



QUINCY HOUSING AUTHORITY

80 CLAY STREET
QUINCY, MASSACHUSETTS 02170-2799

James N. Marathas
Executive Director
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This is an important notice. Please have it translated.
Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sirvase mandarlo traducir.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.
本通知很重要。請將之譯成中文。
នេះគឺជាជំពាក់សំខាន់ សូមមេត្តាបកប្រែជូនផង

Application for Addition to Lease

Along with the attached, *Application for Addition to Lease*, the following information must be submitted with the application:

If the applicant is a child under the age of 18, the Authority requires:

- An original birth certificate
- A copy of the child's social security card
- Verification of any income received for support or care of the child

If the applicant is 18 or older, the Authority requires:

- An original birth certificate
- A copy of the applicant's social security card
- A copy of the applicant's driver's license or photo id
- Verification of all income
- Bank statements for all accounts-savings, checking, etc.

The application cannot be processed until all required documents are received.

*Additional paperwork will need to be completed once this application is processed. It will be mailed out along with an appointment for an interview.



EQUAL HOUSING OPPORTUNITY

OFFICE USE ONLY
Control # _____
L NL Min _____
BR _____ Priority _____

Quincy Housing Authority
80 Clay Street
Quincy, Mass. 02170
617-847-4350

Date
and
Time Stamp

Application for Addition to Lease

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure BOTH the current resident and the applicant sign the last page.

Name of Current Lease Holder: _____

Address of Current Lease Holder: _____

1. Applicant Name: _____

2. Current Address: _____

City: _____ State: _____ Zip Code: _____

3. Home Phone: () _____ Work Phone: () _____

4. Please provide the full name, including Maiden Names, and Middle Initial of all Household Members who are requesting to be added to the lease.
unit.

First Name	Middle Initial	Last Name	Maiden Name	Date of Birth	Place of Birth	Sex	Relation to Head	Social* Security Number
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You _____

*The Social Security Number will be used to verify income, assets, and criminal record information..

5. Racial Designation: Responding to this question is optional. If anyone in your household is a Minority, you may classify your household in that Minority category. Circle One: American Indian Asian Black White Hispanic

6. Is there a member of your household who requires a wheelchair accessible unit?
Circle One Yes No

7. Have you or any household member ever received housing assistance from this or any other housing agency or group, including Public Housing, MRVP, DHP AHVP, 707 or Section 8. (Circle one) Yes No

If yes: Name of household head at that time: _____

Address: _____

Landlord Name: _____ Phone number: _____

Landlord Address: _____

Agency Subsidy was through: _____

Dates you received subsidy: FROM: _____ TO: _____

Reason you moved out: _____

8. Income Data:

Employment: Household Member who is working: (Name) _____

Place of Employment: _____

Salary: \$_____ circle one weekly, bi-weekly, monthly

Employment: If there is a 2nd Household member working, please complete:

Name of Worker: _____

Place of Employment: _____

Salary: \$_____ circle one weekly, bi-weekly monthly

Other Sources of Income: Please show monthly income from all sources, If zero, indicate -0-.

TAFDC \$_____ V.A. Pension \$_____

Social Security \$_____ Pension \$_____

Soc. Sec. Disability \$_____ Child Support \$_____

9. List below all assets of all household members:

Household Member	Type of Asset	Bank	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or any household member sold or transferred any property in the last four years:

Circle One: Yes No If yes, date of sale: _____

Amount of Sale: \$_____ Mortgage Owed at the time of the sale: \$_____

Do you own a home or other real estate property now: (Circle one) YES NO

If YES, please describe, including location: _____

10. Please list the addresses of all residential settings (Apartments, houses, shelters, group homes, etc) in which you lived during the last five years. You should either list the landlord (owner) or Program Director. Please be sure you list dates of occupancy.

Current Address: _____

Landlord Name: _____ Phone Number _____

Landlord Address: _____

Dates of Occupancy: Moved in _____ to Present

Please state why you wish to moved from this address: _____

Previous Address: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

Dates of Occupancy: Moved in: _____ to Moved Out _____

Please state why you moved from this address: _____

Previous Address: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

Dates of Occupancy: _____ Moved in: _____ to Moved-out : _____

Please state why you moved from this address: _____

11. Have you or any household member ever lived outside Massachusetts.

Circle One Yes No

If yes, please list the member's name and the states resided.

Name: _____ State(s) _____

12. As you a board member, employee or a member of the immediate family of any employee or board member of this housing authority

YES NO If yes, Please explain: _____

13. In accordance with Section 504 of the Rehabilitation Act of 1973, the Quincy Housing Authority is required to make reasonable accommodations to its programs and facilities in order to provide otherwise eligible individuals with disabilities equal access to participation in those programs and facilities. No one is required, as a condition of application to provide any information regarding the nature and severity of a disability. Individuals with disabilities may choose to self identify by responding to the questions below. The information provided will assist the Authority in providing reasonable accommodation and accessible resources where they are most needed. Your responses to these questions are confidential and will only be used for purposes of determining eligibility for assistance, or the need for accommodation.

Do you or a household member have a physical or mental impairment?

Circle One Yes No

Is this impairment services connected? (For Veterans)

Circle One Yes No

Would you or any member of your family benefit from accommodations the Authority could provide:

Circle One Yes No

If the Answer to No. 3 is yes, please describe below the types of accommodations that would most benefit you or the members of your family.

IMPORTANT NOTICE: Please read carefully

The Quincy Housing Authority has been granted CORI access. All household members are therefore advised that a copy of their criminal history will be obtained from the Criminal History Systems Board before they are offered housing through the Quincy Housing Authority.

TENANT CERTIFICATION:

I understand this application is a request to add this individual/individuals to my lease. I understand that this application must be reviewed, and may be approved or denied, based upon that review. Based on this application, I understand that I should not allow this applicant, or anyone else to move into my apartment until I have received a written approval from the Authority. I certify that the information I have given in the application is true and correct and that any false statements or misrepresentation may result in the denial of this application, and further, may result in my eviction. I understand that it is my responsibility to inform the Quincy Housing Authority, in writing, of any change in address, income, assets or household composition.

I hereby grant permission to the Quincy Housing Authority to inquire and obtain information about me and my family that is pertinent to eligibility for or participation in assisted housing programs, including credit investigation reports and criminal record information.

Current Lease Holder Signature

Date

CERTIFICATION:

I understand this application is a request to be added to a current resident's lease. I understand that this application must be reviewed, and may be approved or denied, based upon that review. Based on this application, I understand that I should not make any plans to move or terminate my present tenancy until I have received a written approval from the Authority. I certify that the information I have given in the application is true and correct and that any false statements or misrepresentation may result in the denial of my application. I understand that it is my responsibility to inform the Quincy Housing Authority, in writing, of any change in address, income, assets or household composition.

I hereby grant permission to the Quincy Housing Authority to inquire and obtain information about me and my family that is pertinent to eligibility for or participation in assisted housing programs, including credit investigation reports and criminal record information.

Applicant Signature

Date

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