



## Emanuel Village

59 Evelyn Street, Worcester, MA 01607  
Tel: 508-753-7474

### **Instructions: Please follow carefully - Incomplete applications will be returned**

1. **Complete all areas.** If an item does not apply to you, mark "N/A" on that line.
2. **We need copies of Social Security Cards** The government **requires** that all applicants over the age of 5 submit a copy of their social security card with the attached housing application. If you do not have a social security card, we can accept one of the following, as long as your social security number appears on the document.

<b>Driver's License</b>	<b>Medicare Card</b>	<b>Medical Insurance Card</b>
<b>Bank Statement</b>	<b>Retirement benefit letter</b>	<b>Benefit letter from government agencies</b>

**Note: Copies of Metal Social Security Cards are not acceptable.**  
If you cannot provide us with any of the above documents, it will be necessary that you certify to us that you have made application to the Social Security Office for a new card before we will accept your housing application.
3. **Proof of US Citizenship** The US Department of Housing & Urban Development **requires** that all applicants be US Citizens, nationals or certain categories of eligible noncitizens. To do this, you **must** have the attached Declaration of Section 214 Status forms completed by **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.
4. **Signatures are required by all adult applicants**
5. **Return your application to:**

Emanuel Village  
59 Evelyn St  
Worcester, MA 01607

**Note: Animals are only allowed in our senior citizen properties or for persons with disabilities who require a service animal.**

Your application is being returned because:

- You did not complete all areas or you did not sign the application.
- You did not provide the required social security cards for all household members over the age of 5.
- The Declaration of Section 214 Status and Family Summary Sheet were not completed/signed as instructed above.

Please return your application along with the information that was missing if you want to be considered for Section 8 housing.



**B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.**

Family Member Name	Sources of Income	Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim # )	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Other Income Gross Monthly Amount (for example, rental income, etc.)	\$
		\$
		\$

**C. ASSETS:**

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of asset (e.g., money/land/house) \_\_\_\_\_

Market value when sold/disposed \$ \_\_\_\_\_ Amount sold/disposed for \$ \_\_\_\_\_ Date of transaction \_\_\_\_\_

C. **ASSETS** (continued)

Provide the following information for all members of the household (use another sheet of paper if necessary).

**Checking Accounts**

Bank		Bank	
Address		Address	
Account No.		Account No.	
Int. Rate	Balance \$	Int. Rate	Balance \$

**Savings Accounts**

Bank		Bank	
Address		Address	
Account No.		Account No.	
Int. Rate	Balance \$	Int. Rate	Balance \$

**Certificates of Deposit**

Bank		Bank			
Address		Address			
Acct.#	Int Rate	Amt. \$	Acct.#	Int Rate	Amt. \$
Penalty for Early Withdrawal		Maturity Date	Penalty for Early Withdrawal		Maturity Date

**Stocks****IRA's/401-K's**

Name		Bank	
Address		Address	
Value \$	Div. Rate	Value \$	Div. Rate

**Bonds****Trust Accounts**

Bank		Bank	
Address		Address	
Present Value \$		Account No.	
Maturity Date		Int. Rate	Balance \$

C. **ASSETS** (continued):

**Real Estate**

Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type & location of property \_\_\_\_\_

Appraised market value \$ \_\_\_\_\_ Mortgage or outstanding loan due \$ \_\_\_\_\_

Name & address of broker/realtor who would provide verification of market value:

Broker/Realtor	Address	City	State	Zip
----------------	---------	------	-------	-----

D. **MEDICAL AND CHILD CARE EXPENSES**

**FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY**

**Medical Costs** - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.

**Medicare**

Monthly Amount \$	Monthly Amount \$
-------------------	-------------------

**Medical Insurance**

Name	Name
Address	Address
Claim No.                      Monthly Amt. \$	Claim No.                      Monthly Amt. \$

**Pharmacy**

Name	Name
Address	Address
Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$	Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$

**Physician**

Are you seeing a physician <b>REGULARLY</b> ? Yes _____ No _____	
Name	Name
Address	Address
Anticipated costs <b>not covered by insurance</b> - Monthly Amount \$	Anticipated costs <b>not covered by insurance</b> - Monthly Amount \$

**Outstanding Medical Bills for which You are Making Monthly Payments**

Name	Name
Address	Address
Anticipated costs <b>not covered by insurance</b> - Balance Due \$                      Monthly Amount \$	Anticipated costs <b>not covered by insurance</b> - Balance Due \$                      Monthly Amount \$

**E. PROGRAM INFORMATION**

Are you currently living in subsidized housing? Yes\_\_\_\_ No\_\_\_\_

**F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.**

1. You have been served a Notice to Quit or been asked to leave by a previous landlord
2. You have been served with lease violations from a previous landlord
3. You have been evicted
4. You or any household member have been evicted from federally assisted housing for drug-related criminal activity?

