:	
tte Zip:	Date completed:
anager Email:	
	Applicant: Mail application to the address
	Fold or
THIS SECTION FOR WAITLIST ADM	IINISTRATOR:
Landlords: IF REJECTING THIS APPLICATION, please	For Landlards Only
Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page	For Landlords Only!
Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!	For Landlords Only! support@housingworks.net HousingWorks
Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for! We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and	For Landlords Only! support@housingworks.net HousingWorks
Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for! We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair	For Landlords Only! support@housingworks.net HousingWorks
Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for! We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and	For Landlords Only! support@housingworks.net HousingWorks P.O. Box 231104
Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for! We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair	For Landlords Only! support@housingworks.net HousingWorks P.O. Box 231104 Boston, MA 02123 617-536-8561 fax
Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for! We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!	For Landlords Only! support@housingworks.net HousingWorks P.O. Box 231104 Boston, MA 02123 617-536-8561 fax
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THIS SECTION FOR APPLICANT:

Name: First MI Last:

Address1:

DO NOT LEAVE ANY QUESTION UNANSWERED!

O	HEAD OF HOUSEHOLD'S FIRST NAME
0	HEAD OF HOUSEHOLD'S <u>COMPLETE</u> MIDDLE NAME
0	HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)
0	YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD
AN	ISWER THIS: O Yes O No Does the HoH have a Social Security Number? <i>If "Yes" you must provide the full SSN!</i>
0	HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (###-##-####) O HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyyy O M, F, T, etc.
0	ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, Client Refused ORACE: Asian , Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused
0	I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)
	OFully Accessible Wheelchair Unit OVision-Impaired Unit ONeed an Interpreter - Explain: ONo-Steps unit (elevator to any floor) OHearing-Impaired Unit ODomestic Violence Victim OFirst-Floor unit only OUnit for Environmental Allergies OPersonal Care Attendant
0	HoH's CAREER STAGE O Employed O Unemployed O Retired O FT Student O PT Student
0	PERMANENT MOBILE RENTAL ASSISTANCE, if any O I do not have mobile rental assistance O Mobile Section 8 voucher O MRVP O AHVP O VASH or similar
0	CRIMINAL RECORD AND SEX OFFENDER Head of Household: Any Felony/Conviction? O Yes O No Other Members: Any Felony Convictions? O Yes O No Is anyone in HH subject to a lifetime sex offender registration in any state? O Yes O No Details
0	ANY PETS? O Yes O No Number of Pets: Describe:
0	HOUSEHOLD SIZE AND COMPOSITION C ANNUAL INCOME O DOCUMENTED DISABILITY? ←# Adults ←# Children ←Total # in Household O Yes O No
0	CURRENT HOUSING STATUS O Homeless O Housing Loss in 14 days O Homeless under other federal status O Homeless because Fleeing domestic violence O At risk of homelessness O Stably Housed
0	BEST TELEPHONE NUMBER TO USE O SECOND TELEPHONE
0	EMAIL ADDRESS
0	WHERE YOU LIVE OR BACKUP ADDRESS AddressLine 1 check this box if backup address is the same as best mailing address below. Apt # or "care of" name
0	City State Zip BEST MAILING ADDRESS
_	Address Line 1 Apt # or "care of" name
	City State Zip
0	PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a priority status)
	O Disability O Elder O Local Resident O Local Employee O Local Student O Homeless Vet. O Fleeing Dom. V O Rent-burdened 40% O Rent-burdened 50% O HUD VAWA Certification O Victim of Hate Crime. Displaced by: O Urban Renewal O Sanitary Code O Natural Forces O Other

Application for Section 8 Project-based Program Aunt Sarah's Return to: Barnstable Housing Authority

146 South Street, Hyannis MA 02601 (508) 771-7222

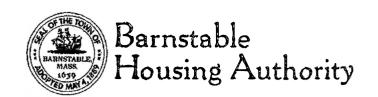
OFFICE USE ONLY
DATE OF RECEIPT
TIME OF RECEIPT
CONTROL NUMBER
PREFERENCE
OVER 62DISABLEDMINORITY
BEDROOMS 0 1 · 2 3 4 5

