



REQUEST TO CHANGE HEAD OF HOUSEHOLD

I, _____, hereby request that Metro Housing| Boston approve
_____ as the new Head of Household (HOH).

1. If Metro Housing| Boston approves the requested change, the new HOH assumes all rights and responsibilities associated with program regulations & policies and the lease.
2. If Metro Housing| Boston approves the requested change, the current HOH relinquishes all future claims to the voucher or certificate.
3. If the current HOH remains a member of the household, she/he will supply any information that Metro Housing| Boston determines to be necessary for program administration.
4. If at the time of the transfer of the subsidy there is a current Repayment Agreement, the prospective Head of Household must assume all responsibility by signing a **new** agreement with Metro Housing| Boston.

I Certify That I Understand All of the Above

Current Head of Household

Date

New Head of Household

Date

Both Signatures Must Be Notarized or Signed in the Presence of an Metro Housing| Boston Representative

Metro Housing| Boston Staff

Date

FAMILY CERTIFICATION FORM-MTW HOUSING CHOICE VOUCHER PROGRAM

Instructions: The Head of Household must complete and submit this form at the time of regular and, if required, interim recertification. Every item listed below must be completed on behalf of **every member of the household**. The form must be signed by the Head of Household.

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Head of Household/Participant Name _____

Last Four Digits of SS No. _____

Head of Household/Participant Address _____

Home Telephone: _____

Work Telephone: _____

Cell Phone/Pager: _____

Best Time to Call: _____

Completed By: _____

Date: _____

1. On the chart below please list all household members living in your unit 50% or more of the time. If you need additional space, please attach another page. Make sure to indicate which question you are answering.

Full Name of Member	Relation-ship to Head of Household	DOB	Sex	Ethnicity	Race	Income	Source of Income	Disabled	Full Time Student
	Head		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per _____	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per _____	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per _____	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per _____	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per _____	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	\$ _____ / per _____	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSI/SSDI <input type="checkbox"/> Child Sup/Alimony <input type="checkbox"/> Pension <input type="checkbox"/> TANF <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sex Categories: M = Male F = Female Ethnicity Categories: H = Hispanic NH = Non Hispanic
 Race Categories: 1 = White 2 = Black/African American 3 = American Indian/Alaska native 4 = Asian
 5 = Native Hawaiian/Other Pacific Islander

2. What is the primary language spoken in your home?

- ☐ English ☐ Spanish or Spanish Creole ☐ Portuguese or Portuguese Creole ☐ Vietnamese
☐ French Creole ☐ Italian ☐ Russian ☐ Chinese ☐ Mon-Khmer, Cambodian
☐ Other _____

3. If you prefer to receive written communication from DHCD in a language other than English, please check the language that you prefer. DHCD is required to provide written translation of materials for languages spoken by a significant percentage of households in its jurisdiction. Accordingly, DHCD will provide written translations for the languages indicated below:

- ☐ English ☐ Spanish or Spanish Creole ☐ Portuguese or Portuguese Creole ☐ Vietnamese
☐ French Creole ☐ Italian ☐ Russian ☐ Chinese ☐ Mon-Khmer, Cambodian
☐ Other _____

4. Did any household member lose a job or voluntarily leave their job since the last recertification? If yes, list names and the effective date of the job loss below. ☐ Yes ☐ No ☐ N/A

Name of Household Member

Effective Date

Name of Household Member

Effective Date

5. Will anyone in the household receive monetary or non-monetary gifts or contributions on a regular basis from someone who does not live in the household? ☐ Yes ☐ No

If yes, list names of household members who will receive such contributions, the type of contribution and the monthly amount of the contribution. For example if you receive \$50 worth of groceries every week from your Uncle Bill you would enter your name, under type of contribution, you would enter groceries, and under monthly amount you would enter \$200 (\$50/week x 4 weeks) :

Name of Family Member

Type of Contribution

Monthly Amount

Name of Family Member

Type of Contribution

Monthly Amount

OTHER INCOME

6. If you selected "Other Income" for any household member, complete the table below by entering the monthly amount and name of household member who receives that type of income.

