

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to  
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10  
double-window envelope, saving you time.

← **Mail this application to the address at left.**  
**Do not fax!**

Date Generated:

Fold on this line —

**Dear**

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

**THIS SECTION IS FOR WAITLIST ADMINISTRATORS ONLY:**

**LANDLORD: IF REJECTING THIS APPLICATION**, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto: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 Stamp – for Office Use Only*

1. Either type your answers, or else print small enough so that your answers stay within the lines of each box. Don't use *cursive*.
2. The adult completing this application is considered the *Head of Household*.

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN? ☐ Yes ☐ No **DATE OF BIRTH** **NODE ID** **GENDER**  
*We will reject all applications with a partial SSN or ITIN* *Y Y Y Y - M M - D D* *Office will enter this* *F M T*

**ETHNICITY:** (Hispanic or Non-Hispanic, Client Refused) **RACE:** (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

**REQUESTED ACCOMMODATIONS:** Do you need any of these? ☐ = **X** ☐ I don't need any of the accommodations listed below

- ☐ Fully Accessible Wheelchair Unit ☐ Bathroom modifications ☐ Vision Impaired Unit ☐ Need an Interpreter  
☐ No-Steps unit (elevator to any floor) ☐ Hearing Impaired Unit ☐ Domestic Violence Victim  
☐ First-Floor unit only ☐ Unit designed for Environmental Allergies ☐ Live-In Aide or PCA

**HEAD OF HOUSEHOLD'S CAREER STAGE:** ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

**ANY VETERANS IN YOUR HOUSEHOLD:** ☐ Yes ☐ No

**PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers**

- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

**CRIMINAL RECORD AND SEX OFFENDER INFORMATION**

**Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No  
**Other HH 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 **Breed, Size, Weight,**

**HOUSEHOLD SIZE AND COMPOSITION:** **ANNUAL INCOME** **DOCUMENTED DISABILITY?**  
← # Adults ← # Children ← Total # in Household \$ .00 ☐ Yes ☐ No

**CURRENT HOUSING STATUS:** ☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom. Violence ☐ At risk of homelessness ☐ Stably Housed

**HAVE YOU BEEN DISPLACED:** ☐ No ☐ by Accessibility/health issues ☐ by Addiction behaviors ☐ by Cost of living ☐ by Pandemic ☐ by fire/flood/earthquake  
☐ by Domestic Violence or Sexual Assault ☐ by Urban development, eminent domain ☐ by Condemnation of home, code violations ☐ by Threat to life or safety

**PREFERRED TELEPHONE NUMBER:** **SECOND TELEPHONE** **PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:**  
☐ Email ☐ Mail ☐ Cellphone

**BEST EMAIL ADDRESS:**

**BLUE MAILING ADDRESS** (include apt #): ☐ where I currently live ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

**City, State, and Zip Code:**

City: State: Zip:

**BACKUP ADDRESS** ☐ same as above ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

**City, State, and Zip Code:**

City: State: Zip:

# BEDROOMS NEEDED→

**ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?**

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran  
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ Fleeing domestic violence ☐ HUD VAWA Certificate  
☐ Victim of Hate Crime ☐ Community Based Housing  
Displaced by: ☐ Urban Renewal ☐ Sanitation Code ☐ Natural Forces ☐ Other: \_\_\_\_\_





# PINE OAKS VILLAGE



61 John Nelson Way, Harwich, MA 02645  
(508) 432-9611 / TDD 1-800-545-1833 x 132 / Fax (508) 432-6025

## THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

PINE OAKS VILLAGE IS OWNED AND OPERATED BY MID-CAPE CHURCH HOMES INC, A NONPROFIT ORGANIZATION. MB MANAGEMENT COMPANY IS RESPONSIBLE FOR MANAGEMENT OF THE COMMUNITY. HUD, MHFA AND RURAL DEVELOPMENT OVERSEE ALL OPERATIONS.

