

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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

- ☐ This waitlist is closed. The only waitlists open at present are:
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because:

Name of Waitlist Administrator *optional*

Phone of Waitlist Administrator *optional*: - - X

Date Time Received. Application will be stamped to show when it was received:

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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (*some programs may grant you a priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



Barnstable Housing Authority

Tenant Selection: 508.771.7222
Telephone: 508.771.7222
Fax: 508.778.9312 TDD / TTY: 508.778.5333
146 South Street • Hyannis, MA 02601

ABOUT YOUR APPLICATION

Please remember that all 19 questions on the Standard Application **MUST** be answered and the application signed **BEFORE** it can be processed. All information requested (**complete addresses with zip codes and telephone numbers, complete income/expense figures, etc.**) **MUST** be provided. Note: applicants seeking handicapped status **MUST** provide certification from their medical doctor (see attached form).

Remember, an incomplete application cannot be processed and cannot be placed on the Wait List.

Please call (508) 771-7222 if you have any questions or need assistance. **PLEASE DO NOT COME INTO THE OFFICE WITHOUT FIRST CALLING TO MAKE AN APPOINTMENT AND TO BE ASSURED SOMEONE WILL BE AVAILABLE TO ASSIST YOU.**

NOTICE TO PUBLIC HOUSING APPLICANTS - READ CAREFULLY

Pursuant to 803 CMR 5.00, please be advised that, as part of the final screening process of applications for public housing units administered by the Barnstable Housing Authority (BHA), the BHA will be accessing Criminal Offender Record Information (CORI) on all applicants and members of their households over the age of 17 years from the Criminal History Systems Board of the Commonwealth of Massachusetts. **This information includes any and all information relative to any criminal activity, both felonies and misdemeanors, regardless of when it occurred, and any and all information relative to any criminal charges which are currently pending before the courts of the Commonwealth or any jurisdiction, including federal courts.**

The CORI information will be used solely for the purpose of evaluating applicants for housing administered by the BHA, in order to further the protection and well-being of tenants of the Barnstable Housing Authority.

CORI policy was adopted by the BHA Board of Commissioners on 9/22/94.



Barnstable Housing Authority

Tenant Selection: 508.771.7223
Telephone: 508.771.7222
FAX: 508.778.9312
146 South Street • Hyannis, MA 02601

OFFICE USE ONLY

DATE OF RECEIPT _____
TIME OF RECEIPT _____
CONTROL NUMBER _____
BEDROOMS 0 1 2 3 4 5
RACE AI A B H O W
PRIORITY CATEGORY _____
PREFERENCE CATEGORY _____
LANGUAGE _____

STANDARD APPLICATION FOR FEDERAL ELDERLY/HANDICAPPED

1. Name of Applicant _____

Current Street Address _____ Apt. No _____

City/Town _____ State _____ Zip Code _____

Mailing Address (if different) _____

Home Telephone _____ Work Telephone _____

2. Special needs due to disability (wheelchair accessible/ other)? : Specify _____

3. Are you currently living in non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (Circle One) yes no

If yes, you must attach documentation verifying AHVP participation.

4. **Racial Designation:** Responding to this question is 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.

(Circle One): American Indian Asian Black Hispanic White Other (specify) _____

5. Number of Bedrooms: 1

6. Members of household to live in unit, including Head of Household: (attach additional sheet if necessary).

Name (first, middle, last)	Social Security #	Relation to Head	Sex	Date of Birth	Occupation/retired
1.					
2.					

7. Is a change in the household composition expected? (Circle One) yes no

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

8. INCOME BEFORE DEDUCTIONS:

Estimate the gross income anticipated for ALL household members from all sources for the next 12 months. Specify all sources both NATIONALLY AND INTERNATIONALLY.

Household Member		Name and address of employer or source of income	Gross income for the next 12 months
	Salaries, Wages including Overtime/Tips		\$
	V.A. Disability		\$
	Net Income from Business or Profession		\$
	Trust Income Interest and Dividends		\$
	Pensions and Annuities		\$
	Regular Unemployment or Disability Compensation.		\$
	Regular Social Security Benefits and/or SSI		\$
	AFDC or Public Assistance		\$
	Regular Alimony, Support: Payments, Gifts		\$
	Other Income		\$
	Total Gross Income		\$

9. EXPENSES:

Expenses for Care of Children or Sick / Incapacitated Person if necessary for employment	\$
Unreimbursed Medical Expenses	\$
Alimony or Child Support Payments	\$
Health Insurance	\$
Other	\$
Total Expenses:	\$

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

Household Member	Asset Type	Asset Value	Income

11. Does any one in your household own a car? (Circle One) Yes No

Make of car _____ Year _____ Reg. No. _____

Make of car _____ Year _____ Reg. No. _____

Make of car _____ Year _____ Reg. No. _____

12. **References:** List two references. These should not be relatives or household members.

