the categories below to qualify for Homeless Priority.</p> <input type="checkbox"/> Displaced by No-fault of Applicant (i.e. No-fault eviction) <input type="checkbox"/> Displaced by Severe Medical Emergency <input type="checkbox"/> Displaced by Domestic Violence <input type="checkbox"/> Displaced by Natural Forces (i.e. Fire, Flood, Earthquake) <input type="checkbox"/> Displaced by Public Action (i.e. Urban renewal, eminent domain) <input type="checkbox"/> Displaced by Public Action (i.e. Condemnation of home)

If you are applying for a Homeless Preference, you **MUST ATTACH VERIFICATION** of your situation to be eligible.

5. **Local Preference:** If you are applying at a Local Housing Authority, you may receive a local preference if you live, work, or have children attending school in the same city/town of the Local Housing Authority.
 Please answer the following and **provide appropriate verification**:

Do you currently reside in the same City/Town that the Local Housing Authority to which you are applying is located in? • If yes, please attach verification of your principle residence, such as a lease, utility bill, or state-issued photo ID.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently work in the same City/Town that the Local Housing Authority to which you are applying is located in? • If yes, please attach verification of your employment or offer of employment, such as a pay stub or employment offer letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a child who attends school in the same City/Town that the Local Housing Authority to which you are applying is located in? • If yes, please attach verification of your child's enrollment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Do you have any special needs due to a disability or need a reasonable accommodation? Yes No

Please Specify: _____

7. **Emergency Contact:** Name of a relative or friend NOT planning to live with you. We will contact this person if we are unable to reach you in case of an emergency.

Name: _____ Relationship: _____

Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____



8. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from ALL sources for the next 12 months. Specify all sources.

Household Member Name		Name of Employer or Source of Income	Gross Income for Next 12 Months
	Salary & Wages, including Overtime & Tips		\$
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	Net Income from Business or Profession		\$
	Unemployment or Disability Compensation		\$
	TAFDC or Public Assistance		\$
	Regular Child Support & Alimony Payments		\$
	Social Security Benefits & SSI, including SSP		\$
	VA Disability Income		\$
	Pensions, Annuities, Dividends, and Interest		\$
	Other Income:		\$

Total Gross Income: \$ _____

9. **Assets:** List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		

Do you own any real estate? Yes No If yes, please provide the address: _____

Have you sold, transferred or given away any real property or assets in the last three (3) years? Yes No If yes, provide date of sale / transfer: _____

Amount of the sale / transfer: \$ _____ Value of the sale / transfer: \$ _____

10. **Expenses:** Estimate the amount you will spend, if any, on the following categories over the next 12 months.

Un-reimbursed Medical Expenses: \$ _____	Health Insurance: \$ _____	Child Care: \$ _____
Alimony or Child Support Payments: \$ _____	Other (i.e. care of disabled household member or homemaking and travel expenses for disabled household member) \$ _____	



11. Have you, or any member of your household, ever received Yes No housing assistance from this or any other housing agency?
 If yes, Name of Head of Household at that time: _____
 Name of Housing Agency: _____
 Date Moved Out: _____
 Reason Moved Out: _____
 Where you terminated for cause? Yes No Do you owe any money, back rent, Yes No or damages to the housing agency?
 If Yes to either above, please explain: _____

12. **Rental History**
 Do you owe any previous property owner money for damages or unpaid rent? Yes No
 Have you ever been evicted from a rental unit for cause? Yes No
 If Yes to either, please explain: _____

13. **Criminal Record**

Have you or any member of your household ever been convicted of a drug or violent crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or any member of your household have any criminal matters pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any member of your household have a lifetime requirement to register as a sex offender in the state of Massachusetts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to <u>ANY</u> , please explain: _____	

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. Based on this application, I understand I should not make plans to move or end a present tenancy until I have been issued a voucher in writing under the Massachusetts Rental Voucher Program (MRVP) from an Administering Agency. Before an Administering Agency can offer me participation in the rental assistance program, I must provide them with written documentation that verifies my circumstances.

I understand that it is my responsibility to inform the Administering Agency in writing of any change of addresses, income, or household composition. I understand that if I do not respond to Housing Agency requests for information or updates my name will be removed from the waiting list.

I authorize the Administering Agency to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. **I understand that the Administering Agency will request Criminal Offender Record Information from the Department of Criminal Justice Information Services and perform internet searches for all adult members of the household.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature is as valid as the original.

