

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○



community development partnership

Housing Application 53 Shore Road, Truro, MA

(Faxed or e-mailed applications cannot be accepted)

Return completed signed original form to:

**Property Management Department
Community Development Partnership
3 Main Street, Unit # 7
Eastham, MA 02642**

For Information: Telephone 508-240-7873 x17 or 1-800-220-6202 x17
TDD # 1-800-439-0183 e-mail: pmanagement@capecdp.org



Applicants are selected without regard to race, sex, national origin, color, creed, military status, marital status, familial status, sexual orientation, disability or handicap, genetic information, ancestry, children or public assistance reciprocity.

SECTION I: Applicant/Co-applicant Information

Today's Date _____

This application is to be filled out jointly by ALL Adult Members of Household, 18 years old and over. If there are more than two adult members of household who are not full-time students, please request an additional application.

Applicant #1 _____ SS# ____ - ____ - ____

Other Name(s) You Have Used _____ Date Of Birth _____

Current Address _____ phone _____

Mailing Address (if different) _____

E-mail address _____ Length Of Time At Present Address _____

Applicant #2 _____ SS# ____ - ____ - ____

Other Name(s) You Have Used _____ Date Of Birth _____
(optional)

Current Address _____ phone _____

Mailing Address (if different) _____

E-mail address _____ Length Of Time At Present Address _____

List all people who are expected to reside in the unit, including applicant(s):

Name	Social Security #	Age	Relationship to Head of Household	Full Time Student y/n

SECTION II: LOCAL PREFERENCE This section determines if the household qualifies for local preference.

Are one or more members of your household currently living in Truro? _____

Are one or more members of your household an employee of the Town of Truro (such as teachers, janitors, firefighters, police officers, librarians or town hall employees)? _____

Are one or more members of your household an employee of a business located in Truro? _____

Does your household have children currently attending Truro schools? _____

Provide one of the following documents to verify local preference status: a current driver's license, a current paystub, verification of school enrollment or a utility bill with the applicant's name.

SECTION III: HOUSING NEEDS This section determines what type of housing would best suit your household's needs.

How many bedrooms do you need? _____

Does your household require a reasonable accommodation? Yes ____ No ____

If yes, please explain: _____

Do you own a pet or pets? _____

If yes, please note specific number, type and size _____

SECTION III: Applicant #1 (Co-Applicant see section IV)*(cover last five years; use additional page if needed)*

Present Landlord's Name _____ Telephone _____

Present Landlord's Mailing Address _____

Present Rent \$ _____ Including What Utilities _____

Previous Address _____ Zip Code _____

Previous Landlord's Name _____ Telephone _____

Previous Landlord's Mailing Address _____

Length Of Time There _____

Have you ever been evicted? If so, please provide
details _____

Employment History: (cover last five years; use additional page if needed)

Current Employers	Mailing Address	Phone Number	Dates of Employment

Previous Employers	Mailing Address	Phone Number	Dates of Employment

Personal References (give three persons who are not family members):

Name	Mailing Address	Phone Number	e-mail address

In Case Of Emergency Notify:

Name _____ Relationship _____

Address _____ Phone _____

SECTION IV -- Co-Applicant*(cover last five years; use additional page if needed)*

Present Landlord's Name _____ Telephone _____

Present Landlord's Mailing Address _____

Present Rent \$ _____ Including What Utilities _____

Previous Address _____ Zip Code _____

Previous Landlord's Name _____ Telephone _____

Previous Landlord's Mailing Address _____

Length Of Time There _____

Have you ever been evicted? If so, please provide
details _____

Employment History: (cover last five years; use additional page if needed)

Current Employers	Mailing Address	Phone Number	Dates of Employment

Previous Employers	Mailing Address	Phone Number	Dates of Employment

Personal References (give three persons who are not family members):

Name	Mailing Address	Phone Number	e-mail address

In Case Of Emergency Notify:

Name _____ Relationship _____

Address _____ Phone _____

SECTION V -- ANNUAL INCOME-(Earned/Unearned)

Include all household members whose income is included in ability to pay rent. This does not include full time student income in excess of \$480.00. **Please attach a copy of your 2008 tax returns and documentation that verifies all of the income listed below. For employment income copies of 3 yea- to-date pay-stubs are required.**

<i>Source</i>	Applicant	Co-Applicant	Other Household Members 18 & over	Total
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest Dividends				
Net Income From Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, etc. Received periodically				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
TAFDC				
Part Time Work				
Other				