PINE OAKS VILLAGE IS DIVIDED INTO 3 SECTIONS.

**PHASE 1:** 61 JOHN NELSON WAY HARWICH, Ma 02645 SUBSIDIZED BU HUD SECTION 8 PROGRAM.

**PHASE 2:** 61 JOHN NELSON WAY HARWICH, Ma 02645 SUBSIDIZED BY TH RURAL DEVELOPMENT RENTAL ASSISTANCE PROGRAM.

**PHASE 3:** 300 LEIGTON'S LANE HARWICH Ma SUBSIDIZED BY THE HUD PRAC 202 PROGRAM.

### **WHO CAN LIVE AT PINE OAKS?**

TO LIVE AT PINE OAKS, YOU MUST BE 62 YEARS OF AGE OR OLDER. YOU MAY ALSO LIVE IN PHASE II AT ANY AGE IF YOU ARE HANDICAPPED OR DISABLED.

YOU MUST HAVE AN ADJUSTED ANNUAL INCOME THAT FALLS AT OR BELOW THE FOLLOWING FIGURES:

	TO LIVE IN ANY PHASE I UNIT OR PHASE II R.A. UNITS	TO LIVE IN UNSUBSIDIZED UNITS
	<b><u>VERY LOW</u></b>	<b><u>LOW</u></b>
ONE PERSON	\$ 38,050	
TWO PEOPLE	\$ 43,500	

### **WHAT DOES "SUBSIDIZED" MEAN?**

THIS MEANS THAT MOST RESIDENTS PAY A SMALL PERCENTAGE OF THEIR ADJUSTED INCOME FOR RENT; USUALLY 30% OR LESS. A GOVERNMENT PROGRAM PAYS THE REST OF THE RENT.

UNSUBSIDIZED MEANS THAT THE RESIDENT PAYS AN AMOUNT BETWEEN BASIC AND MARKET RENT. THE GOVERNMENT DOES NOT PAY ANY PORTION OF THE RENT.

**WHAT IS "ADJUSTED ANNUAL INCOME"?**

	GROSS ANNUAL INCOME (SOCIAL SECURITY, PENSIONS, ETC.)
+	INCOME FROM ASSETS (SAVINGS, ACCOUNTS, CD'S, ETC.)
-	A PORTION OF MEDICAL COSTS (INSURANCE, DRUGS, ETC.)
=	ADJUSTED ANNUAL INCOME

**ARE GAS AND ELECTRICITY INCLUDED IN THE RENT?**

IN PHASE I & 3 YES. IN PHASE II, RESIDENTS PAY THEIR OWN, BUT ARE GIVEN A DEDUCTION OFF THEIR RENT.

**ARE THERE ANY FEES BESIDES RENT?**

THERE IS A MONTHLY CHARGE FOR CABLE TELEVISION. RESIDENTS ARE RESPONSIBLE FOR THEIR OWN TELEPHONE SERVICE. THERE ARE CHARGES FOR DAMAGES.

**ARE PETS ALLOWED?**

YES. RESIDENTS ARE REQUIRED TO ADHERE TO THE PET RULES CONTAINED IN THE LEASE.

**WHAT ARE THE APARTMENTS LIKE?**

EACH APARTMENT HERE IS ONE LEVEL ONLY. THERE ARE NO STAIRS. EACH APARTMENT IS LIKE A LITTLE PRIVATE COTTAGE. THERE ARE SEVERAL APARTMENTS PER BUILDING. IN PHASE 3 SOME APARTMENTS SHARE HALLWAYS AND /OR MAIN ENTRY DOORS.

THERE IS A LIVING ROOM, KITCHEN, BEDROOM, HALLWAY AND BATH. ALL ROOMS ARE VERY SPACIOUS. THERE IS ALSO LOTS OF CLOSET SPACE. WALL TO WALL CARPETING IS IN THE LIVING ROOM, BEDROOM AND HALL. THERE IS LINOLEUM IN THE KITCHEN AND BATH. A REFRIGERATOR AND AN ELECTRIC RANGE ARE INCLUDED. THE HEATING SYSTEM IS GAS FIRED HOT AIR.

