

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"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit            | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit             | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit for <b>Environmental Allergies</b> | <input type="radio"/> <b>Personal Care Attendant</b>  |

- ☐ 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 \_\_\_\_\_



# Mashpee Housing Authority

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

## IMPORTANT INFORMATION & INSTRUCTIONS PLEASE READ CAREFULLY

**PLEASE NOTE:** Our only open lists are for elderly (age 60+) and our three and four bedroom MRVP Project Based. If you are interested in applying for our Housing Assistance Program (Mashpee residents only) or Great Cove Community (2 and 3 bedrooms), those are separate applications.

Please also be aware that as of January 1, 2013 all of our rental properties will be **Smoke Free Communities**. There will be no smoking allowed on our property, including inside the apartments. You will be required to sign a lease agreeing not to smoke on the property.

- 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.**
- If you are in an emergency situation, you must also fill out an emergency application. If you do not have one, please contact our office.
- A Release of Information form, and a Statement of Rights form (enclosed) must accompany your application and be signed by all adult household members or it will not be processed.
- **Please DO NOT Submit** copies of birth certificates, social security cards or income verification. This information is not necessary at this time and will be **THROWN AWAY** if submitted.
- If you wish to apply for Asher's Path Apartments (housing for people 55 and over), that is a separate application which you will need to request.
- If you wish to apply for the Mashpee Housing Assistance Program, that is a separate application which you will need to request.

Office hours are: 8AM– 2:30 Monday 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, please call and make an appointment.**

Please call (508) 477-6202 if you have any questions, or need assistance.



# Mashpee Housing Authority

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Executive Director

## Preliminary Applicant for State-aided Housing

**DO NOT WRITE IN THIS BOX: Office use only**

Date received: \_\_\_\_\_

Time received: \_\_\_\_\_

Control #: \_\_\_\_\_

BR: 1 2 3 4 Pri: \_\_\_\_\_ Pref: \_\_\_\_\_

MRVP PB 667 705

**NOTE:** Incomplete, illegible, or copied applications will not be processed. Please be sure to complete all information as requested and write "n/a" if not applicable. Please print clearly.

### 1) APPLICANT INFORMATION:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/town: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing address IF DIFFERENT: \_\_\_\_\_

### 2) Check box(es) for type of public housing you are applying for (see instructions for descriptions):

#### FAMILY HOUSING:


☐ MRVP Project Based/Mashpee Village (3 or 4 Bedrooms)

☐ 705 Family Housing/Breezy Acres (3 Bedrooms only)

#### ELDERLY HOUSING:

☐ Conventional/667/Homeyer Village (1 Bedroom only – 60 years old and older)

#### DISABLED HOUSING:

☐  Village (1 Bedroom only) **NOTE:** See note below

**NOTE:** Applicants seeking handicapped status for disabled housing must provide a handicapped status certification form, which your medical doctor must fill out. If you don't have the form and need one, please contact the office immediately.

### 3) Are you employed in Mashpee? Yes No If 'yes', where? : \_\_\_\_\_

**4) RACIAL DESIGNATION:** (optional) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a minority, you may classify your household in that minority category.

**5) VETERAN'S PREFERENCE:** You may apply for veteran's preference if you are a wartime veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a wartime veteran. **Do you want to apply for veteran's preference?** Yes No

**6) SPECIAL NEEDS:** Do you need a wheelchair accessible unit? Yes No Do you need a 1<sup>st</sup> floor unit? Yes No

**CONTINUED TO NEXT PAGE**

**7) HOUSEHOLD MEMBERS: List all members of household to live in unit, including the applicant:**

First name, Initial & Last name	Social Security Number	Relationship to applicant	Date of Birth	Occupation or grade in school
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APPLICANT

If more space is needed, attach a piece of paper and write "MORE" here: \_\_\_\_\_

**8) Are there any changes expected in your household?** Circle one: YES NO If yes explain: \_\_\_\_\_

**9) EMERGENCY HOUSING: Do you need to apply for emergency housing?** YES NO

If yes, you must also complete the Emergency Application as well, and submit all required documentations and verifications. If you do not have an emergency application, please contact our office for one.

