

SUDBURY HOUSING AUTHORITY

55 HUDSON ROAD
SUDBURY, MASSACHUSETTS 01776
director@sudburyha.org

SHEILA M. CUSOLITO
Executive Director

PHONE: (978) 443-5112
FAX: (978) 443-5113

SUDBURY HOUSING AUTHORITY Sudbury Duplex Program

Dear Applicant:

Thank you for your interest in the Sudbury Housing Authority's **Sudbury Duplex Program**. Please review this entire letter prior to completing the enclosed pre-application. Successfully completing this pre-application will entitle you to be added to the wait list for the **Sudbury Duplex Program**.

The program consists of ten two-bedroom units in duplex buildings and one three-bedroom single-family home. One two-bedroom unit accommodates those with a physical handicap; one accommodates those with a sensory handicap. **Pets (owned or visiting) are prohibited. By Federal law, smoking is prohibited throughout the property.**

All units will have Project-based Section 8 vouchers and the rents for each unit will be 30% of your income. Six of the duplex units are reserved for households earning up to 30% of the allowable median income. The remaining five units are available for households earning up to 50% of the allowable median income.

The current income limits, based on family size, are as follows:

Family Size		2	3	4
Max Income	30%	\$39,700	\$44,650	\$49,600
	50%	\$66,200	\$74,450	\$82,700

NOTE: A minimum composite risk score is required for eligibility.

NOTE: One full month's rent (currently \$2,933 for the 2-bedroom units and \$3,571 for the 3-bedroom unit) is required at lease-up.

You must provide a copy of your prior-year Federal Income Tax Return and all W-2 or 1099 forms with the pre-application. If you did not file a return in the prior year, you need to submit IRS Form 4506-T to the Internal Revenue Service (IRS) requesting a Verification of Non-filing. If you cannot locate your tax return, you may use Form 4506-T to request a copy of the transcript.

In order to be processed, the enclosed pre-application and certification must be completed and signed by all household members over the age of 18. **Original signatures are required.** Incomplete applications will not be processed.

The submitted pre-application and tax documents will be used as a preliminary review. When a vacancy occurs, applicants on the wait list will be contacted in order. Additional information will be requested by both the SHA and the South Middlesex Opportunity Council (SMOC) to determine final eligibility. If eligible, SMOC will also determine the final rents to be paid. Leasing will be handled through the Sudbury Housing Authority.

If you have questions or need assistance with this application, please call Sudbury Housing Authority at 978-443-5112 or email info@sudburyha.org.



05/2025



Sincerely,



Sheila M. Cusolito
Executive Director
Sudbury Housing Authority

Please send the pre-application with original signature(s), your prior-year Federal Income Tax Return and all W-2 or 1099 forms or IRS Verification of Non-filing, by mail or in person (dropbox) to:

Sudbury Housing Authority Sudbury Duplexes
55 Hudson Road
Sudbury, MA 01776

The Town of Sudbury and the Sudbury Housing Authority will not discriminate against potential tenants on the basis of race, color, religious creed, marital status, military status, disability, national origin, sex, age, ancestry, sexual orientation, source of income, presence of children, or any other basis prohibited by local, state or federal law. All disabled persons can request a reasonable accommodation of rules, policies, practices or services, or to request a reasonable modification of the housing when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing.



05/2025



Sudbury Housing Authority

55 Hudson Road Sudbury, MA 01776

978-443-5112 FAX: 978-443-5113

director@sudburyha.org

Release of Information:

I/we hereby authorize Sudbury Housing Authority, or its agent, to obtain verification from any source named in this application. Additionally, I/we understand that Sudbury Housing Authority reserves the right to review a CORI and composite credit report for each applicant.

In addition, the undersigned authorize and direct any federal, state, or local agency, organization, business or individual to release information to representatives of Sudbury Housing Authority which may be necessary to become or remain a housing tenant.

I/We understand that this authorization or the information obtained with its use may be given to and used to administer and enforce program rules and policies in compliance with Massachusetts DHCD or any other state housing program guidelines. I also authorize Sudbury Housing Authority to release information from my files about my rental history to credit bureaus, collection agencies or future landlords with my expressed consent. This includes records on my payment history and compliance with lease or occupancy regulations.

CONDITIONS: I/We agree that a photocopy or facsimile or other electronic transmission of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for 18 months from the date signed.

I/We understand that all decisions made by Sudbury Housing Authority are final and that any appeals must be submitted in writing to Sudbury Housing Authority.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Please return the completed forms to:

Sudbury Housing Authority Sudbury Duplexes
55 Hudson Road
Sudbury, MA 01776

The Town of Sudbury and the Sudbury Housing Authority will not discriminate against potential tenants on the basis of race, color, religious creed, marital status, military status, disability, national origin, sex, age, ancestry, sexual orientation, source of income, presence of children, or any other basis prohibited by local, state or federal law. All disabled persons can request a reasonable accommodation of rules, policies, practices or services, or to request a reasonable modification of the housing when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy the housing.



