

# QUINCY HOUSING AUTHORITY



80 CLAY STREET  
QUINCY, MASSACHUSETTS 02170-2799

OFFICE USE ONLY  
Control # \_\_\_\_\_  
L NL Min \_\_\_\_\_  
BR \_\_\_\_\_ Priority \_\_\_\_\_

Date and  
Timestamp

## APPLICATION FOR PROJECT BASED SECTION 8

**NOTE: 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 you sign the last page.

1. Applicant Name: \_\_\_\_\_

2. Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Current Mailing Address: \_\_\_\_\_

4. Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

5. Email Address: \_\_\_\_\_

6. Please provide the full name, including maiden names and middle initial, of all household members who will be living in the unit.

First Name	Middle Initial	Last Name	Maiden Name	Date of Birth	Place of Birth	Sex	Relationship to Head of Household	*Social Security Number
							Self	

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

7. Racial Designation: Responding to this question is optional. Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a minority, you may classify your household in that minority category. Circle One: Native American Asian Black White Hispanic

8. Preferred Language/Dialect: \_\_\_\_\_

9. Is any household member a Veteran? Circle One: Veteran Non-Veteran

Dates of Military Service: From: \_\_\_\_\_ To: \_\_\_\_\_

10. Does any household member live or work in Quincy? Circle One: Yes No

11. Does any household member require a wheelchair accessible unit? Circle One: Yes No

12. Project Based Development you are applying for:

Elderly (62+), Near Elderly (50-59), or Disabled/Handicapped

Disabled/Handicapped applicants will automatically be added to the Designated Housing Voucher wait list.

Fenno House (540 Hancock St, Quincy, MA) Studio and 1-bedroom apartments

Quincy Point (1000 Southern Artery, Quincy, MA) Studio and 1-bedroom apartments

Naval Terrace (56 Airport Rd, Quincy, MA) 2-bedroom apartments

Squantum Gardens (420 East Squantum St, Quincy, MA) 1-bedroom apartments

Wollaston Manor (91 Clay St, Quincy, MA) Studio and 1-bedroom apartments

O'Brien Towers (73 Bicknell St, Quincy, MA) 1-bedroom apartments

Pagnano Towers (109 Curtis Ave, Quincy, MA) 1-bedroom apartments

Family

Atlantic Gardens (Bersani Circle, Quincy, MA) 2-bedroom apartments

Riverview (Germantown, Quincy, MA) 1-4 bedroom apartments

13. Do any of the situations listed below apply to you? Circle One:      Yes      No

- Homeless due to displacement by natural forces (fire, flood, or earthquake)
- Homeless due to displacement by public action (urban renewal)
- Homeless due to displacement by public action (sanitary code violations)

13.a. What community were you displaced from? \_\_\_\_\_

14. What is the estimated annual income for your household? \_\_\_\_\_

15. Has any household member ever received housing assistance from this or any other housing agency/group, including Public Housing, Section 8, MRVP, DHP, AHVP, or 707? Circle One:      Yes      No

15.a. If yes, please answer the following:

Name of head of household at the time: \_\_\_\_\_

Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Agency Providing Housing Assistance: \_\_\_\_\_

Dates Assistance Was Received: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason Assistance Ended: \_\_\_\_\_

16. Are you a board member, employee, or member of the immediate family of any employee or board member of Quincy Housing Authority? Circle One:      Yes      No

If yes, please explain: \_\_\_\_\_

17. Has any household member ever lived outside Massachusetts? Circle One:      Yes      No

If yes, please list the members name and states resided: \_\_\_\_\_

**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 before they are offered housing through the Quincy Housing Authority.

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The following question is for applicants who are applying for disabled/handicapped housing where eligibility is based upon a household member having a disability.

Do you or a household member have an impairment that is expected to be of long continued and indefinite duration which substantially impedes the ability to live independently and is of such a nature that the ability to live independently could be improved by more suitable housing conditions:

Circle One:      Yes      No

Note: Disability will be verified by the Quincy Housing Authority in accordance with applicable regulations.

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**APPLICANT CERTIFICATION:**

I understand this application is not a unit offer, until such time as the Quincy Housing Authority informs me that I have been offered a unit pursuant to my application. Based on this application, I understand that I should not make any plans to move or terminate my present tenancy until I have received an offer from the Quincy Housing 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, contact information, income, 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.

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\_\_\_\_\_  
Applicant Signature

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\_\_\_\_\_  
Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants  
**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

**Applicant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Cell Phone No:** \_\_\_\_\_

**Name of Additional Contact Person or Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Cell Phone No:** \_\_\_\_\_

**E-Mail Address (if applicable):** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**Reason for Contact:** (Check all that apply)

Emergency  Assist with Recertification Process

Unable to contact you  Change in lease terms

Termination of rental assistance  Change in house rules

Eviction from unit  Other: \_\_\_\_\_

Late payment of rent

**Commitment of Housing Authority or Owner:** If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

**Legal Notification:** Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Check this box if you choose not to provide the contact information.

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Signature of Applicant

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Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

## **NOTICE OF RIGHT TO REASONABLE ACCOMMODATION**

**QUINCY HOUSING AUTHORITY**  
**80 Clay Street, Quincy, Massachusetts 02170**  
**(617) 847-4350**  
**TDD NO. (800) 545-1833, EXT.115**

**If you have a disability and as a result of your disability you need . . .**

- a change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- a change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- a change or repair to some other part of the housing site that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change in the way we communicate with you or give you information,

**you may ask for this kind of change, which is called a REASONABLE ACCOMMODATION.**

If you can show that have a disability and if your request for accommodation is reasonable (**\*does not pose “an undue financial or administrative burden”**), we will try to make the changes you request.

We will give you an answer in thirty (30) days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION REQUEST FORM from Terry Champion, Administrative Assistant, Quincy Housing Authority.

**\*In simple language this legal phrase means if it is not too expensive or too difficult to arrange.**