

South Shore Housing

169 Summer Street

Kingston, MA 02364-1220

(781) 422-4200; 1-800-242-0957

FAX (781) 585-7483 TDD (781) 422-4200

ANNUAL RECERTIFICATION PAPERWORK

If you receive EAEDC, TAFDC or FOOD STAMP please contact the DTA Office at 1-800-632-8095 to request a printout of benefits. Submit to SSH as soon as you receive it.

If any household member has WAGES please submit 6 consecutive pay stubs and complete the enclosed Income Verification Form. *Please note that South Shore Housing now has the ability to match income of all household members via HUD's Enterprise Income Verification System.*

If any household members receive Social Security or Supplemental Security Income please provide us with documentation of your benefit amounts. This may be in the form of an SSA benefit letter, SSA award letter or another letter from SSA showing the benefit amount. You may call (800) 772-1213 to obtain a current printout of your benefit information.

If any household member receives a PENSION, UNEMPLOYMENT or VA BENEFITS please submit a copy of the most recent pay stub and complete the enclosed Income Verification Form.

If you receive CHILD SUPPORT or ALIMONY please supply a copy of the current court order or contact DOR at 1(800) 332-2733 to receive a 12 month printout of payments received.

For all household ASSETS please submit your most current bank statement and complete an Asset Verification Form. If you have non-cash assets, please notify us as to what they are.

If any household member over 18 years old is a Full-time Student you may be eligible for a deduction. You must obtain a letter from the school stating they attend full-time.

If you are elderly, disabled, and/or handicapped, or a participant of the Massachusetts Rental Voucher Program (MRVP), please send verification of paid out of pocket medical expenses.

If you pay for childcare in order to work or attend school please provide verification of your weekly daycare costs or complete the enclosed Day Care Form.

Do not wait to obtain all of your verifications to send in enclosed packet.

We will not accept faxed renewal packets.

SSHDC SECTION 8/MRVP FAMILY CERTIFICATION FORM

ADDRESS: _____

MAILING ADDRESS: _____

PHONE #'S: HOME: () WORK : () EMAIL: _____

FAMILY COMPOSITION (PLEASE USE OTHER SIDE IF YOU NEED MORE SPACE)

FAMILY MEMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	*RACE/ ETHNICITY	SEX M/F	SOCIAL SECURITY NO.	LAST GRADE
HEAD			/			
1.			/			
2.			/			
3.			/			
4.			/			
5.			/			
6.			/			
7.			/			

RACE CODES ARE: 1=WHITE 2=BLACK 3=American Indian 4=ASIAN/PACIFIC ISLANDER, ETHNICITY CODES ARE 1=HISPANIC OR 2=NOT HISPANIC. PLEASE USE BOTH CODES (ONE EACH SIDE OF THE SLASH) FOR EACH MEMBER. EXAMPLE: 2/2= BLACK/NOT HISPANIC.

INCOME: FAILURE TO REPORT ALL INCOME FROM ALL SOURCES FOR ALL FAMILY MEMBERS IS GROUNDS FOR TERMINATION OF RENTAL ASSISTANCE.

FAMILY MEMBER	SOURCE OF INCOME:	WEEKLY AMOUNT	ACCOUNT NUMBER	BANK NAME	VALUE
HEAD					
1.					
2.					
3.					
4.					
5.					
6.					
7.					

HEAD OR SPOUSE 62 YEARS OR OLDER, OR ANY AGE DISABLED, ELIGIBLE FOR SELF-PAID MEDICAL EXPENSES IN EXCESS OF 3% OF GROSS ANNUAL INCOME? YES _____ NO _____

IF YOU WORK OR ATTEND SCHOOL, DO YOU PAY FOR CHILDCARE FOR CHILDREN 12 YEARS OR YOUNGER? YES ___ NO ___ \$ _____ PER WEEK

