



THE WINSLOW - RENTAL APPLICATION

Incomplete applications will not be processed. Make sure to sign the last page.

*** ALL PAGES IN THIS PACKET MUST BE COMPLETED AND RETURNED *** If a question is not applicable, write N/A. Once completed please mail or hand deliver to the Property Manager at **The Winslow, 9 Wells St, Greenfield** or to **Greenfield Housing Authority's** main office, **1 Elm Terrace, Greenfield**.

LANGUAGE: Do you understand, read, and speak English? Yes ☐ No ☐

If no, what is your language spoken/read? _____

Translation and interpretation services are available upon request by appointment only.
(Servicio de traducción e interpretación están disponibles, con cita, una vez que lo solicite.)

A. Name of Applicant: _____

Address of Current Residence: _____

Mailing Address (If Different): _____

Date Of Birth: _____ **Social Security Number:** _____

City/Town: _____ **State:** _____ **Zip:** _____

Home Phone:() _____ **Work Phone:**() _____ **Cell Phone:**() _____

Email Address: _____

B. APPLICANT'S RACIAL DESIGNATION: (Check one):

- ☐ White ☐ Black/African American ☐ American Indian
☐ Asian/Pacific Islander ☐ Wish not to disclose ☐ Other

Specify Other: _____

C. APPLICANT'S ETHNIC DESIGNATION:(Check one):

- ☐ Hispanic/Latino ☐ Not-Hispanic/Latino ☐ Wish not to disclose

D. CHECK ALL THE BOXES THAT APPLY BELOW.

- ☐ 62 years of age or older ☐ Disabled or handicapped ☐ I am a **Veteran**.
☐ Am a full-time college student. If box checked, Name of College: _____
☐ I **reside in** Greenfield, **work in** Greenfield or have **been hired to work** in Greenfield.
☐ I have been or am about to be **displaced due to being a victim of Domestic Violence and I don't have replacement housing**.
☐ I have been or am about to be **Homeless**. ☐ I have not been **displaced** from my current housing
☐ I need a wheelchair accessible apartment.
☐ I have special needs due to a disability or need for a reasonable accommodation. If box checked, specify the accommodation needed: _____



GREENFIELD HOUSING AUTHORITY
1 Elm Terrace - Greenfield, MA 01301



HOUSEHOLD INFORMATION

All income for the household member must be reported and verified at every recertification. Please enter all household income below and provide GHA with supporting documentation (such as pay stubs) for all income, **including income from employment, pensions, government benefits, child support**, and all types of income.

FULL NAME	INCOME DESCRIPTION	FREQUENCY (Ex: weekly, monthly)	AMOUNT	ANNUAL INCOME (if known--if not leave blank)

HOUSEHOLD BANK ACCOUNTS, ONLINE FINANCIAL ACCOUNTS AND OTHER ASSETS

All assets in the household must be reported at every recertification. Please enter all assets for all household members and include along with the supporting documentation.

FULL NAME	DESCRIPTION OF ACCOUNT OR ASSET TYPE / ACCOUNT NUMBER (if any)	AMOUNT	ANTICIPATED INCOME (Ex: interest)

E. Have you sold, disposed of, transferred ownership or given away any real property or assets in the past two (2) years? Yes ☐ No ☐

If yes, type of property: _____ Date of transaction: _____

Value of the sold, disposed, transfer or gifted asset? _____

F. Have you ever received housing assistance from this or any other Housing Agency or Housing Authority? (**Check One**) Yes ☐ No ☐

If yes: Name of Head of Household at that time: _____

Name of Housing Agency: _____

Date Moved Out: _____ Reason Moved Out: _____

When you moved out, were you in compliance with the lease & other program requirements? (**Check One**) Yes ☐ No ☐ If No, please explain: _____

G. CRIMINAL RECORD: Pursuant to 804 CMR 5.05(1) **GHA** will obtain Criminal Offender Record Information for all applicants and household members 17 years of age or older.

- Have you been convicted of a misdemeanor in the last five years?* Yes ☐ No ☐
- Have you been convicted of a felony in the last ten years?* Yes ☐ No ☐
- Are you registered - or required to register - as a sex offender? Yes ☐ No ☐
- If you answered yes to questions 1, 2 and/or 3 please explain: _____

***APPLICANTS WITH SEALED RECORDS PLEASE READ.** Applicants with sealed records: You are not required to list convictions that are included in a record that has been sealed. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. An applicant for employment, housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests or criminal court appearances.

EMERGENCY CONTACT

☐ Check this box if you choose not to provide the contact information.