SECTION VI – Rent Subsidy – for all household members

Do you receive rental assistance in the form of a rental subsidy program? Yes ____ No ____

If so, please check which program:

____ Section 8 ____ MRVP ____ Shelter Plus Care ____ Other (please explain) _____

Name of Person receiving rental subsidy _____

Section VII: *You are being asked to provide details on your income, assets and liabilities to help to determine your ability to pay the monthly rent. Please provide documentation that verifies all the of the assets and liabilities listed below.*

ASSETS – For all household members 18 years and older:

Type	Cash Value	Annual Income from Assets	Bank Name	Account No.
Cash held in savings and checking accounts, safe deposit boxes, homes, etc.				
Revocable Trusts				
Equity in rental properties or other capital investments				
Stocks, bonds, treasury bills, certificates of deposit, mutual funds and money market accounts				
Retirement and Pension Funds				
Cash value of life insurance policies available to the applicant before death				
Personal Property held as an investment				
Lump-sum receipts or one-time receipts				
A mortgage or deed of trust held by the applicant				
Assets disposed of for less than fair market value				

LIABILITIES -- for all household members 18 years and older:

[illegible]

ALL HOUSEHOLD MEMBERS AGE 18 AND OVER ARE REQUIRED TO PROVIDE A SIGNED RELEASE FORM SO THAT CREDIT, EVICTION HISTORY, AND ARREST/CONVICTION RECORD CHECKS MAY BE CONDUCTED. YOU WILL BE NOTIFIED IMMEDIATELY IF THE RESULTS OF THESE BACKGROUND CHECKS COULD ADVERSELY AFFECT YOUR SUITABILITY FOR HOUSING. YOU WILL BE GIVEN THE OPPORTUNITY TO DISPUTE THE ACCURACY OF INFORMATION. A FULL COPY OF THE CRIMINAL BACKGROUND CHECK POLICY IS AVAILABLE UPON REQUEST.

To Be Signed by All Applicants

I understand that a false statement or misrepresentation will result in the withdrawal of my application for housing. I certify that the information I have given in this application is true, complete and correct.

Signed under the pains and penalties of perjury,

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

When is the best time for you and your household members to schedule an interview?

Weekday _____ Time _____

Applicant Release Form

In consideration for being permitted to apply for this apartment or house, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, employees, or agents, both of Landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through the Criminal History Systems Board and through First Advantage Safe Rent fax: 413-789-0435 or phone: 1-800-462-3033.

Applicant Name (Print)_____

Applicant Signature_____

Social Security# _____ Date of Birth (*optional*) _____

Other Name(s) you have used _____ Date _____

Co-Applicant Release Form

In consideration for being permitted to apply for this apartment or house, I, Co-Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Co-Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Co-Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Co-Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, employees, or agents, both of Landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through the Criminal History Systems Board and through First Advantage Safe Rent fax: 413-789-0435 or phone: 1-800-462-3033.

Co-Applicant Name (Print)_____

Co-Applicant Signature_____

Social Security# _____ Date of Birth (*optional*) _____

Other Name(s) you have used _____ Date _____

Voluntary Information Requested

The following information regarding race, national origin, sex designation, marital status, disability status, and veteran status solicited on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. While you are not required to furnish this information, you are encouraged to do so.

Please provide this information for each member of your household.

Ethnic Category:

Race:

Sex:

Check if applicable: U.S. Veteran ☐ Female Head of Household ☐ Elderly (over 60) ☐ Disabled ☐

Ethnic Category: Hispanic ☐ Non-Hispanic ☐

Race: White ☐ Black/African American ☐ Asian ☐ Asian and White ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native and White ☐ Black /African American and White ☐ American Indian/Native Alaskan and Black/African American ☐ Other (Multi-Racial) ☐

Sex: Male ☐ Female ☐

Check if applicable: U.S. Veteran ☐ Female Head of Household ☐ Elderly (over 60) ☐ Disabled ☐

Ethnic Category: Hispanic ☐ Non-Hispanic ☐

Race: White ☐ Black/African American ☐ Asian ☐ Asian and White ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native and White ☐ Black/African American and White ☐ American Indian/Native Alaskan and Black/African American ☐ Other (Multi-Racial) ☐

Sex: Male ☐ Female ☐

Check if applicable: U.S. Veteran ☐ Female Head of Household ☐ Elderly (over 60) ☐ Disabled ☐

ACKNOWLEDGEMENTS

Applicant Name: _____

Co-Applicant Name: _____

Initials (Applicant/Co-Applicant)

_____/_____. I hereby affirm that my answers to the questions on the application for residency are true and correct, and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably.

