



REQUEST TO ADD A MEMBER

Head of Household: _____

I am requesting that Metro Housing|Boston approve the following individual as a member of my household:

Name: _____

Relationship: _____

Current address: _____

Please check if the following applies:

☐ I am requesting to add the above member **only if I relocate to a new unit**. If I stay in my current unit, please do not add the above member to my household.

I do hereby swear and attest that all of the information provided on this form is true and accurate. I understand that under federal law it is considered a felony to knowingly and willingly make a false or fraudulent statement as a participant in a federal rental assistance program.

Signature of Head of Household: _____ Date: _____

**YOU MAY NOT ALLOW ANYONE TO MOVE INTO YOUR UNIT UNTIL YOU RECEIVE
CONFIRMATION THAT THE ADDITION TO YOUR HOUSEHOLD HAS BEEN
APPROVED.**

**UNDER YOUR LEASE, THE PROPERTY OWNER MUST PROVIDE CONSENT TO THE
REQUESTED ADDITION PRIOR TO YOUR SUBMITTING THIS FORM TO METRO
HOUSING BOSTON.**

Name of Property Owner: _____

Address: _____

Phone #: _____

1411 Tremont Street, Boston, MA 02120-3401

Phone 617-859-0400 | Toll-Free 800-272-0990 | info@MetroHousingBoston.org | MetroHousingBoston.org



Signature of Property Owner: _____ Date: _____

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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.



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.

LIVE-IN-AIDE CERTIFICATION

Date: _____

Name of Live-In Aide: _____

SS Number: _____

Address _____

City, State _____

Zip Code _____

Telephone Number _____

Fax Number _____

RE: _____
Applicant/Client Name

Applicant SSN: _____

TO BE COMPLETED BY PROPOSED LIVE-IN-AIDE

1. I am essential to the care of the above captioned applicant/client and would not be living with the disabled person except to provide supportive services.
2. I am not obligated for financial support of the disabled person needing my care
3. I have no rights to the unit, I am not a party to the lease, and I cannot become a remaining family member for continued occupancy.
4. Only upon prior written approval from MBHP may any family members move into the unit with me.
5. I must vacate the apartment immediately upon termination of my role as the live-in aide.

Do you intend to act as a Live-In-Aide for the above named applicant/client? ☐ Yes ☐ No

I hereby certify that I understand and accept Metro Housing Boston's policies related to Live-In Aides. I certify that the above information is true and correct. I understand that a criminal record screening will be conducted. If I do not pass the criminal record screening, I will not be approved as a live-in aide.

Signature of Live-In Aide

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



LIVE-IN AIDE FORM

Rights and Responsibilities

Live-in aide is defined as one who resides with one or more elderly persons, or near-elderly persons, or persons with disability and who:

1. Is determined to be essential to the care and well-being of the persons;
2. Is not obligated for the support of the person(s); and
3. Would not be living in the unit except to provide the necessary supportive services

A live-in aide is a member of the household, not the family, which means:

- Their income (if any) is not included when calculating family income.
- An aide has no rights as a participant in the Metro Housing|Boston Rental Assistance Program

The head of household must immediately notify Metro Housing|Boston of any changes in the status of a live-in aide.

Metro Housing|Boston approval of a live-in aide is required at each annual reexamination.

I certify that I qualify as a live-in aide as defined above.

Live-in Aide Name

Live-in Aide Signature

Date

I certify that _____ qualifies as a live-in aide as defined above.

Head of Household Name

Head of Household Signature

Date