A FRONT PORCH WITH CLOSET AND A REAR PATIO ARE PART OF EACH RESIDENT'S AREA. RESIDENTS MAY PLANT THEIR OWN GARDENS OR PUT OUT LAWN FURNITURE AS THEY DESIRE. THE LIVING ROOM HAS A SLIDING GLASS DOOR THAT OPENS ONTO THE REAR PATIO.

**DO I HAVE TO FIX THINGS IN MY APARTMENT?**

NO. THE PINE OAKS STAFF IS RESPONSIBLE FOR ALL REPAIRS AND UPKEEP OF THE APARTMENTS AND GROUNDS. YOU NEED ONLY CALL THE MANAGEMENT OFFICE TO REPORT PROBLEMS AND THEY WILL BE CORRECTED PROMPTLY. A STAFF PERSON IS AVAILABLE AT ALL TIMES, DAY AND NIGHT, FOR EMERGENCY REPAIRS.

**WHAT IF I NEED EMERGENCY MEDICAL HELP?**

CALL 911 FOR ALL MEDICAL EMERGENCIES. THERE ARE EMERGENCY PULL CORDS IN EACH APARTMENT ALSO.

**WHERE WILL I PARK?**

EACH RESIDENT HAS THEIR OWN RESERVED PARKING SPACE. VISITOR PARKING SPACES ARE AVAILABLE ON A FIRST COME, FIRST SERVED BASIS.

**WHAT IS IN THE TWO COMMUNITY BUILDINGS?**

EACH BUILDING HAS PRIVATE RESIDENT MAILBOXES AND AN OUTGOING MAIL BOX. EACH HAS A LAUNDRY ROOM WITH 3 WASHERS AND 3 DRYERS. A KITCHENETTE AND LARGE COMMUNITY ROOM ARE INCLUDED IN EACH. REST ROOMS ARE PROVIDED, ALSO. THE MANAGEMENT OFFICE AND MAINTENANCE SHOP ARE IN THE PHASE I COMMUNITY BUILDING.

**ARE THERE ANY SOCIAL ACTIVITIES?**

PINE OAKS HAVE A VERY BUSY SOCIAL CALENDAR! ACTIVITIES INCLUDE BINGO, BRIDGE, SCRABBLE, QUILTING, STAMP COLLECTION, CARD GAMES, HOLIDAY BRUNCHES AND PARTIES, MUSICAL ENTERTAINMENT, MOVIES, SPEAKERS, WORKSHOPS, SINGALONGS AND MUCH MORE. THE COMMUNITY ROOMS ALSO HAVE LENDING LIBRARIES, TELEVISIONS, A VCR, A PIANO AND AN ORGAN.

**ARE THERE ANY SERVICES?**

PINE OAKS SERVICES INCLUDE THE SENIOR BUS, SAFETY WORKSHOPS, A FRIENDLY VISITOR PROGRAM, DINING PARTNERS AND MUCH MORE. WE WORK CLOSELY WITH THE COUNCIL ON AGING TO PROVIDE AS MANY SERVICES AS POSSIBLE TO RESIDENTS.

**WHAT IS THE NEIGHBORHOOD AND SURROUNDING ARE LIKE?**

PINE OAKS VILLAGE IS A 98 UNIT HOUSING COMMUNITY IN A LOVELY COUNTRY SETTING. THERE ARE ACRES OF BEAUTIFUL LAWNS AND GARDENS, PEACEFUL WOODS AND A LOVELY POND. IT IS "OFF THE BEATEN PATH", SO THERE ARE NO HEAVY TRAFFIC OR NOISY AREAS NEARBY. PINE OAKS IS LOCATED WITHIN EASY REACH OF STORES, LIBRARIES, MEDICAL CENTERS, BEACHES, RESTAURANTS, POLICE AND FIRE STATIONS, AND THE COUNCIL ON AGING.

