

SUDBURY HOUSING AUTHORITY



LOCAL INITIATIVE PROGRAM (LIP) Pre-Application 2021

- 1) **NOTE:** There is only one rental unit in this program. It is a single-family, three-bedroom house, suitable for a family size of up to five (5) people. This home is not handicapped accessible.
- The rent is fixed for a one-year lease period. A Section 8 or other rental voucher can be used to pay a portion of this rent.
 - A security deposit for the entire month's rent is due at the time the lease is signed.
 - A minimum composite risk score is required to qualify.
 - Pets (owned or visiting) are prohibited.
 - Smoking anywhere on the property is prohibited.

ADDITIONAL DOCUMENTATION WILL BE REQUIRED IF YOU ARE SELECTED TO BE SCREENED FOR THE UNIT.

*If you have questions or need assistance completing this form, please contact the SHA office at 978-443-5112 or email info@sudburyha.org.
Hours: Mon, Tues, Thurs and Fri 9 am to 2 pm; Closed Wednesdays*

Sudbury Housing Authority LIP Application



Applicant's Name _____

Current Address _____ Town _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

e-Mail Address _____

Do you currently OWN _____ RENT _____ OTHER please specify _____

Current monthly rental or mortgage payment: \$ _____

Which utilities are paid by **you**: _____ Heat _____ Electricity _____ Gas _____ Other _____

Do you have a Section 8 Certificate or other rental voucher? _____ Yes _____ No

Total Number of People in Household (including yourself) _____

Non-English Speaking Applicant (optional)? _____ Yes _____ No

Language Preference (optional) _____

Landlord contact information: Is this your _____ Current or _____ Prior Landlord? Phone: _____

Name: _____

Address of apt. rented from above landlord: _____ Town: _____

Does any member of your household require a reasonable accommodation or modification based on a disability? If yes, please explain (responding to this question is optional):

HOUSEHOLD COMPOSITION: Please list ALL persons who will live in your home:

	NAME	Relation-ship to head	Date of Birth	Sex	SSN#	Student? Y/N
Head		SELF				
2						
3						
4						
5						

Is there someone currently living in your home that will not be moving in with you? If yes, please explain.

Do you anticipate any additions to the household in the next 12 months? Yes No If yes, please explain. _____

Do you own any pets? Yes No If yes, describe: _____

Will any of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution. Yes No

IF YES, please answer the following questions:

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act (JTPA)?	Yes	No
Are any full-time student(s) a TANF or Title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another person's tax return?	Yes	No

Are you or any member of your family currently using an illegal substance? Yes No

Have you or any member of your family ever been convicted of a crime other than a traffic violation?
 Yes No If yes, please describe:

Have you or any member of your family ever been evicted from any housing?
 Yes No If yes, please describe:

Does anyone outside of your household pay for any of your bills or give you money on a regular basis?
 Yes No If yes, please describe _____

EMPLOYMENT INCOME AND HISTORY

(use additional sheets for other household members)

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME:
	CURRENT EMPLOYER:
	ADDRESS
	POSITION HELD:
	How long employed? Supervisor:
	Phone Number
	Income/Pay Rate:
	CURRENT EMPLOYER:
	ADDRESS
	POSITION HELD:
	How long employed? Supervisor:
	Phone Number
	Income/Pay Rate:
	PAST EMPLOYER:
	ADDRESS
	POSITION HELD:
	How long employed? Supervisor:
	Phone Number
	Income/Pay Rate:
	PAST EMPLOYER:
	ADDRESS
	POSITION HELD:
	How long employed? Supervisor:
	Phone Number
	Income/Pay Rate:
OTHER EMPLOYMENT INCOME	

OTHER INCOME

Please list ALL SOURCES of income as requested below. If a section does not apply, cross it out or write N/A.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT
	<i>Social Security</i>	
	<i>Social Security</i>	
	<i>Social Security</i>	
	<i>Alimony</i>	
	<i>Child Support</i>	
	<i>Child Support</i>	
	<i>SSI Benefits</i>	
	<i>SSI Benefits</i>	
	<i>SSI Benefits</i>	
	<i>Pension – list source</i>	
	<i>Pension – list source</i>	
	<i>Veteran’s Benefits</i>	
	<i>Veteran’s Benefits</i>	
	<i>Unemployment Compensation</i>	
	<i>Unemployment Compensation</i>	
	<i>Title IV / TANF</i>	
	<i>Title IV / TANF</i>	
	<i>Interest Income (source)</i>	
	Section 8 or Rental Voucher	YES NO

Do you anticipate any changes in income in the next 12 months?
 Yes No If yes, please explain: _____

Please list any vehicles that you own.