INDICATE THE FOLLOWING BENEFITS YOU RECEIVE: MEDICAID/CHILDRENS HEALTH INSURANCE PROGRAM _____ EARNED INCOME CREDIT _____ FOOD STAMPS _____

WORK RELATED BENEFITS: HEALTH INSURANCE ___ RETIREMENT PLAN ___ OTHER _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION ON FAMILY COMPOSITION, GROSS ANNUAL FAMILY INCOME, NET ASSETS, AND ELIGIBILITY FOR DEDUCTIONS IS COMPLETE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF HEAD OF HOUSEHOLD _____ DATE _____

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Income and Asset Verification Form

I do hereby authorize South Shore Housing to verify my income, assets, and other benefits that I am eligible for or have received in the past.

Signature

Date

Social Security Number

Employer, Bank, Unemployment, Welfare Office, Social Security Office, etc.

Name: _____

Address: _____

Telephone #: _____ Fax#: _____ Account #(s): _____

Please Return Form To South Shore Housing. PARTICIPANT- DO NOT WRITE BELOW THIS LINE!

Thank you. RENEWAL DEPT.

The above named party has authorized South Shore Housing (SSHDC) to verify their income/assets. Please complete and return this form to SSHDC in the stamped self addressed envelope. Thank You.

Employment: Gross Earnings: Per Year _____ Commission (monthly) _____
(Check one) Per Hour _____, Per Week _____, Per Month _____,
Average Weekly Hours _____ Average Weekly Tips _____.

Date of Hire

Last Date of Employment

Benefits: TAFDC \$ _____ per month
EAEDC \$ _____ per month.
FOOD STAMPS \$ _____ per month.
Child Support \$ _____ per month.

Beginning date of benefits: _____ **Closing date of benefits:** _____

**** NOTE If the grant does not equal the number of people in the household please provide a written explanation**

Computer Printout: SSA, SSI \$ _____ per month.
Veterans Benefits \$ _____ per month.
Pension \$ _____ per month.
Unemployment \$ _____ per month.

Other Income: Child Support, etc. \$ _____
(check one) Per Week _____, Per Month _____, Per Year _____.

Bank Accounts: **Current Balance** \$ _____
Interest Rate % _____.

Signature of Verifier

Title

Date

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GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

SOCIAL SECURITY: _____ / _____ / _____

I, the above named individual, authorize South Shore Housing Development Corporation (SSHDC) to verify with the following sources the accuracy of information I have provided to them.

EMPLOYERS
PUBLIC BENEFITS (DES; DPW; SSA; SSI; VA BENEFITS)
OTHER FEDERAL, STATE OR MUNICIPAL PENSIONS
INTEREST ON ACCOUNTS
DIVIDENDS ON INVESTMENTS
INCOME FROM TRUST FUNDS
LOTTERY PROCEEDS
CHILD SUPPORT PAYMENTS/ALIMONY
INCOME FROM ANNUITIES, PRIVATE PENSIONS, IRAs, OR 401K PLANS
WORKMAN'S COMP OR OTHER HEALTH/ACCIDENT PAYMENTS IN LIEU OF EARNINGS
REGULAR ALLOWANCES, GIFTS, OR MONETARY CONTRIBUTIONS
INCOME FROM SELF-EMPLOYED BUSINESS OR PROFESSION
STUDENT STATUS/SCHOLARSHIP INFORMATION FROM SCHOOLS
OTHER _____

I authorize you to release the information requested on the attached form to SSHDC, subject to the condition that it be kept confidential. Please supply this information within five (5) days of receipt of this request to avoid any delay in the processing of my file. I understand that a photocopy of this authorization is as valid as the original. Thank you for your assistance and cooperation in this matter. My signature below also acknowledges receipt of the Massachusetts Fair Housing Information Practices Act Statement of Rights.

(Signature)

(Date Signed)

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR
FROM THE DATE SIGNED

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GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

SOCIAL SECURITY: _____ / _____ / _____

I, the above named individual, authorize South Shore Housing Development Corporation (SSHD) to verify with the following sources the accuracy of information I have provided to them.

