

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

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

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATORS ONLY:

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
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:

TODAY'S DATE



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:

Does the HoH have a Social Security Number or ITIN? ☐ = **X** ☐ Yes ☐ No *If "Yes" you must provide the full number!*

HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ###-##-####

HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy

GENDER M, F, T

ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino

RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

REASONABLE ACCOMMODATION OR SPECIAL CIRCUMSTANCES at the moment (else, fill in any of the items below) **None needed**

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

Would you like to further explain the Reasonable Accommodation request:

HEAD OF HOUSEHOLD'S CAREER STAGE: (below)

- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS in HH? ☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any (you must select one of these)

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

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 Explain:

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 ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status
☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Addiction issues ☐ Cost of Living ☐ Pandemic
☐ Condemnation of Home, code violations ☐ Domestic Violence or Sexual Assault ☐ Fire, flood, earthquake ☐ Threat to Life or Safety ☐ Urban Development, eminent domain

BEST TELEPHONE NUMBER TO USE

SECOND TELEPHONE (if you have one)

EMAIL ADDRESS

WHERE YOU LIVE OR BACKUP ADDRESS

Check this box if backup address is the same as best mailing address below

Address Line 1

Apt # or "care of" name

City

State

Zip

BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

OTHER PRIORITIES AND PREFERENCES? It is important to claim these if you can!

UNIT SIZE

(# BEDROOMS NEEDED)

- ☐ 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: _____



community development partnership

Providing a vibrant and diverse community on Lower Cape Cod

To Whom It May Concern:

Thank you for your interest in affordable housing opportunities on the Lower Cape. Although there are no current openings, I am enclosing income qualifications, and an application for our affordable housing units from Harwich to Provincetown.

Please complete this application and return it to the address listed on page 1 of the application. You will be placed on the wait list in order of date and time received. If the application is not complete, we will notify you. Please be thorough when filling out the application.

In addition, your name and address may be added to our mailing list. Should any apartments become available, we will contact you by phone. We will send out an update form to you annually in June. **If you have a change of address or phone, or you wish to be removed from the mailing list, please notify us immediately.** You may also reference our website at www.capecdp.org for any available housing under Programs and Services.

Best of Luck!

Community Development Partnership



Brewster · Chatham · Eastham · Harwich · Orleans · Provincetown · Truro · Wellfleet
Three Main Street – Unit 7, Eastham, MA 02642
*Tel: 508-240-7873 or 1-800-220-6202 * TDD #1-800-439-0183 * Fax: 508-240-5085*
E-mail: info@capecdp.org Website: www.capecdp.org



community development partnership

Providing a vibrant and diverse community on Lower Cape Cod

CDP Apartments Harwich to Provincetown, MA

The CDP has 13 affordable housing properties located on the outer cape. These properties include a studio unit, 1, 2, 3- and 4-bedroom units. In most cases, your income needs to be below 60% of area median income to qualify. We do have a few properties where you may income qualify if your income is under 80% of ami.

Most Apartments are currently fully occupied; however, a waiting list has been established. Applications are accepted on a first come, first served basis. The rental rates range from \$846 to \$1690, depending on the size of the unit needed. The properties are funded by Barnstable County HOME Funds and MA Department of Housing and Community Development HOME funds. Section 8 mobile vouchers are welcome. As of 2021, the maximum income limits are as follows:

The first priority for occupancy is provided to eligible household applicants whose family income is 60% or less of the established median family income for the area:

<u>Household Size</u>	<u>Income Limits</u>	<u>Household Size</u>	<u>Income Limits</u>
1 person	\$34,050	4 persons	\$48,600
2 persons	\$38,900	5 persons	\$52,500
3 persons	\$43,750	6 persons	\$56,400

If there are an insufficient number of eligible household applicants whose income is 60% or less than the established median family income of the area, second priority is provided to eligible household applicants whose family income does not exceed 80% of the established median family income for the area:

<u>Household Size</u>	<u>Income Limits</u>	<u>Household Size</u>	<u>Income Limits</u>
1 person	\$54,450	4 persons	\$77,750
2 persons	\$62,200	5 persons	\$84,000
3 persons	\$70,000	6 persons	\$90,200