**10) HOUSEHOLD INCOME: list Income before deductions for all household members:**

Estimate the gross income anticipated for **all household members** for the next 12 months:

Income type: \_\_\_\_\_ Annual amount: \_\_\_\_\_ Who?: \_\_\_\_\_

Income type: \_\_\_\_\_ Annual amount: \_\_\_\_\_ Who?: \_\_\_\_\_

Income type: \_\_\_\_\_ Annual amount: \_\_\_\_\_ Who?: \_\_\_\_\_

**11) HOUSEHOLD EXPENSES: Check mark any expenses you have and indicate the annual expense:**

\_\_\_ Expense for care of children or sick/incapacitated person if necessary for employment: \_\_\_\_\_

\_\_\_ Expense for medical reasons (doctor, dentist, eye care, prescriptions, etc. ): \_\_\_\_\_

\_\_\_ Child support payments MADE: \_\_\_\_\_

\_\_\_ Health Insurance: \_\_\_\_\_

**12) HOUSING HISTORY: We need five (5) years rental history, starting with your current address We must have all information.**

Current address: \_\_\_\_\_

Current landlord name: \_\_\_\_\_

Landlord's address: \_\_\_\_\_  
Street City/Town State Zip code

Landlord's telephone number: \_\_\_\_\_ How long at this address? \_\_\_\_\_ years \_\_\_\_\_ months

-----  
to Present

**CONTINUED TO NEXT PAGE**

Previous address: \_\_\_\_\_

Previous landlord name: \_\_\_\_\_

Landlord's address: \_\_\_\_\_  
Street City/Town State Zip code

Landlord's telephone number: \_\_\_\_\_ How long at this address? \_\_\_\_\_ years \_\_\_\_\_ months

-----  
Previous address: \_\_\_\_\_

Previous landlord name: \_\_\_\_\_

Landlord's address: \_\_\_\_\_  
Street City/Town State Zip code

Landlord's telephone number: \_\_\_\_\_ How long at this address? \_\_\_\_\_ years \_\_\_\_\_ months

If more room is needed, attach a piece of paper and write "MORE" here: \_\_\_\_\_

**13) CRIMINAL RECORDS:**

Have you or any member of household who will live in the unit ever been accused of a misdemeanor? Yes No

If yes, explain: \_\_\_\_\_

Have you or any member of household who will live in the unit ever been accused of a Felony? Yes No

If yes, explain: \_\_\_\_\_

**14) APPLICANT CERTIFICATION:**

**I understand the following:**

This application is not an offer of housing. The Mashpee Housing Authority will make no more than one (1) offer of an appropriate unit. If I do not accept that offer, my application will be taken off of the waiting list. I should not make any plans to move or end my present tenancy until I have received a written UNIT OFFER from the Mashpee Housing Authority. It is my responsibility to inform the Mashpee Housing Authority, in writing, of any change of address or family composition. Any false statement of misrepresentation may result in the cancellation of my application. If my application is not filled out completely, it will not be processed. A Criminal Offender Record Information (CORI) check will be completed regarding all household members seventeen (17) years of age and older who appear on this application. A Credit check will be completed regarding all household members seventeen (17) years of age and older who appear on this application.

I certify that the information I have given in this application is true and correct. I authorize Mashpee Housing Authority to make inquiries to verify the information I have provided in my application and to complete a CORI and credit check. I have read the above information, have asked any questions that I have, and understand everything completely.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

10/07



# Mashpee Housing Authority

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

## GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

### PLEASE PRINT:

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I, the above named individual, have authorized the MASHPEE HOUSING AUTHORITY to verify the accuracy of the information which I have provided to the Authority, **from any of the following sources:**

Department of Transitional Assistance

Veterans Administration

Internal Revenue Service

Department of Social Services

Schools & Colleges

Provider of Alimony, Child Support

Child Support

Law Enforcement Agencies

Utility Companies

Real Estate Agents

U.S. Postal Service

Other: \_\_\_\_\_

Social Security

Department of Revenue

Pension or Annuity Provider

Employer (past or present)

Child Care Provider

Banks/Mortgage Cos./Other financial institutions

Criminal History Board

Credit Reporting Agencies/Bureaus

U.S. Department of Defense

Landlords (past and present)

U.S. Office of Personnel Management

I hereby give my permission to release this information to the MASHPEE HOUSING AUTHORITY subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested to the MASHPEE HOUSING AUTHORITY within five (5) days of receipt of this request.

**I understand that a photocopy of this authorization is as valid as the original.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

9/08



# Mashpee Housing Authority

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

## **FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS**

The Mashpee Housing Authority collects information about applicants and tenants for its housing programs as required by law in order to determine eligibility, amount of rent and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by the housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information; however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collections, maintenance, dissemination, use, accuracy, completeness or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Executive Office of Communities and Development.

Please sign below. A copy will be given to you for your records, if requested. I have read and understood this Fair Information Practices Statement of Rights and have received a copy for future reference.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Rev. 11/99





# Mashpee Housing Authority

*Leila Botsford, P.H.M.  
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 the 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

**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