If you checked any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

5. You or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program?

List all states, other than the one that you reside in now, in which you have lived in during the last seven years? \_\_\_\_\_

**G. REFERENCE INFORMATION**

**Current Landlord** (Name, Address,& Phone No.)

\_\_\_\_\_

How long have you lived there? \_\_\_\_\_ Is this landlord related to you? Yes\_\_\_\_ No\_\_\_\_

**List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.)** (Name, Address & Phone No.)

1.	2.
Address of Apt.	Address of Apt.
How long did you live there?	How long did you live there?
Is this landlord related to you? Yes____ No____	Is this landlord related to you? Yes____ No____

**List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.)** (Name, Address, Phone No. & Relationship)

(Example: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

1.	2.
Phone No. Relationship	Phone No. Relationship

**All information received by «mgmt\_local\_office» during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.**



## Please sign ALL Black Checkmarks

### Authorization

I/we do hereby authorize **Emanuel Village** and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

### Signatures

(✓)

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

\_\_\_\_\_  
Date

(✓)

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

---

### Authorization

I/we do hereby authorize **Emanuel Village** and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

### Signatures

(✓)

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

\_\_\_\_\_  
Date

(✓)

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

---

### Authorization

I/we do hereby authorize **Emanuel Village** and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

### Signatures

(✓)

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

\_\_\_\_\_  
Date

(✓)

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

### Declaration of Section 214 Status

**Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant (including minors) for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to Emanuel Village Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.**

I, \_\_\_\_\_ certify, under penalty of perjury,<sup>1</sup> that, to the best of my knowledge, I am lawfully within the United States because

**(Please check the appropriate box)**

- I am a citizen by birth, naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age<sup>2</sup>; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- Immigrant status under §§1001(a)(15) or 101(a)(20) of the INA<sup>3</sup>, or
- Permanent residence under §249 of INA<sup>4</sup>; or
- Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA<sup>5</sup>; or
- Parole status under §§212(d)(f) of the INA<sup>6</sup>; or
- Threat to life or freedom under §243(h) of the INA<sup>7</sup>; or
- Amnesty under §245 of the INA.<sup>8</sup>

(✓)

\_\_\_\_\_  
(Signature of Adult Household Member)

\_\_\_\_\_  
(Date)

Check box if signature is of the adult residing in the unit who is responsible for child named on statement above.

Check box if you are a noncitizen with eligible immigration status and the evidence needed to support my claim is temporarily unavailable. I am requesting additional time to obtain the necessary evidence.

Enter INS/SAVE Primary Verification =: \_\_\_\_\_ Date: \_\_\_\_\_

**[See reverse side for footnotes and instructions]**

---

<sup>1</sup> **Warning:** 18 U.S.C. 1001 provides among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any manner within the jurisdiction of any department of agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- <sup>2</sup> **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- <sup>3</sup> **Immigrant status under ¶¶101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by ¶101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by ¶101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under ¶¶210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- <sup>4</sup> **Permanent residence under ¶249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under ¶249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- <sup>5</sup> **Refugee, asylum, or conditional entry status under ¶¶207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under ¶207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated" under ¶208 of the INA (8 U.S.C. 1158)[*asylum status*]; or as a result of being granted conditional entry under ¶203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- <sup>6</sup> **Parole status under ¶212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under ¶212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- <sup>7</sup> **Threat to life or freedom under ¶243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under ¶243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- <sup>8</sup> **Amnesty under ¶245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under ¶245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].



# Emanuel Village

59 Evelyn Street  
Worcester, MA 01607

*"In response to Christ Love,*

*Lutheran Social Services of New England serves and cares for people in need"*

## CORI REQUEST FORM

Pursuant to M.G.L. Ch 6, s. 168, Emanuel Village has been granted access to Criminal Offender Record Information (CORI) including conviction and pending criminal case data, for the purpose of tenant selection only, and shall not be otherwise used or disseminated. The following is a list of applicants for public housing.

**APPLICANT SIGNATURE:** \_\_\_\_\_

(Unless otherwise Preempted by Law)

### APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME, FIRST NAME, MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER  
(Requested but not required)

\_\_\_\_\_  
ID Theft Index PIN (If applicable)

\_\_\_\_\_  
MOTHERS MAIDEN NAME

\_\_\_\_\_  
CURRENT and FORMER ADDRESSES:

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ lbs. EYE COLOR: \_\_\_\_\_

STATE DRIVERS LICENCE NUMBER: \_\_\_\_\_

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF AUTHORIZED CORI EMPLOYEE



## Emanuel Village

59 Evelyn Street

Worcester, MA 01607

*"In response to Christ Love,*

*Lutheran Social Services of New England serves and cares for people in need"*

### General Authorization for Release of Information

Name: \_\_\_\_\_  
(Please Print)

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

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

I, the above named individual, have authorized Emanuel Village to verify the accuracy of the information that I have provided.

The following will be obtained on all applicants for housing:

Credit Checks

Housing Evictions

I hereby give you my permission to release this information to Emanuel Village. I would appreciate your prompt attention in supplying the information requested on the attached page to Emanuel Village within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

\_\_\_\_\_  
(Signature)

Date Signed: \_\_\_\_\_

This authorization is valid for a period of one year from the date noted above



## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Deleted: ¶