Applicant's Signature: _____ **Date:** _____

Reviewer's Signature: _____ Date: _____



Monson Housing Authority _____

31 State Street/Ste. 50

Monson, MA 01057

Telephone: 413-267-4047 Fax: 413-267-1956

Authorization for the Release of Information

Signing this form gives the AA and/or DHCD permission to share your personal information. Your personal information will only be disclosed in accordance with this form and as required or allowed by law. Please read it carefully before signing it.

I understand that the personal information I provide through this release will be securely maintained in accordance with applicable law.

I authorize the AA and/or DHCD:

- to contact individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to determine my household's eligibility and to obtain and share information (by any means, including oral, written, electronic, facsimile or telephonic) regarding myself and my household members related to my MRVP Voucher, application, and supporting documents; and
- to verify the information regarding myself and my household members, including through wage matching, Criminal Offender Record Information (CORI), and Sex Offender Registry Information (SORI) requests.

I authorize any and all individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to release any information regarding me and my household members to the AA and/or DHCD.

Shared and verified information may include, but is not limited to:

- biographic information (e.g. name, date of birth, social security number);
- demographic information (e.g., race, ethnicity, language); and
- information related to my application for, eligibility for, or participation in MRVP (such as income, employment, criminal history, assets, or any other information related to my housing subsidy).

In accordance with all applicable state laws including M.G.L. c. 62E, the AA and DHCD participate in the Massachusetts Wage Reporting System ("wage match"). The income reported by adult MRVP Applicants and Participants (18 years of age or older) shall be matched with wages reported by employers to the DOR. The AA and DHCD are asking all adult MRVP Participants to provide and verify their social security numbers for this purpose. I understand that failure to provide and verify social security numbers may result in my termination from the MRVP.

I agree to cooperate in requests to provide information to the AA and/or DHCD, and understand that my failure to do so may result in my termination, suspension, and/or repayment of assistance.

I will be notified in writing of actions taken against me because of information gained from verification processes, provided an opportunity to contest the actions, and given information on how to do so.

If I receive MRVP assistance and I am later determined to be ineligible for it, I may be fully liable for the value of the assistance received.

I understand that this release is effective for 15 months from the date of signature. I have read and understand this form. A photocopy or digital copy of this release is as valid as the original.

Head of Household Printed Name

Head of Household Signature

Date

Other Adult Household Member

Other Adult Household Member

Other Adult Household Member Signature

Other Adult Household Member Signature

Date

Date

Other Adult Household Member

Other Adult Household Member

Other Adult Household Member Signature

Other Adult Household Member Signature

Date

Date

Fair Information Act Statement of Rights

Administering Agencies (AA) collect information about Applicants and Participants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing agencies, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by AA staff in the course of their duties.

The Fair Information Practices Act established requirements governing AAs' use and disclosure of the information it collects. Applicants and Participants may give or withhold their permission when requested by the AA to provide information. However, failure to permit the AA to obtain the required information may result in delay, ineligibility for programs, or termination of housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an Applicant or Participant, you have the following rights in regards to the information collected about you.

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the AA about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated, and mailed with your application to each AA where you apply for housing.

Signature _____ Date _____

Checklist of Required Verification Documents for MRVP Priority Status For Applicant Use

You must fully verify your housing circumstances and the events leading to your present situation before your request for homeless priority consideration can be processed and approved. If you are found initially eligible for MRVP, you will automatically be assigned to Priority 5: Standard Applicant until you provide correct documentation and are approved with a homeless priority. As a Standard Applicant, your application will be selected by the original date the Administering Agency (AA) received your application or by your lottery number, if the waiting list was established via lottery.

You should understand that emergency status is only for a homeless applicant. A homeless applicant must meet all of the conditions outlined below.

