

MELROSE HOUSING AUTHORITY

910 Main Street, Melrose, Massachusetts 02176-2397
Telephone (781) 665-1622 FAX (781) 665-6043 TDD 800-545-1833 ext. 814

Fuller House Project-Based Voucher Wait List Site

Program Overview

The Section 8 Housing Choice Voucher (HCV) program helps people with low income afford housing. The program is funded by the federal government and administered by local public housing authorities (PHAs).

The Project-Based voucher (PBV) program is one part of the HCV program. It helps pay for rent in privately owned rental housing, but only in specific privately owned buildings or units. That means that if you get a project-based voucher, you don't get to choose the unit you live in.

If you qualify for the PBV program, your rent owed to the landlord will be 30% of your income and the Melrose Housing Authority will pay the rest. Applicants must fall within the HUD established annual income limits for their household size. The applicable income limits are as follows:

Household Size	30% AMI (Extremely Low Income)	50% AMI (Very Low Income)	80% AMI (Low Income)
1	26,850	44,800	67,400
2	30,700	51,200	77,000

It is important to note that the MHA has no immediate housing available. The first step to receiving housing assistance from the MHA is to complete a preliminary application at the MHA at our administrative offices at 910 Main Street Melrose, MA. As housing becomes available, the MHA will contact you through first-class mail for screening of application. Applicants are required to provide verification of their eligibility at the time of screening for eligibility of the program. The Section 8 Coordinator will evaluate each individual application and make an eligibility decision.

Fuller House Project-Based Waiting List Selection Priorities

Below is a list of the preferences that Melrose Housing Authority considers when selecting applicants for the Project-Based Waiting List. Applicants are served by date and time of application within preference category in the order set forth below. We will request documentation of preferences at the time an applicant reaches the top of the waiting list and are selected for final determination of eligibility.

WAIT LIST REQUIREMENT: PBV Fuller House requires that you be at least age sixty-two, unless you are a person with a disability.

- **First preference** is to **Melrose Resident and Veterans**.
- **Second preference** is to applicants who are **Melrose Residents**
- **Third preference** is to applicants who are **Veterans**
- **Fourth preference** is to all other applicants who are at least age sixty-two or person with disabilities by date and time of application

What is a **"Melrose resident"**? – The Melrose residency preference shall apply to all families that live in the City of Melrose or is a household member who is employed or has been hired as an employee in the City of Melrose.

What is the **"Veteran Preference"**? – A *veteran* is a person who served in the active US Armed Forces (i.e., the Army, Navy, Marine Corps, Air Force, and Coast Guard but excluding reserves of all) and who was discharged or released from such service under conditions other than dishonorable. This preference applies to applicant head of households who are veterans or surviving spouses of such veterans, provided such spouse has not remarried prior to the time of admission to the MHA's program.

Frequently Asked Questions

How much rent does my Project Based Voucher cover?

The MHA pays the owner the difference between 30 percent of family income and the gross rent for the unit.

How are project-based vouchers different from tenant-based vouchers?

Under the tenant-based housing choice voucher program, the MHA issues an eligible family a voucher and the family selects a unit of their choice. If the family moves out of the unit, the contract with the owner ends and the family can move with continued assistance to another unit.

Under the project-based voucher program, the MHA enters into an assistance contract with the owner for specified units and for a specified term. The MHA refers families from its waiting list to the project owner to fill vacancies. Because the assistance is tied to the unit, a family who moves from the project-based unit does not have any right to continued housing assistance. However, they may be eligible for a tenant-based voucher when one becomes available.

Does the MHA check an applicant's past history in order to determine if he/she is eligible for housing?

Yes. The MHA checks an applicant's past criminal records (CORI check) to help determine if an applicant is eligible for housing. If an applicant is determined not eligible for housing, the applicant has the right to file an appeal with the MHA.

What size unit is appropriate for my household?

Rental assistance recipients are required to follow certain occupancy standards that limit the number of residents according to the number of bedrooms. The following is a basic guide in accordance with state and local codes, the following occupancy standards will apply to the Fuller House:

<u>Number of Bedrooms</u>	<u>Minimum Number of Occupants:</u>	<u>Maximum Number of Occupants:</u>
One Bedroom	1	2

Does the MHA pay my rental assistance to my landlord or me?

The MHA pays your rental assistance to the landlord on the first of each month. You must also pay the landlord your share of the rent each month. Failure to do so can lead to termination of your rental assistance.

What happens if my income or family composition changes after I begin receiving rental assistance?

Whenever your income changes or you have a change in family composition (persons moving in or out of your household) you are required to report the changes to the MHA, in which case the MHA will determine if and when a change in rent is required.

How often is my income reviewed?

Every household that receives housing assistance must undergo an annual recertification. Approximately **90-120** days prior to your anniversary date, we will schedule and conduct a reinspection of your unit. **You will also be required to complete forms and submit income and asset information** in order to verify your income and eligibility for the program. When you receive this request for information, you must respond by the due dates stated in the letter. Failure to do so may lead to termination of your rental assistance.

What happens if my unit needs repairs?

You should notify you landlord immediately if your unit is in need of a repair. If violations are found at the time of an initial or annual inspection conducted by the MHA, a letter will be sent to your landlord with a copy to you. The violations must be corrected within 30 days and our office will conduct a re-inspection to verify that the items have been corrected.

How long can I remain in the rental assistance (Section 8) program?

Current program rules allow you to continue to receive housing assistance as long as you are income-eligible and as long as you fulfill your tenant obligations established by HUD for the program. You will lose your assistance when your income rises to the point that your portion of the rent matches or exceeds the full amount of the rent, or if you voluntarily withdraw from the program.

What if I want to move at the end of my lease?

If you want to move after the first year to another apartment off-site, you must first request a tenant-based voucher from the MHA. You must be a tenant in good standing with the Section 8 program. This includes giving your landlord a proper 30-day notice to vacate, and sending a copy of the notice to the MHA. A tenant-based voucher will be issued in accordance with MHAs PBV Chapter in the Administrative Plan.

What if my owner wants me to move?

If you are a rental assistance participant, your owner may request that you move at the end of your lease term. If you receive a written notice to move, call the MHA. It is very important for you to fulfill your lease obligations and pay your rent on time each month. If you violate any of your lease provisions, your landlord may serve a notice for lease violations. In this case you may no longer be eligible for the program.

OFFICE USE ONLY

MELROSE HOUSING AUTHORITY

DATE OF RECEIPT

Preference: _____

Applicant ID: _____

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Fuller House - Preliminary Project-Based Application

Please complete all information requested on the application and print clearly. No additional documentation are required at this time.

Applicant Contact Information:

Applicant Full Name:		
Current Physical Address:	City:	Zip:
Mailing Address:	City:	Zip:
Phone:	Cell:	E-Mail:

Family Composition: List all the people who will live in your household, beginning with yourself.

Last Name	First Name	Sex	Social Security #	Relationship	Date of Birth
				Head-of-Household	

Household Racial/Ethnic Designation: (Optional, for statistical purposes only):

- White/Caucasian
 Black/African American
 Asian/Pacific Islander
 Hispanic
 Native America/Alaskan Native
 Other
 Decline to Answer
 Non-Hispanic

Income: Please answer the following questions regarding the household's income:

1. Does anyone in the household receive income from employment? Yes No If yes, who? _____

Provide information on employment:

Employment Title:	Employment Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	Employer Name:
Employer Address:	City:	Zip:
Pays Cash? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. What is the monthly Gross amount of Social Security, Disability, and Other Non-employment Income?

Please note income sources including but not limited to Social Security, Disability, Child Support, Alimony, Welfare, Food Stamps, Unemployment, Annuities, Pensions, Retirements, V.A. Benefits, Gifts, Scholarships, Trusts/Inheritances, Gambling Winnings, etc.

- Total monthly income before deductions \$ _____
- Please List the Income Sources: _____

Preferences: Melrose Housing Authority will verify your claim of preferences prior to determining your eligibility for the Housing Choice Voucher Program. Each verified preference has a ranking in the following order:

WAIT LIST REQUIREMENT: PBV Fuller House requires that you be at least age sixty-two, unless you are a person with a disability.

Please check off the preference you claim:

1. **Local Veteran:** You may apply for the local veteran preference if you consider yourself a veteran or are the surviving spouse of such veteran. A veteran is defined as a person who served in the active US Armed Forces and who was discharged or released from such service under conditions other than dishonorable.
2. **Local:** You may apply for this preference if you live or work in Melrose.
3. **Veteran:** You may apply for the veteran preference if you consider yourself a veteran or are the surviving spouse of such veteran.
4. **None:** None of the above preferences are applicable.

Applicant's Certification

I understand that it is my responsibility to inform the Melrose Housing Authority, in writing of any change of address, income or household composition. I authorize the MHA to make inquiries to verify the information I have provided in this application. I certify that the information I have given is true and correct. I understand that any false statement or misrepresentation may result in the disqualification of my application.

X

Date _____

By checking this box I, the Head-of-Household, certify that the above information is true and accurate to the best of my knowledge.

❖❖❖ **SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY** ❖❖❖

WARNING: Title 18, Section 1001 of the US Code, states that a person is guilty of a felony for knowingly or willingly making false or fraudulent statements to any department or agency of the United States.

Equal Housing Opportunity

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> 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

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.