**HOW LONG IS THE WAITING LIST?**

THERE ARE USUALLY 150 OR MORE PEOPLE ON THE LIST. AN APARTMENT BECOMES AVAILABLE ON THE AVERAGE OF ONCE EVERY TWO MONTHS.

**MAY I VISIT PINE OAKS AND SEE AN APARTMENT**

ALL OUR APARTMENTS ARE PRESENTLY OCCUPIED. WE DO NOT FEEL IT IS FAIR TO DISTURB RESIDENTS BY ASKING THAT THEY SHOW THEIR APARTMENT TO APPLICANTS. WITH 150 PEOPLE ON THE WAIT LIST, THIS COULD BECOME QUITE AN INCONVENIENCE FOR OUR CURRENT RESIDENTS.

WHEN YOUR NAME NEARS THE TOP OF THE LIST, WE WILL BE HAPPY TO SHOW YOU A VACANT APARTMENT WHEN ONE BECOMES AVAILABLE. WE WILL CONTACT YOU AND SCHEDULE AN APPOINTMENT AT YOUR CONVENIENCE.

**WHAT IF I HAVE MORE QUESTIONS?**

YOU MAY CALL JOHN WILLIAM IN THE PINE OAKS VILLAGE MANAGEMENT OFFICE WITH ANY QUESTIONS OR CONCERNS. BUSINESS HOURS ARE 8:30 AM TO 4:30 PM, MONDAY THROUGH FRIDAY. THE TELEPHONE NUMBER IS 508-432-9611. THE TDD NUMBER IS 1-800-545-1833, EXT. 132.

**PINE OAKS VILLAGE IS A NON SMOKING COMMUNITY.**

THANK YOU FOR YOUR INTEREST IN PINE OAKS VILLAGE!

**FOR OFFICE USE  
ONLY**

Income Category \_\_\_\_\_

Bedroom Size \_\_\_\_\_

Waiting List # \_\_\_\_\_ + \_\_\_\_\_

**PRE-APPLICATION**

**Pine Oaks Village Phase 1 & 2: 61 John Nelson Way Harwich, MA 02645**

**Pine Oaks Village Phase 3: 300 Leighton's Lane Harwich, MA 02645**

**RETURN TO: Pine Oaks Village**

**61 John Nelson Way  
Harwich, MA 02645**

**Phone: (508) 432-9611**

**Fax: (508) 432-6025**

**PLEASE NOTE: ONLY ONE APPLICATION IS NECESSARY TO BE PLACED ON ALL QUALIFIED LISTS FOR PHASE 1 2 & 3. PLEASE PRINT.** If you need assistance in filling out this form, please make a request and assistance will be provided.

APPLICANT NAME: \_\_\_\_\_

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

(Street)

(Town)

(Zip)

MAILING ADDRESS (If different) \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

WORK# \_\_\_\_\_ CELL# \_\_\_\_\_

List all persons expected to reside in your household. Include their relationships, age, sex, date of birth, income and source of income

NAME	RELATIONSHIP	AGE	SEX	DATE OF BIRTH	GROSS WEEKLY INCOME	SOURCE OF INCOME
	SELF					

**2. ASSETS**

Value of all Bank Accounts and CDs: \_\_\_\_\_

**3. Do you or any household member own or have any interest in any Real Estate, Life Insurance, IRA 's, Bonds, or other form of capital? YES/ NO**

If YES, please list the value \_\_\_\_\_

**4. Does the family require a wheelchair accessible unit? YES NO**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**WARNING:** Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or willful misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Please indicate your race and ethnicity. Circle the appropriate category in each column.

1. White  
2. Black

3. American Indian/Native Alaskan  
4. Asian/Pacific Islander

1. Hispanic  
2. Non-Hispanic

*The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.*