For applications and information, contact:

**Community Development Partnership
3 Main Street Unit # 7
Eastham, MA 02642
508-240-7873 ext. 17**



*Brewster · Chatham · Eastham · Harwich · Orleans · Provincetown · Truro · Wellfleet
Three Main Street – Unit 7, Eastham, MA 02642
Tel: 508-240-7873 or 1-800-220-6202 * TDD #1-800-439-0183 * Fax: 508-240-5085
E-mail: info@capecdp.org Website: www.capecdp.org*



community development partnership

**Community Development Partnership
Housing Application**

(Faxed or e-mailed applications **cannot** be accepted)
Return completed signed original form to:

**Property Management Department
Community Development Partnership
Three Main Street Mercantile, Unit # 7
Eastham, MA 02642**

For Information: Telephone 508-240-7873 x17 or 1-800-220-6202 x17
TDD # 1-800-439-0183 e-mail: aliced@mbmanagement.com

SECTION I: Applicant/Co-applicant Information

Today's Date _____

This application is to be filled out jointly by ALL Adult Members of Household, 18 years old and over.

Applicant #1 _____ SS# ____ - ____ - ____

Other Name(s) You Have Used _____ Date Of Birth _____
(optional)

Current Address _____ phone _____

Mailing Address (if different) _____

E-mail address _____ Length Of Time At Present Address _____

Applicant #2 _____ SS# ____ - ____ - ____

Other Name(s) You Have Used _____ Date Of Birth _____
(optional)

Current Address _____ phone _____

Mailing Address (if different) _____

E-mail address _____ Length Of Time At Present Address _____

If there are more than two adult members of household who are not full-time students, please request an additional application.

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E-mail: info@capecdp.org Website: www.capecdp.org*



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List *all* people who are expected to reside in the unit, including applicant(s):

Name	Social Security #	Age	Relationship	Full Time Student Yes/No

SECTION II: HOUSING HARDSHIP This section is used to determine your immediate housing needs. Hardship receives some consideration in our selection criteria, however we do not offer emergency housing. Please refer to our list of housing resources for emergency housing.

All selections must be verifiable.

_____ I am currently homeless.

_____ I am at risk of becoming homeless, or I am without permanent, independent housing.

_____ I am currently living in sub-standard housing in violation of health and safety codes.

_____ My current housing is of inadequate size.

_____ I am paying more than 50% of my income towards rent and utilities over a twelve month period.

_____ I or a household member is a victim of domestic abuse.

SECTION III: HOUSING NEEDS This section determines what type of housing would best suit your household's needs.

How many bedrooms do you need? _____

Does your household require wheelchair accessibility or other special accommodation? Yes _____ No _____

If yes, please explain: _____

Do you own a pet or pets? _____

If yes, please note specific number, type and size _____



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SECTION III: Applicant #1 **(Co-Applicant see page 4)**
(cover last five years; use additional page if needed)

Present Landlord's Name _____ Telephone _____

Present Landlord's Mailing Address _____

Present Rent \$ _____ Including What Utilities _____

Reason For Moving _____

Previous Address _____

Previous Landlord's Name _____ Telephone _____

Previous Landlord's Mailing Address _____

Length Of Time There _____ Reason for Moving _____

Employment History: (cover last five years; use additional page if needed)

Current Employers	Mailing Address	Phone Number	Dates of Employment

Previous Employers	Mailing Address	Phone Number	Dates of Employment

Personal References (give three persons who are not family members):

Name	Mailing Address	Phone	E-mail Address

In Case Of Emergency Notify:

Name _____ Relationship _____

Address _____ Phone _____



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Have you and/or any member of your household ever been convicted of or evicted due to the manufacturing, selling, using, distributing, or possessing a controlled substance? ___Yes ___No

If yes, when did this occur? _____

Have you and or any member of your household ever been evicted for engaging in a violent criminal activity? Including but not limited to murder, manslaughter, assault and battery, rape or other sexual offense, robbery, burglary, arson, kidnapping, carrying a dangerous weapon ___Yes ___No

SECTION III – Applicant --U.S. Citizens or U.S. Residency Status – submit a copy of one of the following:

All applicants must document their legal status to continue to live and work in the U.S.