05/2025



**Sudbury Housing Authority
Duplexes -- Section 8 Project-
Based Voucher Program**



Please complete and return to:
**Sudbury Housing Authority
55 Hudson Road
Sudbury, MA 01776**



Pre-Application for housing assistance

*For agency use only:
Date/Time Stamp/
Control Number*

Please print neatly in ink. All fields are required. Submit this form only. Incomplete, photocopied, e-mailed or faxed applications will not be accepted. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

IMPORTANT!

One-third of all applicants are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to the agency listed above.

Head of Household Information

Social Security Number		Phone (include area code)		
First Name	Middle Name	Last Name		
Address		City/Town	State	Zip code
Email				
Shelter Name	Shelter Address	City/Town	State	Zip code

Family Information

Write in the approximate amount of your family's gross (before taxes) annual income. Include all sources for all family members.

Gross annual household income \$ _____

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. For example: spouse/partner, son, daughter, aunt, grandmother, etc....

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security Number
		Head of Household				

If you have more than eight family members, please check here ☐ and list them on a separate piece of paper.

For Agency Use Only: Number of Household Members ☐

Household Bedroom Size: ☐ Single ☐ 1BR ☐ 2BR ☐ 3BR ☐ 4BR ☐ 5BR

Secondary Contact

First Name	Middle Name	Last Name		
Address		City/Town	State	Zip code
Phone (include area code)		Email		

Check if the head of household or spouse is: 62 years old or older ☐ Disabled ☐
Check if anyone in the household requires a wheelchair accessible unit ☐
Check if anyone in the household requires a sensory accessible unit, i.e. blind, deaf ☐
 We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.
Race of head of household (You may choose more than one of the following)
 White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐
 Native Hawaiian/Other Pacific Islander ☐
Ethnicity of head of household (Check only one)
 Hispanic ☐ Non-Hispanic ☐

What is your current housing situation? (Check only one box)
☐ I am homeless
☐ I live in substandard housing
☐ I have been involuntarily displaced by fire, flood, or other natural disaster
☐ I pay more than 50% of my monthly income for rent and utilities
☐ I live in a shelter
☐ I am doubled up with friends or relatives
☐ I live in public housing
☐ I live in a transitional housing program
☐ I live in subsidized housing
☐ Other (describe)

Certification of Applicant

Please read this statement very carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- ✓ any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance;
- ✓ this is a pre-application for project-based rental assistance through DHCD and its regional administering agencies and is not an offer of housing;
- ✓ at the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and DHCD policy;
- ✓ it is my responsibility to notify the Sudbury Housing Authority in writing of any change of address and my application may be cancelled if I fail to do so;
- ✓ it is my responsibility to notify the Sudbury Housing Authority in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;
- ✓ my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and DHCD regulations; and that I will be subject to a criminal history check.

 I agree that the Sudbury Housing Authority can share my information with SMOC and other state agencies for the purposes of determining program eligibility.

Signature, head of household	Date
Signature, other adult (18+)	Date
Signature, other adult (18+)	Date
Signature, other adult (18+)	Date

Return this two-page signed and dated pre-application with your prior-year Federal Income Tax Return or Verification of Non-filing, along with all Forms 1099 and W-2 to:

Sudbury Housing Authority, Sudbury Duplexes
55 Hudson Road
Sudbury, MA 01776

SUDBURY HOUSING AUTHORITY

55 HUDSON ROAD
SUDBURY, MASSACHUSETTS 01776
director@sudburyha.org

SHEILA M. CUSOLITO
Executive Director

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SUPPLEMENTAL APPLICATION FOR SUDBURY DUPLEXES & SHA-LIP

1. Name of Applicant _____
Address of Current Residence _____ Apt. No. _____
Town _____ State _____ Zip Code _____
Mailing Address _____ Apt. No. _____
Town _____ State _____ Zip Code _____
Home Telephone _____ Cell Phone _____
Email Address _____
2. Do you need a wheelchair accessible unit? (circle one) YES NO
3. Racial Designation: Responding to this question is optional. Your status with respect to tenant selection procedures will not be affected by this information. If anyone in your household is a minority, you may classify your household in that minority category. (circle one)

American-Indian Asian Black Hispanic White Other(specify) _____
4. Current Monthly Rent _____
5. Total Annual Household Income _____
6. Does anyone in your household own a car? If yes, provide the following:

Make/Model _____ Year _____ Registration Number _____
7. Is a change in the household composition expected? (circle one) YES NO
If yes, what type? _____
When? _____

8. Members of household to live in Unit, including Head of Household: (Attach additional sheet if necessary).

Name	Relationship	Social Security Number	Sex	Date of Birth	Occupation
	head of household				

9. Income Before Deductions: Estimate the Gross Monthly Income anticipated for **ALL** household members from **ALL** sources. Specify the sources of income separately.

