

Applicant: Write your full name and address,
including your apartment # and zipcode.

Mail this application to the address you
see at left.

Dear

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

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS,
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

www.HousingWorks.net



DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|---|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household \$ _____ ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other

STANDARD APPLICATION FOR RENTAL HOUSING

Dukes County Regional Housing Authority
P.O. Box 4538
Vineyard Haven, MA 02568
508-693-4419 FAX: 508-693-5710 TTY: 711
www. DCRHA@Vineyard.net



PLEASE PRINT all application answers. Incomplete applications cannot be processed. Complete all information requested on the application form. If a question is not applicable, please write N/A.

Make sure that you sign the last page.

If you need additional space to provide an answer, you may attach an additional sheet(s).

Completed applications can be mailed to Dukes County Regional Housing Authority (DCRHA) at the address above or hand-delivered to the DCRHA Office at 346 State Road in Vineyard Haven, MA.) Office Hours are Monday-Friday: 9am to 5pm.

1. Name of Applicant _____
Street _____ Apt. No. _____
City/Town/State _____ Zip _____
Home Telephone _____ Work Telephone _____
Mailing Address _____
E-Mail and Cellphone _____

(Please indicate the best telephone number to reach you.)

2. Type of Housing Needed (check one or more):

☐ Elderly/Accessible Rental ☐ Rental Assistance ☐ Family Rental

3. Number of Bedrooms Needed (circle one): 1 2 3 4

4. Special Housing Needs (e.g. wheel chair accessible/other):

Please specify: _____

Dukes County Regional Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, marital status, veteran status, public assistance, disability, genetic information, gender identity or any other class protected by state, federal or local law, in the access or admission to its housing program(s), or employment, or any other of its programs, activities, functions or services.



5. Members of Household to live in unit including the Head of Household

First, Middle & Last Name	Relationship to Head of Household	* <i>Racial Designation (below)</i>	* <i>Ethnic Designation (below)</i>	Social Security Number	Sex	Date of Birth	Occupation • Employed • At Home • Student - grade
1.	Head of household						
2.							
3.							
4.							
5.							
6.							

***Optional:** You are not required to answer these questions.

Racial Designation: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (specify)

Ethnic Designation: Hispanic/Latina or Not Hispanic/Latino

6. Is a change in the household composition expected? (circle one) Yes No

If yes, what type of change? _____ When? _____

7. INCOME BEFORE DEDUCTIONS:

Estimate the gross Income (before taxes) anticipated for **ALL** household members from all sources for the next 12 months. Specify all sources.

Household Member #	Type of Income	Name & Address of Employer or Source of Income	Gross Income for next 12 months
1.	Salaries, wages, including overtime/tips		
2.	Salaries, wages, including overtime/tips		
	V.A. Disability Income		
	Net income from business or profession (Schedule C)		
	Trust income: Interest and Dividends		
	Pensions and annuities		
	Regular unemployment or disability compensation		
	Regular Social Security benefits and/or SSI		
	TAFDC or Public Assistance		
	Regular alimony, child support payments, gifts		
	Other income		

TOTAL INCOME _____

8. CURRENT EXPENSES:

Rent and Utilities	
Secondary Education/Child Support Payments	
Expense for Care of Children or sick/ Incapacitated Family Member	
Unreimbursed Medical Expenses	
Health Insurance	
Other	

TOTAL EXPENSES _____

9. ASSETS: List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. **Do not** include clothing, furniture or cars.

Household Member	Description of Assets	Value of Asset
	Bank & Checking Acct. #	
	Bank & Savings Acct. #	
	IRA, Stocks, Bonds:	
	Real Estate (owned or sold within past 2 years)	
	Other	

TOTAL ASSETS: _____

10. Personal References: List two references. These should not be relatives or household members.

(1) Name: _____ # of years you have known this person _____

Address: _____ Telephone: _____

(2) Name: _____ # of years you have known this person _____

Address: _____ Telephone: _____

11. Housing History: List addresses for each adult household member for at least the **last 5 years** in reverse order; please list primary leaseholder, if other than you.

(1) **Current** Address: _____ Years _____

Name of Landlord (owner) _____ Telephone _____

Address of Landlord _____

(2) Address: _____ Years _____

Name of Landlord (owner) _____ Telephone _____

Address of Landlord _____

(11. Housing History – continued)

(3) Address: _____ Years _____

Name of Landlord (owner) _____ Telephone _____

Address of Landlord _____

(4) Address: _____ Years _____

Name of Landlord (owner) _____ Telephone _____

Address of Landlord _____

12. Housing Assistance: Are you, or any member of your household, currently receiving housing assistance, including Public Housing, MRVP, Section 8, etc. **(circle one) Yes No**

If yes, please, please explain: _____

13. Relationship to DCRHA: Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of DCRHA? (If so, this will not necessarily disqualify your application) **(circle one) Yes No**

If yes, please explain: _____

14. Do you have any pets? (circle one) Yes No

Please describe: _____

15. Emergency Reference: Name of relative or friend not planning to live with you. We will contact this person if we are not able to reach you in case of an emergency.

Name _____ Relationship _____

Address _____ Telephone _____

16. Criminal Record:

- Have you or any member of your household who will live in the unit ever been convicted of a crime? **(circle one) Yes No**

If yes, please explain: _____

- Do you or any member of your household who will live in the unit have any criminal matters pending? **(circle one) Yes No**

If yes, please explain: _____

- Are you or anyone in your household a life-time registered Sex Offender **(circle one) Yes No**

Name of member(s): _____

Applicant's Certification

I understand that this application is not an offer of housing. I understand I should not make any plans to move or end my present tenancy until I have received an offer of housing from DCRHA, based on this application and the additional materials needed to complete the application process.

I understand that any false statement, misrepresentation and/or nondisclosure of information, and failure to provide complete and accurate information in this application may result in denial of my application.

I understand that it is my responsibility to inform DCRHA in writing of any change of address, income or household composition. I authorize DCRHA to make inquiries to verify the information provided in this application.

I certify that the information I have given in this application is true and correct. I understand that DCRHA may request a Criminal Offender Record Information Report from the Criminal History Systems Board and/or perform credit checks and Internet searches for all adult members of the household.

Sign under the pains and penalties of perjury.

Applicant's Signature _____ Date _____