Income	Amount Per Month	Name of Household Member
Commissions, Tips, Bonuses & Other Income		
Disability or Death Benefits		
Veteran's Benefits		
Veteran's Disability Benefits		
Payments for a Member of the Armed Services If yes, is the Armed Services member exposed to hostile fire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Unemployment Benefits		
Interests, Dividends or Capital Gains		
Lottery or Gambling Winnings		
Real Estate or Rental Property Income		
Income from an Inheritance		
Insurance, Retirement, Pension, Life Insurance		
Payments for Support of a Foster Child		
Other Income _____ Describe		

Adjusted Income**Childcare Deduction**

7. Is the family paying for care of children under age 13 so an adult can work? ☐ Yes ☐ No
8. Is the family paying for the care of children under age 13 so an adult can attend education or job training classes?
☐ Yes ☐ No
9. Is the family paying for the care of children under age 13 so an adult can look for work? ☐ Yes ☐ No

Disability Expense Deduction (Eligible only if the head of household, co-head and/or spouse is elderly or disabled)

10. Is the family paying for care or apparatus for a disabled family member so that an adult family member can work?
☐ Yes ☐ No
11. If yes, list name(s) of person with disability who is receiving care or using the apparatus:

Name of disabled family member receiving care or using apparatus

12. Cost of care or apparatus: \$_____ per month

Un-reimbursed Medical Expense Deduction (Applicable only to families if the head of household, co-head and/or spouse is elderly or disabled)

13. Does the family expect un-reimbursed medical expenses over the period covered by the certification?
☐ Yes ☐ No
14. List names of family members who expect un-reimbursed medical expenses:

Name of Family Member

Name of Family Member

15. Check type of **un-reimbursed** medical expenses anticipated and enter annual expense:

Type of Expense	Check if Applicable	Annual Amount
Medical insurance premiums (including Medicare)		
Doctor visits		
Dentist visits		
Dentures, bridgework or crowns		
Eye doctor visits		
Eyeglasses or contact lenses		
Clinic visits		
Therapy (physical or emotional)		
Lab fees, x-rays, blood work		
Prescription medicine		
Non-prescription medicine		
Hearing aid batteries		
In-home health care		
Medical Transportation		
Medical apparatus (owned or rented)		
Assistive animal expense		
Hospice care		
Other (describe)		
Other (describe)		

Criminal Background Information

Are you or any member of your household subject to a lifetime state sex offender registration program in any state?

☐ No ☐ Yes - If yes, state the household member name and the state in which the household member is subject to a lifetime state sex offender program:

Name of Household Member

State

Have you or another member of your household ever been convicted of the manufacture or production of methamphetamine on the premises of Federally-assisted housing?

☐ No ☐ Yes - Name of Household Member _____

Have you or any member of your household been evicted from public housing due to violent or drug-related criminal activity?

☐ No ☐ Yes - Name of Household Member _____

Have you or any member of your household been evicted due to alcohol abuse which threatened the health, safety, or right to peaceful enjoyment of the premises by other residents or neighbors in the vicinity of your residence?

☐ No ☐ Yes - Name of Household Member _____

Have you or a member of your household ever used a Social Security Number other than the ones listed on this application?

☐ No ☐ Yes - Name of Household Member & SS Number _____

Have you or a member of your household ever been convicted of a felony?

☐ No ☐ Yes - Name of Household Member and offense _____

Emergency Contact

In case of an emergency for you or a household member, whom should we contact?

Name		Relationship	
Address	City	State	Zip Code
Home Phone		Other Phone	

Participant Certification

Third-party verification of the above information will be completed and the results will be electronically transmitted to the HUD data collection system. Please refer to the Federal Privacy Act Statement for more information on its use.