_____/_____. I understand that an interview at my current residence may be required prior to a final acceptance of my application for residency.

_____/_____. I understand that the development of this property has been supported by Town, County, State and other government funds and residency is subject to income eligibility and other requirements. I am willing to provide annual re-certification of my household income. I understand that if my household income increases above the income limitations, I (we) may not be required to move, however my (our) rent may be increased to 30 % of the household income.

_____/_____. I acknowledge that occupancy of the housing is limited to the individuals named in this application. If the members of the household will change, I will notify the owners of the property in advance, and will provide the required documentation. I acknowledge that subletting the house is not permitted.

_____/_____. I am willing, if required, to attend training sessions to learn about my responsibilities as a resident of the property, including proper maintenance of the housing and common areas.

_____/_____. I understand that disabled persons are entitled to 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.

_____/_____. I understand that the housing provider is obligated not to discriminate in the selection of applicants.

_____/_____. I understand that this property has been supported by funds provided through the Mass Technology Collaborative's Green Affordable Homes Program administered by the Cape Light Compact. I am willing to provide energy usage information to the Cape Light Compact program staff in order to help them evaluate the efficacy of the program.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

CORI REQUEST FORM
ORLEANS HOUSING AUTHORITY 94 HOPKINS LANE ORLEANS, MA 02653
TEL: (508) 255-0064 ~ FAX: (508) 255-0068

The Community Development Partnership has engaged the services of the Orleans Housing Authority to conduct the criminal background checks on its behalf. The Orleans Housing Authority has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the **Community Development Partnership**, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me and that I will have the opportunity to dispute the accuracy of the information provided. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

____-____-____
SOCIAL SECURITY #
(Requested, not required)

*ID Theft Index PIN
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT & FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ FT. _____ IN. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

***THE ABOVE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.

CORI REQUEST FORM
ORLEANS HOUSING AUTHORITY 94 HOPKINS LANE ORLEANS, MA 02653
TEL: (508) 255-0064 ~ FAX: (508) 255-0068

The Community Development Partnership has engaged the services of the Orleans Housing Authority to conduct the criminal background checks on its behalf. The Orleans Housing Authority has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the **Community Development Partnership**, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me and that I will have the opportunity to dispute the accuracy of the information provided. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY # *ID Theft Index PIN
(Requested, not required) (if applicable)

MOTHER'S MAIDEN NAME

CURRENT & FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ FT. _____ IN. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

***THE ABOVE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.

CALENDAR OF EVENTS AND APPLICATION ATTACHMENT CHECKLIST

Thank you for requesting an application for the rental opportunity at Shore Road. Your application will be handled with confidentiality and in conformance with all Fair Housing Laws. **Please retain a copy of this page for future reference.**

Calendar of Events

Tuesday, June 2, 2009

Open House at 53 Shore Road from 4:00 pm to 6:00 pm

Info session at Truro Public Library (Cobb Room) from 6:00 pm to 7:00 pm

Wednesday, June 3, 2009

Open house at 53 Shore Road from 10:00 am to 11:00 am

Info session at Truro Public Library (Cobb Room) from 11:00 am to 1:00 pm

Monday, June 22, 2009

Application postmark deadline

Wednesday July 1, 2009

Lottery at Truro Public Library (Cobb Room) at 10:00 am

You do not have to be present to be selected. The lottery is open to the public.

APPLICATION CHECKLIST

Please read carefully to make sure that you submit a complete application with all the required attachments.

Missing a step may disqualify your application.

- ✓ You have completely filled out the application, paying careful attention to all instructions. You have signed the last page of the application.
- ✓ You have signed the applicant release form, the acknowledgement form and the CORI request form. *Please fill out a CORI request form for each applicant over the age of 18.*
- ✓ You have attached one of the following documents to verify local preference status: a current driver's license, a current paystub, verification of school enrollment or a utility bill with the applicant's name.
- ✓ You have provided a copy of your 2008 tax returns (including all schedules). If you did not file tax returns you must provide a copy of your tax transcript available directly from the IRS.
- ✓ You have provided three current year-to-date pay stubs, and/or unemployment receipts. If you are self-employed, you have provided a current year-to-date Income & Expense report signed by the preparer.
- ✓ You have provided proof of all assets including but not limited to checking, savings, IRA's, stocks, bonds and all other assets (ie. Copies of bank statements for checking, savings and certificates of deposits, IRA or other retirement account statements. All statements must reflect current balances).

