

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 _____

FOR OFFICE USE:
Date and Time Stamp here:

Mashpee Housing Authority
7 Job's Fishing Road
Mashpee, MA 02649
508-477-6202
www.Mashpeehousing.org

APPLICATION
GREAT COVE COMMUNITY
BREEZY WAY
MASHPEE, MASSACHUSETTS 02649

THE AGENT WILL PROVIDE REASONABLE ACCOMMODATION AND/OR LANGUAGE ASSISTANCE IF NEEDED WHEN FILLING OUT THIS APPLICATION. PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

☐ Assinale este quadrado se você lê ou fala português.

☐ Marque esta casilla si lee o habla español.

Housing Assistance Corporation or the management agent will not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

ADAPTED FOR PEOPLE WITH DISABILITIES We will not discriminate in the selection of applicants on the basis of disability.

If you or a member of your household need a unit with special design features, please check appropriate box:

Mobility ☐

Vision ☐

Hearing ☐

(Please Print)

Applicant's Full Name: _____ Date of Application: _____

Desired Move-In Date: _____

Type and Size of Apartment Desired: _____

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Mashpee Housing Authority @ 1-508-477-6202

HOUSEHOLD COMPOSITION:

| NAMES OF HOUSEHOLD MEMBERS (First, Middle Initial, Last) | RELATIONSHIP TO HEAD OF HOUSEHOLD | DATE OF BIRTH | GENDER | FULL-TIME STUDENT (Y/N) |
|---|---|------------------|--------|-------------------------------|
| | HEAD | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Do you expect any changes to your household in the next 12 months?

Yes: ☐ No: ☐



Provide all residences for the previous five (5) years.

PRESENT RESIDENCE:

Address: _____ City/State: _____ Zip: _____

Telephone: _____ Lived There From _____ To Present Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone/Cell: _____ Comments: _____

PREVIOUS RESIDENCE #1:

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone/Cell: _____ Comments: _____

PREVIOUS RESIDENCE #2:

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Lived There From: _____ to: _____ Monthly Payment: \$ _____

Reason for Moving: _____ Landlord Name: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Telephone/Cell: _____ Comments: _____

Please list all states that applicant(s) (age 18+) have lived in: _____

DISABILITY STATUS:

- | | | |
|---|-------------------------------|------------------------------|
| 1. Would you or anyone in your household benefit from the features of an accessible unit? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 2. Would you like to be placed on a priority waiting list for an accessible unit? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 3. Are you seeking admission based on a disability? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 4. Do you require any modifications to the unit? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
- If so, please list the specific modifications needed:

This information will only be used for Fair Housing programs as required by Federal and State laws.



RACE & ETHNICITY:

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.

Is the Head of Household (Check only one) Hispanic : ☐ Non-Hispanic: ☐

Is the Head of Household (Select as many as appropriate):

White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐
Native Hawaiian /Other Pacific Islander ☐ Other (please specify) _____ ☐

STUDENT STATUS:

Are you or anyone in your household currently taking classes in an accredited institute of higher learning, or planning to within the next 12 months? Yes: ☐ No: ☐ If yes, please explain: _____

GENERAL INFORMATION:

Have you, your spouse, or any other proposed occupant ever:

- | | | |
|--|-------------------------------|------------------------------|
| 1. Filed for bankruptcy? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 2. Been evicted from any residence? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 3. Willfully or intentionally refused to pay rent? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 4. Have you been convicted with any misdemeanor or felony? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

If yes, please explain: _____

5. Have you been convicted for possession, sale or delivery of any illegal or controlled substance? Yes: ☐ No: ☐

If yes, please explain: _____

- | | | |
|--|-------------------------------|------------------------------|
| 6. Been required to register as a sex offender? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 7. Are you currently living in subsidized housing? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 8. Have you or any other proposed occupant ever, while living in a subsidized community, had tenancy or assistance terminated for fraud, nonpayment of rent or failure to cooperate with the recertification procedures? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 9. Do you have any pets? If yes, please contact the Property Manager to find out if pets are allowed. (This excludes service animals). | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 10. Does the applicant work at either Mashpee Housing Authority or Housing Assistance Corporation or is the applicant related to someone at either of these organizations? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

EMERGENCY CONTACT - Please provide information for two people not planning to occupy the Premises whom we may contact in the event of an emergency, or to locate you:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.



Please indicate if the following preference below applies to your current situation:

If you answer “yes”, you may qualify for a preference. In order to receive a preference, you must provide verification of the priority. (Please note that all preference claims will be verified prior to the offering of an apartment.)

: CBH Unit Preference:

An applicant, otherwise eligible and qualified, must also have :

☐ (1) have a disability, (2) be institutionalized or at risk of institutionalization, and (3) not be eligible for the Facilities Consolidation Fund Program (FCF).