- Is an applicant who has been or is imminently faced with displacement from his/her primary residence.
 - A primary residence is your principal home occupied not less than 9 months of the year.
- Is without or about to be without a place to live or is in a living situation in which there is a significant, immediate, and direct threat to the life or safety of the applicant or a household member whose situation would be alleviated by placement in an appropriate unit.
 - Applicants temporarily residing in a shelter are considered without a place to live.
- Has made reasonable efforts to locate alternative housing.
 - Please submit a log or other verification of your housing search efforts.
- Has not caused or substantially contributed to the safety or life-threatening situation
 - In cases of domestic violence, there is a presumption that victims did not contribute to their circumstances.
- Has pursued available ways to prevent or avoid the safety or life-threatening situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

The following is a list of the types of documents which you are responsible for obtaining in order to verify the information you provided in your emergency application. You must submit the documents that pertain to your circumstances. If you feel that you have documents over and above those required below, please provide the AA copies. If you need clarification or have questions, please call the AA to which you are applying.

Priority 1—Homeless Due to Displacement by Natural Forces

If you can no longer live in your residence due to a fire, flood, or earthquake, please submit:

- Fire: Copy of the Official Fire Report. Report must be mailed directly by the Fire

Department to the AA. Report should be attested as a true copy.

- Flood/Earthquake: Copy of the official report from the Red Cross or Federal Emergency Management Agency (FEMA). Report must be mailed directly to the AA. Report should be attested as a true copy.
- Proof that you were a resident of the affected property. You should submit items such as rent receipts or a copy of your lease or rental agreement.

Priority 2—Homeless Due to Displacement By Public Action (Urban Renewal)

If you have been displaced within the past three (3) years due to public works, urban renewal, or public usage or improvement, please submit:

- Copy of the official notification of land/property taking and the stated purposes thereof from the public agency involved. Notification should include legislative authority exercised and date of displacement.
- If public action is impending, notification should be sent from the public agency directly to the AA.
- Proof that you were a resident of the affected property. You should submit items such as rent receipts or a copy of your lease or rental agreement.

Priority 3—Displaced By Public Action (Sanitary Code Violations/Condemnation)

If you have been displaced due to a public health agency's enforcement of local or state health codes, please submit:

- Copy of the official order of displacement due to code enforcement. Order should be sent directly to the AA by the public health department involved. Document may be known as Declaration of Condemnation and should include the specific property involved.
- A statement of efforts taken by you, the applicant, to remedy the situation prior to the actual condemnation and subsequent to the condemnation.
- Attached documents, to demonstrate your action(s), such as letters to the landlord, previous board of health notices, or court records.
- Proof that you were a resident of the affected property. You should submit items such as rent receipts or a copy of your lease or rental agreement.

Priority 4—Emergency Case Under Emergency Case Plan

DHCD's Emergency Case Plan is posted at the AA's administrative offices and available for your review. DHCD's Emergency Case Plan is for applicants who have been displaced or are imminently faced with displacement because of circumstances as follows:

- Homeless: Applicant is homeless and facing an immediate and direct threat to life or safety through no fault of their own and for reasons outside their control including substandard housing conditions which directly and substantially endanger or impair the

health, safety or wellbeing of the household.

- If you are homeless and living in a hotel, motel, or shelter, your housing search worker or a shelter staff member must send written justification which certifies your homelessness directly to the AA. Placement in a homeless shelter, including a hotel or motel, does not guarantee priority status.
- Substandard housing conditions must be verified under Priority 3.
- **Severe Medical Emergency**: Applicant household member is suffering from severe medical emergency, illness, or injury which is life-threatening and has been caused by the lack of suitable housing or the lack of such suitable housing is a substantial impediment to treatment or recovery.
 - Medical reasons need to be documented by your medical records.
 - Your doctor needs to submit written certification of your medical condition, the contributing factors to that condition, and the prognosis of your condition directly to the AA. Such verification may be the Verification of a Severe Medical Emergency form.
- **Abuse**: Applicant is in an abusive situation. An abusive situation needs to be documented through some combination of the following, based on the applicant's individual circumstances. Because certain actions on the part of victims of domestic violence can trigger violent acts by the offenders, no particular item can be mandated as the required form of verification. Please remember that if any verification appears vague, an AA must obtain additional documentation until the AA feels that a reasonable showing of the abusive situation has been made. Examples of documentation could include one or more of the following:
 - Certification of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Form;
 - Medical incidences, based on pattern or repeated occurrence;
 - Police report(s);
 - Number of reported occurrences;
 - Court reports;
 - Applicant has attempted to get restraining order;
 - Applicant has filed charges against accused;
 - Legal action(s);
 - Letter from attorney stating case;
 - Letter from counselor or director of a related social service agency;
 - Psychological report; and
 - Last permanent address and/or changed address.