NEWTON HOUSING AUTHORITY
82 Lincoln Street
Newton Highlands, MA 02461

Tel: (617) 552-5501
Fax: (617) 964-8387
TD: (617) 332-3802

Dear Applicant,

Thank you for your interest in the Newton Housing Authority's Management Program waiting list. This list includes affordable apartments throughout the City of Newton. Properties have Single Room Occupancy (SRO) apartments, studios, and one-, two-, three-, and four-bedroom apartments available. Rents and income limits may vary by property.

To apply for housing, please answer all of the questions in the application. Below are instructions to help you answer some of the questions:

Question 3: Check if you are interested in applying for subsidized housing or unsubsidized housing (may select both or either one).

- Subsidized housing means that an apartment has a project-based voucher subsidy. If you rent a subsidized apartment, the rent will be 30% of your monthly income. The income limit for subsidized housing is 50% AMI.

- Unsubsidized housing means that the apartment has a set rent that is not based on income. The rent may be adjusted annually. Rent in an unsubsidized apartment varies by property and by number of bedrooms in the apartment. If you have a mobile Section 8 voucher, you can use it in an unsubsidized apartment.

Question 5: How many bedrooms do you believe you need? (Note: You may choose more than one option).

- Single Room Occupancy (SRO) units consist of one bedroom and one bathroom. The living room and kitchen are shared with other residents of the building. Only one person may occupy an SRO unit.
- You may choose more than one option. For example, if there are 3 people in your family, you can apply for a 2-bedroom or 3-bedroom apartment.

If you have any questions or need assistance filling out your application, please contact the Newton Housing Authority at 617-552-5501.

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Management Program Housing Application

The following information must be completed for every person who will occupy the unit. Please fill in all blanks. If not applicable, please write N/A. Incomplete applications will not be processed.

1. **Applicant Information:**

   Name of Applicant: _____

   Current Address: _____

   City/Town: _____ State: _____ Zip: _____

   Home Telephone: _____ Cell Phone: _____

   Email Address: _____

   Mailing Address (Complete if different from above):

   _____

   City/Town: _____ State: _____ Zip: _____

2. Do you currently have a housing voucher (Housing Choice Voucher – Federal Section 8/MRVP)?

   □ Yes □ No

3. Check if you are interested in applying for subsidized housing or unsubsidized housing (may select both or either one). *Please refer to application cover sheet.*

   □ Subsidized housing □ Unsubsidized housing

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4. **Household Composition:**

	Name	Relationship to Head of Household	Date of Birth	Are you disabled? (Yes/No)	Social Security #	Occupation (working, retired, full-time student, other)
1.		Head of Household				
2.						
3.						
4.						
5.						
6.						

5. **How many bedrooms do you believe you need?** *(Note: You may choose more than one option.)*
   ☐ SRO ☐ Studio ☐1 ☐ 2 ☐ 3 ☐ 4

6. **What is your race and/or ethnicity?** *(Note: Completing this section is optional. The information will be used only for fair housing programs as required by federal and state laws.)*

   Please check all that apply:

   ☐ White ☐ Black/African American ☐ American Indian/Alaska Native

   ☐ Asian ☐ Native Hawaiian/Other Pacific Islander

   Ethnicity:
   ☐ Hispanic or Latino ☐ Not Hispanic or Latino

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7. **Reasonable Accommodations and/or Accessible Units**
The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary but answering them will help us meet your needs.

Do you need a fully accessible unit for someone with a mobility impairment?

□ Yes □ No

Note: If you only need a unit on the first floor and it doesn't need to be fully accessible, please answer "no" here and respond to the question below with a "yes" and let us know your needs.

Do you need only certain accessible features of a unit?

□ Yes □ No

If yes, please list the features that you need to be accessible:

_____

Do you need a unit with special features for someone with hearing and/or visual impairment?

□ Yes □ No

Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you?

□Yes □No

If yes, please explain: _____

8. **Annual Income Information**
What is the TOTAL annual income for all members of the household?

$_____

9. **Asset Information:**

Have you in the past ten (10) years sold any real estate or personal property? ☐ Yes ☐ No

If yes, please provide the following:

Address:

_____

_____

Real Property ☐ or Personal Property ☐ Date of Transfer: _____

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Do you currently own any real estate?

□ **Yes** □ **No**

Financial Assets:

Please complete the information in the table below for ALL members of the household.

	Household Member	**Name of Financial Institution**	**Asset Value**
☐ Checking ☐ Savings ☐ Other: _____			
☐ Checking ☐ Savings ☐ Other: _____			
☐ Checking ☐ Savings ☐ Other: _____			
☐ Checking ☐ Savings ☐ Other: _____			
☐ Checking ☐ Savings ☐ Other: _____			
☐ Checking ☐ Savings ☐ Other: _____			
☐ Checking ☐ Savings ☐ Other: _____			

10. Rental History

Please provide your residential addresses for the last 2 years and the names, addresses, and phone numbers for landlords, if applicable.

Current Landlord	Name	
	Landlord's Address	
	Landlord's Phone Number	
	Your Address	
	Dates You Resided at Address	

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Previous Landlord	Name	
	Landlord's Address	
	Landlord's Phone Number	
	Your Address	
	Dates You Resided at Address	

11. Applicant Certification:

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent and sole residence. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is accurate and complete to the best of my/our knowledge and I/we understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and landlord authorization. All adult household members, 18 or older, must sign the application. Further, any head, co-head, or spouse, who is an emancipated minor, must also sign below.

THIS STATEMENT IS MADE UNDER PENALTIES OF PERJURY.

Signature of Head of Household: _____ Date: _____

Signature of Other Adult Family Member: _____ Date: _____

Signature of Other Adult Family Member: _____ Date: _____

Signature of Other Adult Family Member: _____ Date: _____

REASONABLE ACCOMMODATION

A reasonable accommodation is a modification or change we can make to our apartments or procedures that will allow an eligible tenant with a handicap or disability to enjoy and use rental housing. If you, or a member of your household, have a disability or handicap and as a result need a reasonable accommodation, you must request it, we reserve the right to request documentation of the tenant's disability to substantiate the requested accommodation and why the accommodation is necessary. We are not obliged to provide as a reasonable accommodation a service we do not otherwise provide at the property or for someone who is not a tenant of the property.

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Victims of Domestic Violence Application Supplement

The Newton Housing Authority (NHA) owns several Project-Based Section 8 units that each have a waiting list preference for homeless families who are victims of domestic violence. If you qualify under the definition of the Abuse Prevention Act*((G.L. c.209A, §1), please complete this supplement to your application.

1. Are you, the applicant, homeless? HUD defines "homeless" as an individual or family without a safe, stable nighttime residence, those about to lose it, those in federal homeless categories, and those fleeing violence. (Please check one): _____Yes _____No
2. Have you, the applicant, been referred to by The Second Step? (Please check one): _____Yes _____No
3. Are you, the applicant, or a member of your household, a victim of abuse as defined in the Abuse Prevention Act*? (Please check one): _____Yes _____No
4. As a result of the abuse, have you (the applicant) been displaced or are soon-to-be displaced as a direct result of the abuse? (Please check one): _____Yes _____No

Applicant Name: _____

Applicant Signature: _____

Date: _____

*The Abuse Prevention Act defines "abuse" as the occurrence of one or more of the following acts between "family or household members": a. Attempting to case or causing physical harm b. Placing another in fear of imminent serious physical harm c. Causing another to engage involuntarily in sexual relations by force, threat, or duress d. Coercive control (for example, deprivation of basic needs, monitoring, financial abuse, or intimidation and threats)

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