. Name of Applicant						
Current Street Address				Ap	t. No	
City/Town			Sta	ite Zip		
Mailing Address (if different)						
Home Telephone		Work T	elephone			
Place of Employment						
2. Total number of Household Members						
3, Are you or any household member:		ALL SEC	ΓΙΟΝS MUST	BE COMPLETED	BY APPLICA	ANT,
62 years old or older Yes N Disabled Yes No	0			RE NOT ANSWE ILL NOT BE PRO		LICANT,
4. RACE/ETHNICITY This information CIRCLE ONE: Native Amer	on is required by H	UD to ensu Black	re non-discrim	ination in housing.	White	Other
5. Type of unit: (circle one) SPH6. Total income of the household per year			Bedroom s) §			
7. Please list ALL members of household			- .			
Name	Soc Sec.	##	Ε	ate of Birthh	Relationsl	nip to Headd
1					Н	Iead
2						
8. ASSETS : List below the assets of Trust agreements, real e						ds,
Household Member	Description of	fAssets			Value	e of Assets



(1) Name Street address			Telephone No		
	C	ity	StateZip		
(2) 11					
(2) Name Street address	Cit		State Zip		
	dresses for at least the last f				
(2)	street		Dates		to preser
(-)		city		zi	n
Name of Landlord	(owner)	•			
				_	
Address of Landiord.	stred	city	st	ate zi	n
*********	********	•			L
(2) Address	street	Dates	to		
	street		-		
	city		state	zi	n
Name of Landlord (owner)				
	:		•		
	street	city		state	zip
*********	*********	******	******	*****	******
(3) Address		Dates	to		
	city			state	zip
Name of Landlord (c	owner)		Telephon	e No	
Address of Landlor	1				
	street	city		state	zip
]	f you need more space for	housing history, please	e include n separate s	sheet of pa	per
Is any member of the	e household who will live	e in the unit subject to	a lifetime sex offe	nder regi	stration requiren
any state?			(Circle one)	Yes	No
	1:			1 68	NO
If yes, please explain					
If yes, please explain				undorata	ad that the
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Telephone 508.771.7222 FAX: 508.778.9312 Leased Housing Dept. (508)771-7292 146 South Street • Hyannis, MA 02601

Barnstable Housing AuthorityFair Information Practices Statement of Rights

The Barnstable Housing Authority collects information about applicants and tenants for its housing programs as reluired 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 housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the 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 maybe disclosed to any person other than those described above without your consent.
- 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 collection, 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 your right to appeal to the Department of Housing and Community Development.

have received a copy for future reference.	
Signature	Date

I have read and understood this Fair Information Practices Statement of Rights and

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

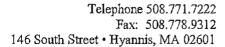
This form is to be provided to each applicant for federally assisted housing

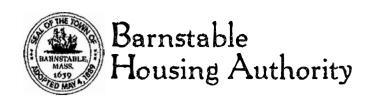
Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update**, **remove**, **or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:		
Mailing Address:		
Telephone No:	Cell Phone No:	
Name of Additional Contact Person or Organization:	cen i none ivo.	
Name of Additional Contact Leison of Organization.		
Address:		
Telephone No:	Cell Phone No:	
E-Mail Address (if applicable):		
Relationship to Applicant:		
Reason for Contact: (Check all that apply)		
Emergency	Assist with Recertification P	rocess
Unable to contact you	Change in lease terms	
Termination of rental assistance	Change in house rules	
☐ Eviction from unit ☐ Late payment of rent	Other:	
Commitment of Housing Authority or Owner: If you are approarise during your tenancy or if you require any services or special issues or in providing any services or special care to you.		
Confidentiality Statement: The information provided on this for applicant or applicable law.	rm is confidential and will not be discl	osed to anyone except as permitted by the
Legal Notification: Section 644 of the Housing and Community requires each applicant for federally assisted housing to be offere organization. By accepting the applicant's application, the housin requirements of 24 CFR section 5.105, including the prohibitions programs on the basis of race, color, religion, national origin, sex age discrimination under the Age Discrimination Act of 1975.	d the option of providing information ag provider agrees to comply with the s on discrimination in admission to or	regarding an additional contact person or non-discrimination and equal opportunity participation in federally assisted housing
Check this box if you choose not to provide the contact	information.	
Signature of Applicant		Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.