TYPE of VEHICLE / YEAR and MAKE	LICENSE PLATE #
TYPE of VEHICLE / YEAR and MAKE	LICENSE PLATE #

ASSETS

If your assets are too numerous to list on this page, please copy this form.

If a section does not apply, cross it out or write N/A.

**** Please attach to this application the most recent statements for each of the below:**

FINANCIAL INSTITUTIONS

CHECKING	#	BANK	Balance \$
SAVINGS	#	BANK	Balance \$
TRUST ACCOUNTS	#	BANK	Balance \$
CERTIFICATES OF DEPOSITS (CD's)	#	BANK	Balance \$

ALL OTHER ASSETS

SAVINGS BONDS	#	Maturity Date	Face Value\$
LIFE INSURANCE POLICY	#	Company/issuer	Cash Value
STOCKS & Bonds	Name	# Shares	Div. Paid
IRA or 401k	Name	# Shares	Interest or Dividend \$
Property	Location	Value	

ATTACH ADDITIONAL SHEETS IF NECESSARY

Certifications

Certification of Information

- I/we certify that all information furnished in this application for affordable housing is true and complete to the best of my/our knowledge.
- I/we understand that any false statement, made knowingly and willfully, will be sufficient cause for rejection of my application.
- I/We do not maintain a separate subsidized rental unit in another location.
- I/We further certify that this will be our permanent residence.
- I/We understand that a security deposit must be paid for this rental prior to occupancy.
- I/We understand that ANY changes to the household composition must be approved by management.
- I/We understand that eligibility for housing will be based upon applicable income limits and by management criteria.
- I/We understand that ANY false information on this application or statements given are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature(s):

Applicant's Signature _____	Date _____
Co-Applicant's Signature _____	Date _____
Co-Applicant's Signature _____	Date _____
Co-Applicant's Signature _____	Date _____

In the event of an emergency please contact:

Name: _____

Phone: _____ Cell: _____

Optional*: Do you or any member of your household classify yourself as any of the following? (This may include more than one group). Responses will help us track the diversity of the applicant pool.

- Asian/Native Hawaiian/Pacific Islander
- Black/African-/Caribbean-American
- Latino/a
- Native American
- White/Caucasian
- Another Race or Ethnicity (please specify): _____

Sudbury Housing Authority

55 Hudson Road Sudbury, MA 01776

978-443-5112 FAX: 978-443-5113

info@sudburyha.org

Release of Information:

I/we hereby authorize Sudbury Housing Authority, or its agent, to obtain verification from any source named in this application. Additionally, I/we understand that Sudbury Housing Authority reserves the right to review a CORI and credit report for each applicant.

In addition, the undersigned authorize and direct any federal, state, or local agency, organization, business or individual to release information to representatives of Sudbury Housing Authority which may be necessary to become or remain a housing tenant.

I/We understand that this authorization or the information obtained with its use may be given to and used to administer and enforce program rules and policies in compliance with Massachusetts DHCD or any other state housing program guidelines. I also authorize Sudbury Housing Authority to release information from my files about my rental history to credit bureaus, collection agencies or future landlords with my expressed consent. This includes records on my payment history and compliance with lease or occupancy regulations.

CONDITIONS: I/We agree that a photocopy or facsimile or other electronic transmission of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for 18 months from the date signed.

I/We understand that all decisions made by Sudbury Housing Authority are final and that any appeals must be submitted in writing to Sudbury Housing Authority.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Please **mail** or drop the completed forms to:

Sudbury Housing Authority Local Initiative Program

55 Hudson Road

Sudbury, MA 01776

(email and fax not permitted)

The Town of Sudbury and the Sudbury Housing Authority will not discriminate against potential tenants on the basis of race, color, religious creed, marital status, military status, disability, national origin, sex, age, ancestry, sexual preference, source of income, presence of children, or any other basis prohibited by local, state or federal law. All disabled persons can request a reasonable accommodation of rules, policies, practices or services, or to request a reasonable modification of the housing when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing.