

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
○

MASHPEE HOUSING AUTHORITY

HOUSING ASSISTANCE PROGRAM

IMPORTANT INFORMATION & INSTRUCTIONS FOR APPLYING **PLEASE READ CAREFULLY & REVIEW CHECKLIST ON THE OTHER** **SIDE OF THIS FORM TO BE SURE THAT YOU SUBMIT A COMPLETE** **APPLICATION**

The Mashpee Housing Assistance Program, funded by the Town of Mashpee's Community Preservation Fund, is a broad-range program, incorporating five different kinds of assistance into one program:

- On-going, short term rental assistance (up to 24 months)
- One-time assistance for first/last/security deposits
- One-time emergency assistance for rent
- Mortgage assistance for short term (1-3 months)
- Down-payment assistance for first-time homebuyers

Attached is the application which must be COMPLETELY FILLED OUT. In addition to the application form, a CORI Acknowledgement Form must be signed and submitted for each household member 17 years old or older (1 form is enclosed – copy as needed) along with a government issued picture ID. In addition, if you are claiming a Veteran's preference a DD-214 form must be submitted with the application. If you are claiming a preference for working in the Town of Mashpee proof of your employer must be submitted with the application.

PLEASE NOTE:

- If questions are not answered or answers are incomplete the application will be considered incomplete and **will not be processed**.
- If a question does not apply to you, write "N/A".
- Copies of applications will not be accepted. **Your application must have an original signature on it.**
- If we cannot read your writing, your application will not be processed. **Please print clearly.**
- Following receipt of your completed application, you will be contacted by our office giving you a control # associated with your application. **Do not lose this number.** We will also instruct you on the next steps in the process.
- If you are applying for a preference, the required documentation must be submitted with your application in order to receive the preference (see above).
- After we receive your application, you will get a letter within 14 days advising you of the status of it.

Office hours are: 8AM – 12:30 on Monday, 8AM – 2:30 Tuesday through Thursday. We are closed to the public for administrative work on Fridays. If you need to drop something off, there is a black mailbox in the office entryway, which you can put paperwork in 24 hours a day/7 days a week. **If you need to see someone, it is suggested that you call and make an appointment.** Please call (508) 477-6202X201 if you have any questions, or need assistance.

OVER

CHECKLIST TO BE SURE THAT SUBMIT A COMPLETE APPLICATION

_____ A completely filled out application. All questions answered, and N/A if it does not apply to you.

_____ Application has been read by all adult household members.

_____ A CORI Acknowledgement Form has been filled out and signed by all household members 17 and older.

_____ A Government Issued Picture ID all household members 17 and older.

_____ Release has been signed by all adult household members on page 9.

_____ Application has been signed by all adult household members on page 10.

_____ Application has been read and initialed in all 5 spaces, by all adult household members on page 10.

_____ Copy of DD214 if claiming Veteran's preference .

_____ Proof of employment in the town of Mashpee if claiming this preference

NOTE: Other documents will be required when we make a final determination on eligibility but do not turn them in now. If you do not currently have a copy of household members birth certifications or social security cards, please get them as soon as possible as you will need them for final eligibility.

OFFICE USE ONLY: Date/Time received _____

MASHPEE HOUSING AUTHORITY HOUSING ASSISTANCE PROGRAM APPLICATION

Date Complete: _____

Control #: _____

HAP: _____

Preference: _____

1 2 3 4

SECTION 1: HOUSEHOLD INFORMATION

Applicant's full name: _____

Co-Applicant's full name (if applicable): _____

Telephone #: _____ Home _____ Cell _____ Work _____

Alternate Tel. #: _____ Home _____ Cell _____ Work _____ Co-applicant phone _____

Applicant's current address: _____

_____, MA _____

Mailing address, if different: _____

How long have you lived at this address? _____

Head of Household Social Security #: _____ - _____ - _____

Head of Household birth date: _____ Circle one: Male/Female

Total number of people in household _____

HOUSEHOLD MEMBERS:Please list **ALL** household members **BESIDES** head of household

	Legal Full Name	Date of Birth	Soc. Sec.#	Relationship to head
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____

If more space is needed, please attach a piece of paperwork with all required information.

CRIMINAL RECORD Have you or any member of household who will live in the unit ever been **accused or charged** of a misdemeanor **OR** a felony? YES NO NOTE: if yes, you will be given the opportunity to discuss later.

Do you receive rental assistance under a subsidy program (Section 8, MRVP, AHVP, RAFT, etc)?

YES NO

Have you ever received rental assistance under a subsidy program (Section 8, MRVP, AHVP, RAFT, etc)? **YES NO If yes, when?** _____

What housing authority/agency did you receive assistance from?

Did you leave in good standing (not owing any money)? **YES NO**

SECTION 2: PREFERENCES

Mashpee Veterans will be given priority for assistance for all programs. Second priority is given to those who live AND work in Mashpee. Third priority is given to those who live (only) in Mashpee. Fourth preference is given to those who plan on renting or buying a home in Mashpee, but don't currently live in Mashpee.

Please circle the correct answers:

A) Are you a Veteran, or the surviving spouse or child of a Veteran? **YES NO**

IF YES, SEE INSTRUCTIONS FOR SUBMITTING VERIFICATION

B) Do you live AND work in Mashpee? **YES NO**

IF YES, SEE INSTRUCTIONS FOR SUBMITTING VERIFICATION

SECTION 3: INCOME & ASSETS INFORMATION

Please complete the following information for all persons receiving income or possessing assets in the household. Income and Asset information is used for determination of eligibility. Complete third party documentation will need to be provided at a later date if you are selected for the program.

INCOME TYPE	<u>ANNUAL AMOUNT</u> RECEIVED	WHO IN HOUSEHOLD RECEIVES THIS INCOME
Salary/wages/self-employment	\$ _____	_____
EAEDC/EA(Welfare)	\$ _____	_____
Social Security Benefits	\$ _____	_____
Pension Income	\$ _____	_____
401K Income	\$ _____	_____
IRA Income	\$ _____	_____
Veteran's Benefits	\$ _____	_____
Alimony/Child Support	\$ _____	_____
Other Income (explain): _____	\$ _____	_____

ASSET TYPE	WHAT BANK	NAME(S) ON ACCOUNT
Checking Account(s)	_____	_____
Savings Account(s)	_____	_____
Money Market Account(s)	_____	_____
Stocks/bonds/other assets	_____	_____

Do you own any real estate? YES NO If so, real estate value:\$ _____

Location of real estate (FULL ADDRESS): _____

SECTION 4: ASSISTANCE APPLYING FOR

The Mashpee Housing Assistance Program, funded by the Town of Mashpee's Community Preservation Fund, is a broad-range program, incorporating five different kinds of assistance into one program. Please check the assistance you wish to apply for:

- ☐ On-going, short term rental assistance (up to 24 months) **GO TO SECTION 5**
- ☐ One-time assistance for first/last/security deposits **SKIP TO SECTION 6**
- ☐ One-time emergency assistance for rent **SKIP TO SECTION 7**
- ☐ Mortgage assistance for short term (up to 3 months) **SKIP TO SECTION 8**
- ☐ Down-payment assistance for first-time homebuyers **SKIP TO SECTION 9**

SECTION 5: ON-GOING, SHORT-TERM, RENTAL ASSISTANCE

A) Please provide your current landlord's name and address:

Check here if you are related: ()

- B) Please provide your landlord's phone number: _____
- C) Do you have a signed lease? YES NO
- D) How long have you lived at your current address? _____
- E) How much rent do you pay your landlord? \$ _____ per week/month (circle one)
- F) Are you current with your rent? YES NO If not, how much rent do you owe as of today? _____
- G) What utilities are **INCLUDED** in the rent?
- | | | | | | | |
|----------------------------------|-----|----|---------------|-----|----------|----------|
| Heat(circle): | YES | NO | TYPE(circle): | OIL | GAS | ELECTRIC |
| Hot Water(circle): | YES | NO | TYPE(circle): | OIL | GAS | ELECTRIC |
| Stove fuel(circle): | YES | NO | TYPE(circle): | GAS | ELECTRIC | |
| Lights/other electric? (circle): | YES | NO | | | | |

H) How much monthly assistance do you think would be helpful to your household?
\$ _____

I) Have you, in the past 12 months, ***applied for*** any *cash* assistance from:

The Cape Cod Times Needy Fund?	YES	NO
Catholic Social Services/St. Vincent de Paul	YES	NO
The Salvation Army?	YES	NO
Mashpee Good Neighbor Fund	YES	NO
Other (If yes, please list)	YES	NO

J) Have you, in the past 12 months, ***received*** any *cash* assistance from the above? YES NO

Who did you receive assistance from: _____

Approximate date of assistance: _____

Amount of assistance: _____

K) Describe in your own words, in detail, why you need assistance at this time(if more space is needed, attach your own paper):

SKIP TO SECTION 10

SECTION 6: ONE-TIME ASSISTANCE FOR FIRST/LAST/SECURITY DEPOSIT

A) Please provide your current landlord's name and address for the unit you are requesting assistance:

Check here if you are related: ()

B) Please provide the landlord's phone number: _____

C) What do you need assistance with (check all that apply):

☐ First month rent AMOUNT: \$ _____

☐ Last month rent AMOUNT: \$ _____

☐ Security Deposit AMOUNT: \$ _____

D) Will the lease be for less than 12 months? YES NO If so, how long? _____

E) What utilities are **INCLUDED** in the rent?

Heat(circle): YES NO TYPE(circle): OIL GAS ELECTRIC

Hot Water(circle): YES NO TYPE(circle): OIL GAS ELECTRIC

Stove fuel(circle): YES NO TYPE(circle): GAS ELECTRIC

Lights/other electric? (circle): YES NO

F) Since any monies given to you will be a **loan**, how much can you repay to the housing authority on a monthly basis, without getting behind in your rent? \$ _____

G) Have you, in the past 12 months, ***applied for*** any *cash* assistance from:

The Cape Cod Times Needy Fund? YES NO

Catholic Social Services/St. Vincent de Paul YES NO

The Salvation Army? YES NO

Mashpee Good Neighbor Fund YES NO

Other (If yes, please list) YES NO _____

H) Have you, in the past 12 months, ***received*** any *cash* assistance from the above? YES NO

Who did you receive assistance from: _____

Approximate date of assistance: _____

Amount of assistance: _____

I) Describe in your own words, in detail, why you need assistance at this time(if more space is needed, attach your own paper):

SKIP TO SECTION 10

SECTION 7: ONE-TIME EMERGENCY ASSISTANCE(RENT)

A) Please provide your current landlord's name and address:

Check here if you are related: ()

- B) Please provide your landlord's phone number: _____
- C) Do you have a signed lease? YES NO
- D) How long have you lived at your current address? _____
- E) How much rent do you pay your landlord? \$_____ per week/month (circle one)
- F) Are you current with your rent? YES NO If not, how much rent do you owe as of today? _____
- G) Has your landlord started the eviction process against you? YES NO
- H) What utilities are **INCLUDED** in the rent?
- | | | | | | | |
|----------------------------------|-----|----|---------------|-----|----------|----------|
| Heat(circle): | YES | NO | TYPE(circle): | OIL | GAS | ELECTRIC |
| Hot Water(circle): | YES | NO | TYPE(circle): | OIL | GAS | ELECTRIC |
| Stove fuel(circle): | YES | NO | TYPE(circle): | GAS | ELECTRIC | |
| Lights/other electric? (circle): | YES | NO | | | | |
- I) How much assistance do you think would be helpful to your household? \$_____
- J) Describe in your own words, in detail, why you need assistance at this time(if more space is needed, attach your own paper):
- _____
- _____
- _____
- _____
- _____
- _____
- K) Since any monies given to you will be a **loan**, how much can you repay to the housing authority on a monthly basis, without getting behind in your rent? \$_____
- L) Have you, in the past 12 months, **applied for** any *cash* assistance from:
- | | | |
|--|-----|----|
| The Cape Cod Times Needy Fund? | YES | NO |
| Catholic Social Services/St. Vincent de Paul | YES | NO |
| The Salvation Army? | YES | NO |
| Mashpee Good Neighbor Fund | YES | NO |
| Other (If yes, please list) | YES | NO |
- M) Have you, in the past 12 months, **received** any *cash* assistance from the above? YES NO
- Who did you receive assistance from: _____
- Approximate date of assistance: _____
- Amount of assistance: _____

SKIP TO SECTION 10

SECTION 8: MORTGAGE ASSISTANCE FOR SHORT-TERM

A) Please provide your bank/mortgage holder name and address:

B) Please provide your bank's phone number: _____

C) Please provide your loan account #: _____

D) How long have you lived at your current address? _____

E) How much do you pay each month for your mortgage? \$_____

F) Are you current with your mortgage? YES NO If not, how much do you owe as of today? _____

G) Has your bank started the foreclosure process against you? YES NO

H) How much assistance do you think would be helpful to your household? \$_____

I) Describe in your own words, in detail, why you need assistance at this time:

J) Since any monies given to you will be a **loan**, how much can you repay to the housing authority on a monthly basis, without getting behind in your mortgage? \$_____

SKIP TO SECTION 10

SECTION 9: DOWN-PAYMENT ASSISTANCE FOR FIRST-TIME HOME BUYERS

A) How much assistance do you think would be helpful to your household? \$_____

B) Describe in your own words, in detail, why you need assistance at this time and how this assistance would benefit your family (if more space is needed, attach your own paper):

C) Are you currently working with a real estate agent? YES NO If so, please provide the name and contact information:

D) Have you been pre-approved for a mortgage? YES NO If so, please provide the name and contact information of the financial institution:

E) Have you already found a house to purchase? YES NO If so, please provide the address and purchase price:

\$_____

F) Have you completed a First Time Homebuyer's course from a recognized organization?
YES NO When? _____

SECTION 10: AUTHORIZATION FOR RELEASE OF INFORMATION

Please read, sign, and date the authorization for release of information form on the next page



Mashpee Housing Authority

*Lella Botsford, P.H.M.
Executive Director*

AUTHORIZATION FOR RELEASE OF INFORMATION

I/We do authorize Mashpee Housing Authority and its staff or authorized representative to contact any agencies, police departments, Criminal Offender Record Information Agencies, charities (including but not limited to the Cape Cod Times Needy Fund, St. Vincent de Paul, Salvation Army, Mashpee Good Neighbor Fund), credit bureaus, employers, banks, landlords (past or present), offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for assistance under the Mashpee Housing Authority Housing Assistance Program.

A copy of this form is acceptable for up to three years of the date of signature.

SIGNATURE(S):

Tenant/Applicant

Date

Other Adult member of household (if applicable)

Date

7 Job's Fishing Road, Mashpee, MA 02649
Tel.: (508) 477-6202 FAX: (508) 477-4231 E-mail: mashpee@capecod.net

SECTION 11: NOTICE AND SWORN STATEMENT

I certify that the information I have given in this application is true and correct and I understand that any false statement, fraud, or misrepresentation will result in the immediate cancellation of my application and I will be ineligible for assistance for a three year period. **INITIAL HERE:** _____

I agree to provide any and all information requested to the Mashpee Housing Authority in order for the authority to process my application per their guidelines. I understand that if my application is incomplete or illegible in any way the housing authority will not process it.

INITIAL HERE: _____

I agree to attend a personal interview and any subsequent meetings that may be necessary for my application to be processed and/or for assistance to be started and/or continued. I understand that if I fail to appear for a scheduled meeting, my application/assistance will be terminated, and I will need to re-apply. **INITIAL HERE:** _____

I authorize the Mashpee Housing Authority to make inquiries to verify the information I have provided in this application and I understand that Criminal Offender Record Information (CORI) check will be completed regarding all adult members who appear on this application. **INITIAL HERE:** _____

I understand that it is my responsibility to notify the Mashpee Housing Authority IN WRITING if my mailing address changes. Failure to do so may result in my application being immediately cancelled. **INITIAL HERE:** _____

Signed under the pains and penalties of perjury:

Applicant Signature

Date

Co-Applicant Signature

Date

NOTE: Answering the follow question will not impact your application at all: In the hopes of getting future funding for our program, if we are able to assist you, after we help you would you be willing to write a statement explaining how this program assisted you and the benefit to you/your family (anonymously or with an alias)? YES NO

ALL APPLICATIONS MUST BE SUBMITTED TO:

Mashpee Housing Authority

7 Job's Fishing Road

Mashpee MA 02649

No copies, faxes, scans or emails will be accepted

Rev. 6/12



Mashpee Housing Authority

Leila Botsford P.H.M., C.S.P.
Executive Director

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Mashpee Housing Authority is registered under the provisions of M.G.L. c. 6 § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Mashpee Housing Authority to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Mashpee Housing Authority may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Mashpee Housing Authority must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

1 OF 2

Main Office
7 Job's Fishing Road, Mashpee, MA 02649
Tel: 508-477-6202 • Fax: 508-477-4231

Asher's Path Apartments
1 Carleton Drive, Mashpee, MA 02649
Tel: 508-539-7680 • Fax: 508-539-0003

E-mail: mashpeeha@capecod.net • Website: www.mashpeehousing.org

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

*****DO NOT WRITE BELOW THIS LINE***OFFICE USE ONLY*****

The above information was verified by reviewing the following form(s) of government-
issued identification:

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee

CORI RUN

6/12