EMPLOYERS
PUBLIC BENEFITS (DES; DPW; SSA; SSI; VA BENEFITS)
OTHER FEDERAL, STATE OR MUNICIPAL PENSIONS
INTEREST ON ACCOUNTS
DIVIDENDS ON INVESTMENTS
INCOME FROM TRUST FUNDS
LOTTERY PROCEEDS
CHILD SUPPORT PAYMENTS/ALIMONY
INCOME FROM ANNUITIES, PRIVATE PENSIONS, IRAs, OR 401K PLANS
WORKMAN'S COMP OR OTHER HEALTH/ACCIDENT PAYMENTS IN LIEU OF EARNINGS
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(Signature)

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FAMILY OBLIGATIONS UNDER THE SECTION 8 HCV PROGRAM

THE FAMILY MUST:

1. SUPPLY ANY INFORMATION THAT THE HA OR HUD DETERMINES TO BE NECESSARY INCLUDING EVIDENCE OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS, AND INFORMATION FOR USE IN A REGULARY SCHEDULED REEXAMINATION OR INTERIM REEXAMINATION OF FAMILY INCOME AND COMPOSITION.
2. DISCLOSE AND VERIFY SOCIAL SECURITY NUMBERS AND SIGN AND SUBMIT CONSENT FORMS FOR OBTAINING INFORMATION.
3. SUPPLY ANY INFORMATION REQUESTED BY THE HA TO VERIFY THAT THE FAMILY IS LIVING IN THE UNIT OR INFORMATION RELATED TO FAMILY ABSENCE FROM THE UNIT.
4. PROMPTLY NOTIFY THE HA IN WRITING WHEN THE FAMILY IS AWAY FROM THE UNIT FOR AN EXTENDED PERIOD OF TIME IN ACCORDANCE WITH HA POLICIES.
5. ALLOW THE HA TO INSPECT THE UNIT AT REASONABLE TIMES AND AFTER REASONABLE NOTICE.
6. NOTIFY THE HA AND THE OWNER IN WRITING BEFORE MOVING OUT OF THE UNIT OR TERMINATING THE LEASE.
7. USE THE ASSISTED UNIT FOR RESIDENCE BY THE FAMILY. THE UNIT MUST BE THE FAMILY'S ONLY RESIDENCE.
8. PROMPTLY NOTIFY THE HA IN WRITING OF THE BIRTH, ADOPTION, OR COURT-AWARDED CUSTODY OF A CHILD.
9. REQUEST HA WRITTEN APPROVAL TO ADD ANY OTHER FAMILY MEMBER AS AN OCCUPANT OF THE UNIT.
10. PROMPTLY NOTIFY THE HA IN WRITING IF ANY FAMILY MEMBER NO LONGER LIVES IN THE UNIT.
11. GIVE THE HA A COPY OF ANY OWNER EVICTION NOTICE.
12. PAY UTILITY BILLS AND PROVIDE AND MAINTAIN ANY APPLIANCES THAT THE OWNER IS NOT REQUIRED TO PROVIDE UNDER THE LEASE

THE FAMILY MUST NOT:

1. OWN OR HAVE ANY INTEREST IN THE UNIT (OTHER THAN A COOPERATIVE, OR THE OWNER OF A MANUFACTURED HOME LEASING SPACE).
2. COMMIT ANY SERIOUS OR REPEATED VIOLATION OF THE LEASE.
3. COMMIT FRAUD, BRIBERY OR ANY OTHER CORRUPT OR CRIMINAL ACT IN CONNECTION WITH THE PROGRAM.
4. PARTICIPATE IN ILLEGAL DRUG OR VIOLENT CRIMINAL ACTIVITY.
5. SUBLEASE OR LET THE UNIT OR ASSIGN THE LEASE OR TRANSFER THE UNIT.
6. RECEIVE SECTION 8 TENANT BASED HOUSING ASSISTANCE WHILE RECEIVING ANOTHER HOUSING SUBSIDY FOR THE SAME OR DIFFERENT UNIT.
7. DAMAGE THE UNIT OR PERMIT A GUEST TO DAMAGE THE UNIT BEYOND REASONABLE WEAR AND TEAR.