I hereby certify that the above information on household composition, income, and assets is complete, true and correct to the best of my knowledge. I understand that giving false statements or information can be grounds for termination of Section 8 Housing Voucher Program assistance and for punishment under state and federal laws. Title 18, Section 1001 of the United States Code, states that a person who knowingly and willfully makes a materially false, fictitious, or fraudulent statement within the jurisdiction of the United States Governments shall be fined and/or imprisoned.

If there are any changes in income, expenses, and/or household composition prior to my reexamination effective date and which are different than what I reported on this reexamination questionnaire, I understand that I am required to notify the RAA prior to the effective date of reexamination. I understand that these changes will affect my rent determination.

Signature of Head of Household

Date



Authorization for the Release of Information

Massachusetts Department of Housing & Community Development ("DHCD")

Purpose:

DHCD and the U.S. Department of Housing and Urban Development ("HUD"), and administering agencies, including Metro Housing Boston, may use information, data, documents and other materials ("information") obtained with this Authorization for any of the following purposes:

- To verify salary, wages and assets
- To request certain tax return information from the U.S. Social Security Administration and IRS
- To administer and enforce program rules and policies.
- To determine initial and continuing eligibility for programs
- To determine the appropriate bedroom size
- To determine the amount your family will pay toward rent and utilities
- To analyze utility consumption data for purposes related to energy conservation
- To comply with HUD and other laws, rules and regulations
- To make referrals to other DHCD funded programs or MTW initiatives for recruitment and outreach purposes (there is no obligation to participate in these programs)
- To inform external evaluations or academic research conducting reviews of DHCD programs and MTW initiatives with the goal of analyzing program usage, or increasing program efficiency and efficacy
- For certain routine uses, such as to other government agencies for law enforcement
- To federal agencies for employment suitability
- To housing authorities for the purpose of determining housing assistance

Who Must Sign the Consent Form

Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Authorization and Expiration of Authorization:

This Authorization will expire in 15 months, if recertification is annual, in 27 months, if recertification is biennial, and in 39 months, if recertification is triennial, after the date set forth below.

I authorize the release, at all times while this Authorization remains in effect, to DHCD, HUD, and/or their agents and administering agencies, of any information about me, my family or the leased premises that is pertinent to any of the purposes

specified above, including my initial and continuing eligibility for participation in any of DHCD's rental assistance programs.

Individuals or Organizations That May Release Information:

Any individual, governmental or other organization including the following is hereby authorized to release information at any time while this Authorization remains in effect:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers (past and present)
- Landlords
- Schools and Colleges
- State Wage Information Collection Agencies (This consent is limited to wages and unemployment compensation received during period(s) within the last 5 years when assisted housing benefits have been received)
- U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends])
- U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code)
- U.S. Department of Veterans Affairs
- The Massachusetts Department of Revenue
- Utility Companies
- Welfare Agencies
- Department of Revenue
- Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities
- Registry of Motor Vehicles
- INS/SAVE
- Federal, State, Tribal, or local agencies that conduct computer-matching programs

HUD and DHCD are required to protect the income information they obtain in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. DHCD is also required to protect the income information it obtains in accordance with any applicable State privacy law. Private owners may not request or receive information authorized by this form.

Failure to Sign Consent Form:

Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to DHCD's grievance procedures and Section 8 informal hearing procedures.

Conditions:

I agree that photocopies of this Authorization may be used for the purposes stated on this Authorization for Release of Information form.

I understand that Information obtained by means of this Authorization will be used exclusively for the purposes stated above, and that the Information will be released to others only as reasonably appropriate to further such purposes, unless otherwise provided by Law. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

I understand that, if I do not sign this Authorization, my housing assistance may be denied or terminated.

Printed Name of Head of Household	Signature of Head of Household	Date
Printed Name of Co-Head of Household	Signature of Co-Head of Household	Date
Printed Name of Spouse	Signature of Spouse	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date
Printed Name of Other Adult Tenant	Signature of Other Adult Tenant	Date

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. 2000d), 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 eligible to receive a Social Security number.

Other Uses. HUD and DHCD use 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.

Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members eligible to receive a Social Security Number, have and use. Giving the Social Security Numbers of all household eligible to receive a Social Security Number is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval

Penalties for Misusing this Consent: HUD and DHCD and any owner (or any employee of HUD, DHCD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this Release Form is restricted to the purposes cited on this Release Form. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, DHCD or the owner responsible for the unauthorized disclosure or improper use.

FAMILY RESPONSIBILITIES AND IMPORTANT PROGRAM INFORMATION UNDER THE SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

The family must follow the rules listed below in order to continue participating in the Section 8 Housing Choice Voucher Program. If anyone living in the home violates any of these obligations, the family may be terminated from the program.

Where the term "Agency" or "the RAA" is used, it means the agency who is administering your voucher.

Where the requirement below states that a family must report increases in income it means any increase in income whether the increase be as a result of a new job, a raise, a new benefit, i.e. SS/SSI/pension, or receipt of a contribution from someone outside of the family, e.g. your mother gives you \$50 worth of groceries a week or your father pays your electric bill of \$75/month.

The family must:

1. Supply any information that Metro Housing|Boston or HUD determines to be necessary, including evidence of citizenship or eligible immigration status, and information for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
2. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
3. Ensure that all information provided by the family is true and complete.
4. Notify the Agency of any increases in earned income within 15 business days of the date of the change if the family's last interim reexamination resulted in a decrease in rent.
5. Notify the Agency of any increases in monetary and non-monetary income within 15 business days of the date of the change if the family reported zero income at their last regular or interim reexamination.
6. Notify the Agency of any increases in earned income within 15 business days of the date of the change if the family is paying minimum rent.
7. Notify the agency of the completion of a repayment or recoupment of SS and/or SSI benefits within 15 business days of completion of the repayment and restoration of the full benefit if the family is on an interim rent reduction due to a reduction in SS and/or SSI benefits.
8. Notify the Agency of any changes in income/expenses and/or changes in circumstances within 15 business days of the date of the change if the family has a financial hardship exemption from minimum rent.
9. Notify the Agency, within 15 business days, of the loss of earned income during an earned income disallowance.
10. Notify the Agency, in writing, within 15 business days, of the birth, adoption, or court awarded custody of a child.
11. Request the Agency's written approval to add any other family member, live-in aide, foster child or foster adult as an occupant of the unit, and not move the individual into the unit prior to receiving owner and Agency approval.
12. Notify the Agency in writing within 15 business days if any family member, live-in aide, foster child or foster adult no longer lives in the unit.

13. Notify the Agency in writing if all family members will be absent from the unit for more than 30 consecutive days, at the start of such absence, and obtain Agency approval.
14. Notify the Agency and the owner in writing before moving out of the unit or terminating the lease. Notice to move requirements are specified in your lease.
15. Promptly give the Agency a copy of any owner eviction notice.
16. Provide access to inspect the unit at reasonable times and after reasonable notice. Provide the owner with access to the unit to complete required repairs.
17. Notify the RAA in advance and in writing if the owner/agent has agreed to provide access to the unit for an inspection.
18. Pay for utilities that the family is responsible for under the lease.
19. Supply and maintain any appliance that the family is required to provide under the lease.
20. Use the assisted unit for residence by the family. The unit must be the family's only residence. Supply any information or verification requested by the Agency relating to whether the family is residing in the unit or whether the family is absent from the unit.

The family must not:

21. Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
22. Engage in profit making activities in the unit unless such activities are incidental to the primary use of the unit as a residence by the family.
23. Commit any serious or repeated violation of the lease.
24. Commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
25. Participate in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity, or threatens the health or safety of the owner, property management staff, or staff of the Agency.
26. Sublease, let or transfer the unit or assign the lease.
27. Receive another housing subsidy for the same unit or for a different unit under any other federal, state, or local housing assistance program.
28. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
29. Reschedule HQS inspections unless there is good cause and documentation is provided to verify the good cause and/or fail to provide access to the unit for inspections after being provided with advance notice of the inspection. No show violations may result in termination of assistance.
30. Threaten or use abusive language when communicating with Agency staff.
31. Receive Section 8 Housing Choice Voucher Program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the Agency has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationships, would provide reasonable accommodation for a family member who is a person with disabilities.
32. Engage in abuse of alcohol in a way that threatens the health, safety, or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises

or threatens the health or safety of the owner, property management staff, or staff of the Agency.