Local Resident Preference:

☐ Local preference is defined as: A household in which one or more members is living in the city or town, works in the city or town or has children at the local school system at the time of application. If yes, attach proof of residency (lease, utility bill, car registration, pay stub, letter from employer, etc.)

*



INCOME:

U.S. Department of Housing and Urban Development and Section 42 of the Internal Revenue Codes regulations require that all applicants/residents reveal all sources of income and assets. Applicants/residents for housing in this property must complete this disclosure form by filling in the requested information and certifying this form. This form must be completed in its entirety. **Please provide the mailing address and phone number for each of these sources in the area provided.** Should you need assistance completing this form, feel free to ask the Property Manager for assistance, he/she would be more than happy to help. To determine your eligibility to occupy a unit in this project, we need the total amounts of all income sources earned by your household. You must list any income in which you and your household members receive. **(You must place a "0" in each column describing each source from which no income is received)**

| INCOME SOURCES | HOUSEHOLD MEMBER(s) WHO RECEIVES THE INCOME | MONTHLY GROSS AMT. RECEIVED (Please place a "0" in each column where no income is received from that source.) | PHONE NUMBER & ADDRESS TO SEND VERIFICATION FORM (Please Provide) |
|---|--|---|---|
| Salary / Wages / Employment Tips / Bonuses | | | |
| Self-Employment / Unearned Income Workers Compensation | | | |
| Social Security Benefits/ SSI | | | |
| Disability Pension / Death Benefits/ Pension/ Retirement Funds | | | |
| Welfare/ AFDC /TANF | | | |
| Rental Income | | | |
| Child Support / Unearned income from a family member under 17 years of age | | | |
| Alimony | | | |
| Military Payments / GI Bill / VA | | | |
| Unemployment | | | |
| Interest on Check/Savings Acct. | | | |
| Interest on Bonds/CD's | | | |
| Stock Dividends / Annuities / Trusts | | | |
| Recurring gifts/monetary or not | | | |
| Other | | | |

Do you anticipate any changes in income during the next 12 months? Yes: ☐ No: ☐

Explanation: _____



CHILD SUPPORT:

We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather received directly from payor.

- | | | |
|---|-------------------------------|------------------------------|
| 1. Are you or any member of your household entitled to receive child support payments? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 2. If yes , are you currently receiving any child support payments? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 3. If yes , are your child support payments court ordered? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 4. If money is not actually received, are you taking legal action to remedy? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

Explanation: _____

ASSETS: (You must place a "0" in each column describing each source from which no income is received)

| Type of Assets | Value | Account # | Organization Name, Phone & Address | FOR OFFICE USE ONLY |
|---|-------|-----------|------------------------------------|---------------------|
| Checking Accounts | | | | |
| Checking Accounts | | | | |
| Savings Accounts | | | | |
| Savings Accounts | | | | |
| Cash on Hand/At Home | | | | |
| Trust Accounts/Revocable or Irrevocable | | | | |
| CD's | | | | |
| C D's | | | | |
| Credit Union | | | | |
| IRA's/Pensions/401K/Mutual funds | | | | |
| Stocks/Bonds/Money Mkt. | | | | |
| Whole Life | | | | |
| Money in a safety deposit box | | | | |
| Savings bonds | | | | |
| Personal property held as an investment | | | | |
| Other (Describe) | | | | |



REAL ESTATE:

Do you own any property?

Yes: ☐No: ☐

If yes, type of property: _____ Location: _____

Appraise Market Value: \$ _____

Do you receive any rent from your property?

Yes: ☐No: ☐

If yes, type of property: _____ Location: _____

Amount received per month: \$ _____

ASSETS DISPOSED OF:

Applicants/residents must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification/recertification. This includes but is not limited to assets or money given away or sold for less than their true value if offered for sale to the public.

Did you have any assets (excluding personal assets) in the last two years not listed above?

Yes: ☐No: ☐

If yes, did you dispose of any assets for less than fair market value?

Yes: ☐No: ☐**Please list assets disposed of:**

| ASSET | MARKET VALUE | AMOUNT RECEIVED | DATE DISPOSED |
|-------|--------------|-----------------|---------------|
| | | | |
| | | | |

NOTE:

In considering this application from you, Landlord will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize Management to verify any information that you have listed.

I do hereby certify that the information listed on this form and the questions answered are true and complete to the best of my knowledge. I further certify that I have revealed all assets currently held or previously disposed of and that I have no other assets than those listed on this form (other than personal property).

I realize that false statements are fraudulent and are a criminal offense which is punishable by fine or imprisonment or both. U.S. Department of Housing and Urban Development has also established a process to match resident wage and benefit date with federal and state records to assure that applicants/residents are fully disclosing income.

I hereby certify that if I am applying for a federally subsidized apartment, it will serve as my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