I CERTIFY THAT I UNDERSTAND THE FAMILY OBLIGATIONS OF THE FEDERAL SECTION 8 HOUSING ASSISTANCE PROGRAM AND THAT A VIOLATION OF THESE OBLIGATIONS MAY RESULT IN TERMINATION FROM THIS PROGRAM.

HEAD OF HOUSEHOLD SIGNATURE: _____ DATE: _____

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VERIFICATION OF DAY CARE

Day Care Name, Address & Telephone #:

Child/Children's names:

South Shore Housing is required to verify the cost of childcare for all persons either applying for or currently receiving rental assistance through this office. We ask your cooperation in supplying the information indicated below. This information will be held in confidence, for use only in determining eligibility or rent payments under our program.

Your prompt return of this information is greatly appreciated.

Sincerely,

Renewal Department

I hereby authorize the release of the information indicated below to South Shore Housing Development Corporation (SSHDC).

Printed name of Client

Signature of Client

Social Security Number of Client

Date

PARTICIPANT/CLIENT DO NOT WRITE BELOW THIS LINE !

Please identify all children of the client who are being cared for by you, providing the following:

Name of Child _____

Name of Child _____

Name of Child _____

Name of Child _____

Does client have a Day Care Voucher? (Please circle one)

YES NO

Actual cost of care to client: \$ _____

per: ___ day ___ week ___ month (check one)

Name of Day Care Facility

Date

Signature of Authorized Representative

Printed Name and Title

Address of Day Care Facility

Telephone Number

PLEASE RETURN FORM TO SSHDC AT ADDRESS ABOVE. THANK YOU.

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IN AN EFFORT TO SERVE YOU BETTER, PLEASE NOTE THE FOLLOWING

Our address is 169 Summer Street, Kingston, MA 02364

Our phone number is (781) 422-4200 or 1-800-242-0957

Our fax number is (781) 585-7483

Office hours are MONDAY through FRIDAY 9:00-5:00

Please call ahead and make an appointment before coming in.

If you have an appointment scheduled and cannot keep it please call to cancel or reschedule.

If you phone your program Representative and get their voice mail, please leave a detailed message clearly stating your name, phone number & the nature of your call. You need leave only one message & they will call you back. If you need information sent to you, indicate what you need with your name and mailing address.

Program Representatives are in the office Monday through Friday from 9-5. In order to keep up with paperwork each Representative is given one day a week that they do not take walk-ins or answer telephone calls. The following is a list of the Program representatives. Please note that the day next to their name indicates the day they are unavailable for phone calls.

CHARLENE GUILMETTE (781) 422-4269- TUESDAY
MICHELLE MALMBERG (781) 422-4294-TUESDAY
LYNNE PASOLINI (781) 422-4235- WEDNESDAY
KATHY FABRIZIO (781) 422-4254-WEDNESDAY
KATHY ADAMS (781) 422-4216 - WEDNESDAY
DONNA RUSSELL (781) 422-4278-THURSDAY
ANNE WHITE (JOBLINK) (781) 422-4227-THURSDAY

CHIARA SMITH- PROGRAM REP. SUPERVISOR- (781) 422-4226

If you need help or have questions regarding your annual recertification you may contact the renewal department at 781-422-4272 or 781-422-4213.

If you have questions regarding your annual inspection you should contact the Inspection department at 781-422-4237 or 781-422-4233.

PLEASE BE AWARE THAT YOUR PHONE CALLS ARE IMPORTANT TO US AND WE RETURN THEM AS SOON AS POSSIBLE. BY TAKING A FEW MINUTES TO READ THIS INFORMATION, YOU ARE HELPING US TO SERVE YOU BETTER.