Important Program Information:

1. If you are on minimum rent and unable to pay your rent, you can apply for a hardship if:
 - a. Your family has lost eligibility for or are awaiting an eligibility determination for a federal, state, or local assistance program;
 - b. Your family would be evicted because you are unable to pay minimum rent;
 - c. Family income has decreased because of changed family circumstances, including loss of employment; or
 - d. A death in the family has occurred which caused the hardship.
2. Most households are recertified every two years. If you are on a biennial cycle and believe you would benefit from an annual recertification you may request to be recertified annually. After the annual reexamination, your family will revert to a biennial cycle unless an annual reexamination is requested again.
3. If you are recertified biennially you are allowed two family-requested interims between regular biennial recertifications. If you are recertified annually you are allowed one family-requested interim between regular annual recertifications. If you experience a loss of income of more than 30% and that loss is beyond your control you may apply for a hardship.

If you have any questions about any of your obligations or hardship options, please speak with your program representative.

I hereby certify that I understand the family obligations of the Section 8 Housing Choice Voucher Program and that a violation of these obligations may result in termination from the program.

Signature Head of Household

Date

Fair Information Practices Act

Statement of Rights

Local Housing Authorities collect information about applicants and tenants 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 authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

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

As an applicant or tenant, 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 housing authority 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 authority where you apply for housing.

Date_____ Signature_____



DRUG AND / OR VIOLENT CRIMINAL ACTIVITY CONSENT FORM

By signing below, I give my consent to Metro Housing|Boston, to obtain information from law enforcement agencies (including but not limited to the MA Criminal History Systems Board, police departments, probation departments) relating to any drug related or violent criminal activity.

I understand that if Metro Housing|Boston determines that I as an adult family member have participated in drug related or violent criminal activity the family (and/or live-in-aide) may be denied eligibility, the opportunity to transfer, or be terminated from the Metro Housing|Boston Rental Assistance Program.

Signatures:

Head of Household

Date

Other Adult Family Member

Date

Other Adult Family Member

Date

Other Adult Family Member

Date

Live-in-aide

Date

The above consent expires 27 months after the date signed.

To Head of Household: You may be terminated from the Metro Housing|Boston Rental Assistance Program if you or another adult family member and/or live-in-aide is involved with drug related or violent criminal activity.

ASSET INCOME SELF-CERTIFICATION – MTW

Applicants and participants who are part of the Massachusetts Department of Housing and Community Development's (DHCD) Housing Choice Voucher Program must provide verification of income related to assets. The head of household is required to complete and sign this form on behalf of the entire household.

Applicant/Participant Name _____ Participant ID No _____

Applicant/Participant Address _____ City, State _____ Zip Code _____

Is the value of all household assets more than \$50,000? ☐ Yes ☐ No

Regardless of the amount, please specify below.

Description	Asset Value
Stocks and/or bonds	
Cash Value of Life Insurance Policy	
Real Property total assessed value	
Checking account	
Savings account	
Burial plots	
Inheritances, lottery winnings, insurance settlements	
Cash value of Trusts	
IRA, Keough, or other retirement savings	
Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.	
Assets disposed of less than fair market value during the two years preceding certification or recertification	
Lump sum payments from insurance settlements or legal claims	
Other (please, specify)	
Total	

I certify that the information given to DHCD on family assets is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by federal law. I also understand that false statements or information are grounds for termination of housing assistance with DHCD.

This form will be reviewed by an RAA staff member.

Signature of Applicant or Participant _____ Date _____

Metro Housing|Boston Staff Signature _____ Date _____

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willfully makes a materially false, fictitious, or fraudulent statement within the jurisdiction of the United States Governments shall be fined and/or imprisoned.