Mail the completed application and the required attachments to:

Property Management Department, Community Development Partnership, 3 Main Street Unit #7, Eastham, MA 02642

THE APPLICATION POSTMARK MUST BE NO LATER THAN JUNE 22, 2009. (Please note, you are responsible for ensuring the correct postmark is on the envelope. We therefore suggest that you walk your application to the postal window to ensure that it is correctly stamped.)



community development partnership

Dear Applicant:

Enclosed is the application for 53 Shore Road in Truro. The monthly rent for this unit is \$926 per month NOT including utilities. These rents are established using HOME guidelines which are targeted to families earning at or below 60% Area Medium Income. Please check the Income Table below to be sure that your household income is within the guidelines. Household income includes earned and unearned income received by members of your household who are 18 and older. This does not include full time student income in excess of \$480.00.

<i>Household Size</i>	<i>2 person household</i>	<i>3 person household</i>	<i>4 person household</i>
Household income	\$37,260	\$41,880	\$46,560

Resident Selection Process

The Community Development Partnership will not discriminate in the selection of residents for 53 Shore Road and a lottery will be conducted to select the residents from an eligible pool of applicants. A Pre-Lottery Review will be used to determine if an applicant qualifies to enter in the lottery process. Only those applicants that meet the eligibility requirements will be entered into the lottery. To determine eligibility for the lottery, the following criteria will be used.

- The application was received on time.
- The application was complete.
- The household is an appropriate size for the unit.
- The combined annual income as stated on the application is at or below the designated percentage for the unit. Documentation will be required to verify income, assets and liabilities **FOR EACH HOUSEHOLD MEMBER** included in the application.
- The maximum rent burden is less than 50% of household income for those households not holding a Section 8 rental voucher.

The Lottery Process

Preference for one unit (70% of the total of two units) will be given to applicants that meet the following local preference guidelines:

- One or more members of household currently living in Truro
- One or more members of household an employee of the Town of Truro (such as teachers, janitors, firefighters, police officers, librarians or town hall employees)
- One or more members of household an employee of a business located in Truro
- Household has children currently attending Truro schools

The applicant pool will be reviewed prior to the local preference lottery to ensure that, if possible, the percentage of minority applicants in the local preference pool is equal to/exceeds Barnstable County's minority percentage of approximately 6.6% of the populations (according to 2000 Census Data). If the local preference pool has less than 6.6% minority applicants, a preliminary lottery comprised of all minority applicants who did not qualify for the local preference pool will be ranked in order of drawing. Minority applicants will then be added to the local preference pool in order of their rankings until the percentage of minority applicants in the local preference pool is equal to the percentage of minorities in the surrounding HUD-defined area.

Qualified applicants will receive a registration number. Ballots with the registration number for applicant households are placed in all lottery pools for which they qualify. The ballots are randomly drawn and listed in the order drawn, by pool. This will continue until one unit is designated to an applicant qualifying as local-preference and the other unit is designated to an applicant from the open pool.

The CDP will retain a list of households who are not awarded a unit, in the order that they were drawn. If any of the initial renters do not pass the post lottery review or choose not to rent the unit, the highest ranked household on the retained list will be reviewed.

Post Lottery Review

The post lottery review will include a criminal background check (CORI), a credit review (to verify debt obligations disclosed on application) and a reference review.

All household members over the age of 18 must sign the release form permitting the CDP to do a credit, eviction and criminal history check. You will be notified immediately if the results of these background checks could adversely affect your suitability for housing. At that time, you will be given an opportunity to dispute the accuracy of any information. A full copy of the Community Development Partnership's policy on Criminal Background checks is available upon request.

Post marked deadline: June 22, 2009. Applications and all supporting documents may either be mailed or dropped off in person at the Lower Cape Cod CDC office in Eastham. **Faxed or emailed applications will not be accepted.**

Be sure to read the directions for completing the application very carefully! Do not leave blanks. If not applicable, write "n/a" or "0". Incomplete applications or those that do not include all necessary documentation will not be eligible for the lottery.

If you have any questions, please contact the CDP Property Management Department at 508-240-7873 ext.17 or by email at pmanagement@capecdp.org.

Thank you.

Property Management Department
Community Development Partnership
3 Main Street, #7
Eastham, MA 02642