BARNSTABLE HOUSING AUTHORITY

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: ADDRESS:		
of all the information which I is (specify):	have authorized the Barnstable He nave provided to the Housing Authorized in my Standard, Preference	· ·
I hereby give you my permissi to the condition that it be kept	on to release this information to the confidential. I would appreciate yo	e Barnstable Housing Authority subject our prompt attention in supplying the cusing Authority within five (5) days of
I understand that a photocopy	of this authorization is as valid as th	he original.
Thank you for your assistance	and cooperation in this matter.	
(Signature)		(Date)

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE

NOTICE TO ALL APPLICANTS

REASONABLE ACCOMMODATIONS ARE AVAILABLE

FOR APPLICANTS WITH MENTAL AND/OR PHYSICAL DISABILITIES

Barnstable Housing Authority (BHA) does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the BHA has an obligation to provide "reasonable accommodation" on account of a disability if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the BHA can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the BHA's housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant household, which has a member with a mental and/or physical disability, must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the BHA, and to avoid disturbing neighbors), but an accommodation may be the basis through which the household is able to meet those obligations of tenancy.

The BHA has an Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the BHA. You must also submit medical documentation verifying the existence of a disability, the need for an accommodation to overcome these limitations and to participate in the BHA's housing or programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the BHA can reasonably do to accommodate you and your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and, if you prefer not to do so, that is your right.



Equal Housing Opportunity

BHA Smoking Policy

It is the intention of Bamstable Housing Authority (BHA) to transition all of its public housing properties to smoke-free environments effective October 1, 2013.

This policy is in recognition of the serious health problems associated with second hand smoke. The smoke filters out of smoker's apartments and drifts into other areas of the building through wall sockets, ventilation ducts, under doors, etc. Second hand smoke can linger for hours exposing other tenants in their units to carcinogens. The BHA also has found that smoking in its buildings significantly increases the cost of rehabbing units, requiring more time and money to make vacant units of smokers ready for re-occupancy.

Tenants of BHA developments were given a Smoking Survey to complete. The majority of those who responded supported the establishment of smoke-free environments.

Bamstable Housing Authority through this policy seeks to prohibit smoking on its properties, not people who smoke. All tenants and applicants will be notified of the BHA Smoking Policy. All guests and service providers on BHA property will be subject to compliance with this policy and notified accordingly.

The Board of Commissioners and staffunderstand that for many current tenants, smoking has been part of their lives for many years. Medical professionals have published reports showing smoking to be addictive and for many quitting this behavior would be difficult. On the other hand, it is also understood that second-hand smoke is detrimental to those tenants with severe medical conditions and to non-smokers alike.

All eligible applicants on the BHA waiting lists will be notified by the BHA of the non-smoking policy once the policy has been approved. Applicants subsequently agreeing to accept an offer of a BHA unit as of October 1, 2011, must agree not to smoke in or on Barnstable Housing Authority property except in designated areas.

All tenants will be required to sign a lease addendum agreeing not to smoke in BHA units. Enforcement will be through the lease agreement which is supported by state regulation 760CMR and federal regulation 24 CPR, which requires that tenants, their household members, and guests comply with rules and policies established by Housing Authorities for their developments. Violation of the smoking policy will be grounds for issuance of a 30 day notice to quit.

All current applicants on BHA wait lists and any persons filing new applications prior to October 1, 2011 will be notified of the BHA Smoking Policy.

Approved August 18, 2011 Revised and adopted September 19, 2013