YOUR NAME:	
MAILING ADDRESS:	
TELEPHONE #:	CELL PHONE #:
NAME OF CONTACT PERSON OR ORGANIZATION:	
ADDRESS:	
TELEPHONE #:	CELL PHONE #:
EMAIL ADDRESS (if applicable):	
RELATIONSHIP TO APPLICANT:	REASON FOR CONTACT: (check all that apply) <input type="checkbox"/> EMERGENCY <input type="checkbox"/> UNABLE TO CONTACT YOU
COMMITMENT OF HOUSING AUTHORITY OR OWNER: If you are approved for housing, this information will be kept as part of your tenant files.	
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.	

CERTIFICATION & CONSENT TO VERIFICATION

NOTICE

Greenfield Housing Authority may use your name, date of birth, address, social security number, or other identifying information for purposes permitted by federal and state law, including to verify the information you have provided on this application, such as any information that you have provided about your wages, income, assets and receipt of public benefits or services. We may use the identifying information in conducting matches to confirm your eligibility for assistance and to detect fraud. We may also match the identifying information that you provided on this application relating to your family members, such as your spouse, an absent parent, or your dependents. Names, dates of birth, addresses, social security numbers or other identifying information may be matched with computer or other files, to include but not be limited to, files from the following Data Holders: Internal Revenue Service; Social Security Administration; Mass State Supplemental Program (SSP) Alien Verification Information System; Center for Medicare and Medicaid; MassHealth; Registry of Motor Vehicles; Department of Revenue; Department of Revenue Child Support Enforcement; Department of Transitional Assistance; Department of Early Education and Care; Division of Unemployment Assistance; Department of Veterans' Services; Bureau of Special Investigations; Bureau of Vital Statistics; SAVE; Department of Criminal Justice Information Services; employers; landlords; Local Housing Authorities, RAFT, schools, insurance companies, banks and/or financial institutions.

CERTIFICATION

I have answered all the questions and that the information given on this application regarding household income and assets is accurate and complete to the best of my knowledge. I understand that submission of false information or misrepresentation may result in the loss of eligibility. I acknowledge that this is a preliminary application for the purpose of placement on the waiting list for **The Winslow Building**. At the time of selection from the waiting list all information contained in the application will be subject to third party verification to determine eligibility requirements prior to approval of occupancy.

CONSENT

I authorize the **Greenfield Housing Authority** to use this application to authorize the Data Holders to release my wage, tax, child support, benefits, income or other information and to perform matches with the Data Holders to confirm the information on this application as it pertains to the determination of my eligibility for assistance, verifying the information on this application and for detecting fraud.

SIGN
HERE

Signature of Head of Household

Name (Print)

Date

This form must be read and signed by all adult family members of the household listed on this application. This certification and consent is valid until superseded by a subsequent application or revoked in writing by a signatory or a person legally authorized to act on his or her behalf.

To learn more, or if you're questions weren't answered above, please contact us at [413-773-5478](tel:413-773-5478).



WINSLOW BUILDING PRE-APPLICATION

Dear Applicant,

The Greenfield Housing Authority (GHA) and Franklin County Regional Housing & Redevelopment Authority (HRA) invite you to apply for residency at the Winslow Building at 9 Wells Street, Greenfield, MA 01301. HRA provides Section 8 Project-Based Housing Choice Program Vouchers (S8PB HCV) for 33 units.

You must submit copies of the following:

- ☐ A valid picture ID
- ☐ Verification of Social Security number: Please submit either
 - a) An original Social Security card issued by the Social Security Administration (SSA)
 - b) An original SSA-issued document which contains the name and SSN of the individual; or
 - c) An original document issued by a federal state, or local government agency, which contains the name and SSN of the individual.
- ☐ Certificate of Birth (allowable substitutes; naturalization papers, Church issued baptismal certificate, current valid driver's license or DMV ID card, U.S. military discharge (DD214), U.S. passport, or employer ID card.

The following attached forms must be completed and returned with this Pre-Application:

☐ **Criminal Offender Record Information (CORI) and Sex Offender Registry Information (SORI) forms:** In order to participate in the Housing Choice Voucher Program each applicant **seventeen (17) years of age and older** must complete a *CORI* form and provide a picture ID. Each **applicant six (6) years of age and older** must complete a *Request for Sex Offender Registry Information* form.

☐ **Authorization to share information and records form:** In order to process your pre-application HRA and GHA must have your permission to share your information between two agencies.