Household Member Name (use additional sheets if necessary)	Name, Address of Employer or Source of Income (ex. employment, unemployment, child support, alimony, SSI, SSDI, TAFDC, pension, trust)	Gross Income

10. Expenses: Provide current health insurance premium, unreimbursed prior-year medical expenses, current alimony or child support paid, current childcare costs necessary for employment.

Household Member Name (use additional sheets if necessary)	Expense (current insurance premium, prior-year unreimbursed medical expenses, current alimony or child support payments, current childcare costs for employment)	Annual Cost

11. Assets: Provide list of **ALL** assets of **ALL** household members, including home or land, boats, collectible items, including cars, **ALL** bank accounts, stocks, bonds, trusts, retirement accounts. Provide the address for a home or land. Include any asset sold or transferred within the last three years, with date, value, proceeds.

Household Member Name (use additional sheets if necessary)	Asset (property: ie, home (provide address), boat, collectible item; all bank account, stocks, bonds, trusts, retirement accounts)	Current Value

12. References: List two references who are not relatives or household members.

1. Name: _____ Phone: _____

Email address: _____

Address: _____ City: _____ Zip: _____

2. Name: _____ Phone: _____

Email address: _____

Address: _____ City: _____ Zip: _____

13. Do you have any pets? (circle one) YES NO

If yes, how many and what kind?

NOTE: Only birds in cages and fish in tanks are permitted as pets.

14. Emergency or Secondary Contact: Name of a relative or friend, **NOT** planning to live with you, to be contacted if SHA is unable to reach you.

Name: _____ Relationship: _____

Address: _____

Telephone: _____ email: _____

15. Housing History: For **each** adult over age 18, list addresses for the last five years, in reverse order. Use additional sheets if necessary.

1. Primary Leaseholder: _____

Address: _____ City: _____ Zip: _____

Dates: From _____ To _____

Landlord Name _____

Phone: _____ email: _____

Address: _____ City: _____ Zip: _____

Was there a court action against you or the Leaseholder? (circle one) YES NO

Was the security deposit returned in full? (circle one) YES NO N/A

Was the security deposit returned in part? (circle one) YES NO N/A

2. Primary Leaseholder: _____

Address: _____ City: _____ Zip: _____

Dates: From _____ To _____

Landlord Name _____

Phone: _____ email: _____

Address: _____ City: _____ Zip: _____

Was there a court action against you or the Leaseholder? (circle one) YES NO

Was the security deposit returned in full? (circle one) YES NO N/A

Was the security deposit returned in part? (circle one) YES NO N/A

3. Primary Leaseholder: _____

Address: _____ City: _____ Zip: _____

Dates: From _____ To _____

Landlord Name _____

Phone: _____ email: _____

Address: _____ City: _____ Zip: _____

Was there a court action against you or the Leaseholder? (circle one) YES NO

Was the security deposit returned in full? (circle one) YES NO N/A

Was the security deposit returned in part? (circle one) YES NO N/A

4. Primary Leaseholder: _____

Address: _____ City: _____ Zip: _____

Dates: From _____ To _____

Landlord Name _____

Phone: _____ email: _____

Address: _____ City: _____ Zip: _____

Was there a court action against you or the Leaseholder? (circle one) YES NO

Was the security deposit returned in full? (circle one) YES NO N/A

Was the security deposit returned in part? (circle one) YES NO N/A

5. Primary Leaseholder: _____

Address: _____ City: _____ Zip: _____

Dates: From _____ To _____

Landlord Name _____

Phone: _____ email: _____

Address: _____ City: _____ Zip: _____

Was there a court action against you or the Leaseholder? (circle one) YES NO

Was the security deposit returned in full? (circle one) YES NO N/A

Was the security deposit returned in part? (circle one) YES NO N/A

Applicant's Certification:

I understand that this form is not an offer of housing. Based on this form I should not make any plans to move or to end my present tenancy. I understand that it is ***my responsibility to inform the Housing Authority in writing of any change of address, income or household composition or my application will be canceled.*** I certify that the information that I have given in this Update Form is true and correct. I understand that any false statement or misrepresentation may result in rejection of my application or termination of any resultant public housing tenancy.

NOTE: The properties are entirely non-smoking.

Signed under the pains and penalties of perjury.

NOTE: All household members over the age of 18 must sign this form.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____