

Simon C. Fireman Community

640 North Main Street, Randolph, MA 02368-3645

Telephone (781)986-8880 Fax (781)963-9409

Applicant ID # _____

PRE APPLICATION FORM

All information (except Optional sections) must be filled out for your application to be processed. Please complete, sign and mail to Simon C. Fireman Community to be placed on our waiting list.

PLEASE PRINT

1. Applicant's Name _____

Applicant's Birth Date _____ Social Security Number _____

Applicant's Street Address _____

City _____ State _____ Zip Code _____

Telephone Number (_____) _____ Sex _____ Male _____ Female

Email Address: _____

2. Co-applicant's Name _____

Co-Applicant's Birth Date _____ Social Security Number _____

Relationship to applicant _____ Sex _____ Male _____ Female

3. Please list all states applicant and co-applicant have resided in their lifetime: _____

Optional: If you would like a correspondent, **other than the applicant or co-applicant**, to receive and respond to all mailings from Simon C. Fireman Community, please fill out this section.

Correspondent's Name _____ Relationship _____

Correspondent's Address _____

Correspondent's Telephone Number (____) _____ Email Address: _____

4. Please indicated apartment size preference: () Efficiency () One Bedroom

5. If one person, would you consider an efficiency? () Yes () No

6. **Annual Income:** Please estimate you total annual income from all sources

\$ _____

7. As provided by HUD regulations we do not discriminate on the basis of disability for all otherwise qualified applicants. Please indicate if either the applicant or co-applicant is confined to a wheelchair which would require an apartment with accessible features.

Applicant () YES () NO
Co-applicant () YES () NO

8. Are you or any member of your household subject to a lifetime registration requirement under a state sex offender registration program? () YES () NO If yes, please list family member and state program: _____

9. **Preferences:** Consistent with existing federal guidelines, please indicate if any of the Federal Preference Priority Categories apply to the otherwise eligible and qualified applicant or co-applicant. **Documentation is required.**

A. Homelessness due to Displacement by Natural Forces () YES () NO
(earthquake, flood, declared disaster, or other natural cause)

B. Homelessness due to Displacement by Public Action () YES () NO
(urban renewal, sanitary code condemnation where violations were not caused or contributed by applicant)

C. Referral by DMR and/or DMH for Set-Aside Unit () YES () NO

10. **OPTIONAL:** HUD requires Simon C. Fireman Community to offer applicants the option to complete this information for reporting purposes. There is no penalty for persons who do not complete this section.

Applicant

Ethnic Categories

Hispanic or Latino _____

Not-Hispanic or Latino _____

Racial Categories

American Indian or Alaska Native _____

Black or African American _____

Native Hawaiian or Pacific Islander _____

Asian _____

White _____

Other _____

Co-Applicant

Ethnic Categories

Hispanic or Latino _____

Not-Hispanic or Latino _____

Racial Categories

American Indian or Alaska Native _____

Black or African American _____

Native Hawaiian or Pacific Islander _____

Asian _____

White _____

Other _____

ALL APPLICANTS/CO-APPLICANTS MUST READ & SIGN: I/we certify that all the information provided is accurate and complete. I/we understand that it is a criminal offense to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

***Simon C. Fireman Community is a smoke-free building.
Smoking is prohibited in all common areas and apartments.***

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
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.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.