Your completed application with accompanying forms and documents may be returned or mailed to:

Greenfield Housing Authority		Winslow Building		HRA
1 Elm Terrace	OR	9 Wells Street	OR	241 Millers Falls Road
Greenfield, MA 01301		Greenfield, MA 01301		Turners Falls, MA 01376

Once we have verified eligibility, you will receive a letter your eligibility. You will be placed on the Winslow Building waiting list, and HRA's PB S8 HCV Waiting List.

If you are determined ineligible, you will be notified and offered an opportunity to appeal the decision.

If you have any questions about this process please feel free to contact Katelyn Reardon at HRA at 413-863-9781 Ext. 139



PRE-APPLICATION FOR THE WINSLOW BUILDING

Please check the program you are applying to: ☒ Winslow Bldg. ☐ Section 8 Unit

Date: _____ Applicant Name: _____

Date of Birth: _____ Social Security # _____ Sex _____ Race _____

Current Address: _____ Zip Code: _____

Mailing Address: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Who can we contact if we are unable to reach you?

Name: _____ Telephone: _____ Relationship: _____

Address: _____

Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services?

YES ☐ NO ☐ If yes, please explain: _____

Language Spoken _____ Language Read _____

Are you a full time college Student? YES / NO Name of College _____

II PROGRAM INTEGRITY INFORMATION

1. Please list any state other than Massachusetts where you have resided during the past ten (10) years.

1. _____ 2. _____
3. _____ 4. _____

2. Have you ever lived in Public Housing or participated in a rental assistance program? YES / NO

If yes, where: _____ Dates of Occupancy: _____

Under what name? _____ Who was Head of Household: _____

3. Have you ever committed fraud in a Federal or State assisted housing program or been requested to repay money for knowingly misrepresented information for such housing programs? YES / NO

If yes, please explain: _____

4. Have you ever been convicted of any crime involving drugs or violent criminal activity? YES / NO

If yes, explain: _____

5. Have you been engaged in the use, sale, manufacture, or distribution of controlled substances? YES / NO

Have you ever been evicted from Public or Assisted housing for violent criminal or drug related activity? YES / NO

If yes please explain: _____

III HOUSEHOLD INCOME: Do you have any income from the following sources?

YES / NO EMPLOYMENT	Average weekly amount \$ _____
YES / NO UNEMPLOYMENT	Average weekly amount \$ _____
YES / NO SOCIAL SECURITY, SSDI	Soc. Sec. / SSDI Monthly amount \$ _____
SSI or SSP BENEFITS (circle type)	SSI / SSP Monthly amount \$ _____
YES / NO TAFDC, EAEDC, WELFARE and/or PUBLIC ASSISTANCE	Monthly amount \$ _____
YES / NO VETERANS or MILITARY BENEFITS	Monthly amount \$ _____
YES / NO WORKER'S COMP and/or DISABILITY INSURANCE BENEFITS	Amount \$ _____ Weekly / Bi-weekly / Monthly
YES / NO PENSIONS and/or ANNUITY	Amount \$ _____ Weekly / Bi-weekly / Monthly
YES / NO ALIMONY	Amount \$ _____ Weekly / Bi-weekly / Monthly
YES / NO INCOME FROM OWN BUSINESS or SELF EMPLOYMENT	Annual Income \$ _____
YES / NO REGULAR CONTRIBUTIONS from FRIENDS/RELATIVES	Amount \$ _____ Weekly / Bi-weekly / Monthly
YES / NO COMMISSIONS, TIPS, BONUSES	Amount \$ _____ Weekly / Bi-weekly / Monthly
YES / NO OTHER INCOME (real estate, lottery winnings, etc.)	Amount \$ _____ Weekly / Bi-weekly / Monthly

Did you file a Federal income tax return for the most recent year? **YES / NO**

IV ASSETS: Do you have any of the following assets?

CHECKING ACCOUNTS -- YES / NO

Name of Bank _____	Estimated Balance \$ _____
Name of Bank _____	Estimated Balance \$ _____

SAVINGS ACCOUNTS -- YES / NO

Name of Bank _____	Estimated Balance \$ _____
Name of Bank _____	Estimated Balance \$ _____

RETIREMENT FUNDS (IRA's, 401K, Keogh, etc.) -- YES / NO

Name of Bank _____	Estimated Balance \$ _____
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ANNUITIES / STOCKS / BONDS -- YES / NO

Name of Bank _____	Estimated Balance \$ _____
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MUTUAL FUNDS -- YES / NO

Name of Bank _____	Estimated Balance \$ _____
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TRUST ACCOUNTS -- YES / NO

Name of Bank _____	Estimated Balance \$ _____
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LIFE INSURANCE -- YES / NO