(1) Name _____ Telephone No. _____

Street address _____ City _____ State _____ Zip _____

(2) Name _____ Telephone No. _____

Street address _____ City _____ State _____ Zip _____

13. **Housing History:** List Addresses (for each adult) for at least the last five years, in reverse order:

(1) **Current** Address _____ Dates _____ to Present Time

City _____ State _____ Zip _____
Name of Landlord (owner) _____ Telephone No. _____

Address of Landlord _____
Address _____ City _____ State _____ Zip _____

(2) **Previous** Address _____ Dates _____ to _____

City _____ State _____ Zip _____
Name of Landlord (owner) _____ Telephone No. _____

Address of Landlord _____
Address _____ City _____ State _____ Zip _____

(3) Address _____ Dates _____ to _____

City _____ State _____ Zip _____
Name of Landlord (owner) _____ Telephone No. _____

Address of Landlord _____

If you need more space for housing history. please include a separate sheet of paper.

14. Have you, or any member of your household, ever received housing assistance from this or any housing agency or groups? This includes rental assistance programs. (Circle One) Yes No

If yes: Name of Head of Household at that time _____

Relationship to Present Applicant _____

Address while receiving assistance _____

Name & Address of Housing Agency _____

Date moved out? _____ Reason Moved Out? _____

Did you leave in compliance with the lease and other program requirements? (Circle One): Yes No

If no, please explain _____

15. Do you have a place of employment in the Town of Barnstable? (Circle One) Yes No

16. Are you a Board member, employee, or a member of the immediate family of an employee or Board member of this Housing Authority? (Circle One): Yes No (If so, this will not necessarily disqualify your application.)

If yes, please explain: _____

17. Do you have any pets? (Circle One) Yes No

If yes please describe: _____

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

Name _____ Relationship _____

Address _____ Telephone _____
Street City State Zip

19. **Criminal Record:**

Have you or any member of your household who will live in the unit ever been charged with a misdemeanor? (Circle One): Yes No

Have you or any member of your household who will live in the unit ever been charged with a felony? (Circle One): Yes No

If yes, please explain _____

Is any member of the household who will live in the unit subject to a lifetime sex offender registration requirement in any state? (Circle One): Yes No

If yes, please explain _____

Failure to truthfully respond to these questions may jeopardize approval of the application.

Applicant's Certification:

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a period of three years.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written **Unit Offer** from the Housing Authority. I understand that **it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition.** I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for all adult members of the household.

Signed under the pains and penalties of perjury.

Applicant's Signature

Date

BHA Reviewer's Signature

Date



Barnstable Housing Authority

Telephone: 508.771.7222
Fax: 508.778.9312
Leased Housing Dept. 508.771-7292
146 South Street • Hyannis, MA 02601

Barnstable Housing Authority Fair Information Practices Statement of Rights

The Barnstable 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 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 may be disclosed to any person other than those described above without your consent.
3. You or your authorized representative has 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.

I have read and understood this Fair Information Practices Statement of Rights and have received a copy for future reference.

Signature

Date



Barnstable Housing Authority

Tenant Selection: 508.771.7222
Telephone 508.771.7222
Fax: 508.778.9312
146 South Street • Hyannis, MA 02601

BARNSTABLE HOUSING AUTHORITY

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above named individual, have authorized the **Barnstable Housing Authority** to verify the accuracy of all the information which I have provided to the Housing Authority in my Standard and/or Emergency Applications.

I hereby give you my permission to release this information to the **Barnstable Housing Authority**, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the **Barnstable 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.

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.



Barnstable Housing Authority

Tenant Selection: 508.771.7222
Telephone 508.771.7222
Fax: 508.778.9312
146 South Street • Hyannis, MA 02601

Physician's Verification of Handicapped Status For State-Aided Elderly/Handicapped Housing

Please sign and give this notice to your physician

DATE: _____

NAME: _____ SOCIAL SECURITY # _____

ADDRESS: _____

I hereby authorize my physician to release any required medical information to
The Barnstable Housing Authority

APPLICANT'S SIGNATURE

DATE

The Barnstable Housing Authority is required by state regulations to obtain a physician's (MD) certification documenting that an applicant has a qualifying physical or mental impairment in order to determine the applicant's eligibility for elderly/handicapped housing. The applicant has authorized your release of the requested information. **We would appreciate your prompt response to the questions on the reverse side of this form.** If you have questions, please contact our office. Thank you for your cooperation.

OVER

Equal Housing Opportunity Agency

TO BE COMPLETED BY PHYSICIAN (MD)

Please confirm the following statements:

1. The applicant must have a physical or mental impairment which substantially impedes his or her ability to live in conventional housing and meet the terms of a lease.

Comment: _____

2. The applicant must have an impairment other than a history of alcohol or substance abuse.

Comment: _____

3. What is the anticipated duration of the applicant's impairment? (If indefinite, so specify and please estimate the approximate duration to the best of your ability.)

Comment: _____

4. Would suitable housing conditions improve the applicant's ability to live independently and if so, what sort? Please be specific.

Comment: _____

5. Other Comments: _____

PHYSICIAN'S CERTIFICATION

I certify that the information provided above represents my professional judgment, and is true and correct to the best of my knowledge and belief.

M.D. Signature

Date

Name (print): _____

Address: _____

Telephone: () _____

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:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ 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.

BHA Smoking Policy

It is the intention of Barnstable 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.

Barnstable 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 ratified accordingly.

The Board of Commissioners and staff understand 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 CFR, 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