Company Name: _____
Policy No.: _____ Street Address: _____
City: _____ State: _____ Zip Code: _____

DO YOU OWN ANY REAL ESTATE? YES / NO

If yes, Type of property _____ Fair market value \$ _____

Property location _____

Mortgage or outstanding loan balance \$ _____ Annual insurance cost \$ _____

Amount of most recent annual Real Estate Taxes \$ _____

Do you have any assets(s) owned jointly with another person? **YES / NO**

If yes, describe: _____

Do you own personal property held as an investment (gems, jewelry, coin collections, etc.)? **YES / NO**

Please list _____

Have you disposed of, transferred ownership or given away any real property or assets in the past two (2) years? **YES / NO**

If yes, type of property: _____ Date of transaction: _____

Value of the sold, disposed, transfer or gifted asset: \$ _____

NOTE: This application does not obligate you or the Franklin County Regional Housing & Redevelopment Authority in any way.

APPLICANT CERTIFICATION: I/we certify that the information given to the Franklin County Regional Housing & Redevelopment Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or willful misrepresentation constitutes FRAUD and is punishable under State and Federal laws.

WARNING!!! TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE STATEMENTS OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.

Applicant # _____

Date _____

Received _____

Bedroom Size _____

Status _____

PHA Representative's Signature _____

Date _____



**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGE FORM**

FRANKLIN COUNTY REGIONAL HOUSING AND REDEVELOPMENT AUTHORITY (HRA) is registered under the 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 HRA 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 HRA with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY : The HRA may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that HRA must first provide me with written notice of this check.

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

Signature

Date





Franklin County Regional Housing & Redevelopment Authority

241 Millers Falls Road
Turners Falls, MA 01376

Tel: 413-863-9781
Fax: 413-863-9289
www.fcrhra.org

SUBJECT INFORMATION:

Last Name	First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)

Date of Birth

Place of Birth

Last six Digits of Your Social Security Number ____ - ____

Sex: ____ Height: ____ft. ____in. Eye Color: ____

Race: ____

Driver's License or ID Number: ____

State of Issue: ____

Mother's Full Maiden Name: ____

Father's Full Name: ____

Current and Former Addresses:

Street Number & Name City/Town	State	Zip
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Street Number & Name City/Town	State	Zip
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The above information was verified by reviewing the following form(s) of government issued identification:

VERIFIED BY:

Name of Verifying Employee (Please Print): ____

Signature of Verifying Employee: ____



Dru Sjodin National Sex Offender Public Website (NSOPW) (SORI FORM)

The Dru Sjodin National Sex Offender Public Website (NSOPW), coordinated by the U.S. Department of Justice, is a cooperative effort between jurisdictions hosting public sex offender registries ("Jurisdictions") and the federal government. These Jurisdictions include the 50 states, U.S. Territories, the District of Columbia, and participating tribes. The Website provides an advanced search tool that allows a user to submit a single national query to obtain information about sex offenders; a listing of public registry Web sites by state, territory, and tribe; and information on sexual abuse education and prevention.

Subjects Name: _____

Date of birth or approximate age: _____

Address: _____

Personal Identifying characteristics:

Sex _____ Race _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Other information (e.g. License plate number, parent's name, etc.):

******* WARNING*******

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L.C.6, §§ 178C-178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L.C. 6, §§ 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L.C. 275, § 4).





Franklin County Regional Housing & Redevelopment Authority

241 Millers Falls Road
Turners Falls, MA 01376

Tel: 413-863-9781
Fax: 413-863-9289
www.fcrhra.org

I, _____ give permission for the Franklin County Housing and
Redevelopment Authority and Greenfield Housing Authority to discuss my client file
and/or application with each other.

Signature

Date

Witness

Date





Franklin County Regional Housing & Redevelopment Authority

241 Millers Falls Road
Turners Falls, MA 01376

Tel: 413-863-9781
Fax: 413-863-9289
www.fcrhra.org

Authorization to Release Information

I hereby authorize the Franklin County Regional Housing & Redevelopment Authority (HRA) to release any and all information pertaining to an application, tenancy or any benefits I receive from HRA to anyone within HRA or the HRA related entities.

I further authorize the HRA related entities to request and obtain information, including copies of records kept on paper or electronically and/or to discuss or correspond about such information orally, on paper, or electronically, with HRA or any other HRA related entity for the efficient operation and management of potential housing services, including eligibility for said services.

This authorization is valid for a period of 15 months from the date of execution below. I understand I may revoke consent by notifying HRA in writing.

Head of Household (Print)

Sign

Date

Other Adult Family Member

Sign

Date