Check which identification Applicant is submitting with application:

- ___ U.S. Passport (unexpired or expired)
- ___ U.S. Birth certificate (Original or certified copy) AND Driver's license or photo ID card issued by a state or possession of the U.S.
- ___ U.S. certification of Birth Abroad(Form FS-545 or Form DS-1350)
- ___ Certificate of U.S. Citizenship (INS Form N-560 or N-561)
- ___ Certificate of Naturalization (INS Form N-550 or N-570)
- ___ Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- ___ Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
- ___ Unexpired Temporary Resident Card (INS Form I-688B)
- ___ Unexpired Employment Authorization card (INS Form I-688A)
- ___ Unexpired Reentry Permit (INS Form I-327)
- ___ Unexpired Refugee Travel Document (INS Form I-571)
- ___ Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)

Applicants are selected without regard to race, sex, national origin, color, creed, military status, marital status, familial status, sexual orientation, disability or handicap

SECTION IV -- Co-Applicant

Present Address _____ Zip Code _____

Mailing Address (if different) _____

e-mail address _____ Length Of Time At Present Address _____

(cover last five years; use additional page if needed)

Present Landlord's Name _____ Telephone _____

Present Landlord's Mailing Address _____

Present Rent \$ _____ Including What Utilities _____

Reason For Moving _____

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E-mail: info@capecdp.org Website: www.capecdp.org*



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Previous Address _____ Zip Code _____

Previous Landlord's Name _____ Telephone _____

Previous Landlord's Mailing Address _____

Length Of Time There _____ Reason for Moving _____

Employment History: (cover last five years; use additional pages if needed)

Current Employers	Mailing Address	Phone Number	Dates of Employment

Previous Employers	Mailing Address	Phone Number	Dates of Employment

Personal References (give three persons who are not family members):

Name	Mailing Address	Phone Number	e-mail address

Have you and/or any member of your household ever been convicted of or evicted due to the manufacturing, selling, using, distributing, or possessing a controlled substance? ___Yes ___No

If yes, when did this occur? _____

Have you and or any member of your household ever been evicted for engaging in a violent criminal activity? Including but not limited to murder, manslaughter, assault and battery, rape or other sexual offense, robbery, burglary, arson, kidnapping, carrying a dangerous weapon ___Yes ___No

Co Applicant -- U.S. Citizens or U.S. Residency Status – submit a copy of one of the following:

Applicants must document their legal status to continue to live and work in the U.S.



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Check which identification Co-Applicant is submitting with application:

- ☐ U.S. Passport (unexpired or expired)
- ☐ U.S. Birth certificate (Original or certified copy) AND Driver's license or photo ID card issued by a state or possession of the U.S.
- ☐ U.S. certification of Birth Abroad (Form FS-545 or Form DS-1350)
- ☐ Certificate of U.S. Citizenship (INS Form N-560 or N-561)
- ☐ Certificate of Naturalization (INS Form N-550 or N-570)
- ☐ Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- ☐ Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
- ☐ Unexpired Temporary Resident Card (INS Form I-688B)
- ☐ Unexpired Employment Authorization card (INS Form I-688A)
- ☐ Unexpired Reentry Permit (INS Form I-327)
- ☐ Unexpired Refugee Travel Document (INS Form I-571)
- ☐ Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)

Applicants are selected without regard to race, sex, national origin, color, creed, military status, marital status, familial status, sexual orientation, disability or handicap

SECTION V -- ANNUAL INCOME-(*Earned/Unearned*)

Include all household members whose income is included in ability to pay rent

Source	Applicant	Co-Applicant	Other Household Members 18 & over	Total
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest Dividends				
Net Income From Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, etc. Received periodically				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
TAFDC				
Part Time Work				
Other				



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SECTION VI – Rent Subsidy – for all household members

Do you receive rental assistance in the form of a rental subsidy program? Yes ___ No ___

If so, please check which program:

___ Section 8 ___ MRVP ___ Shelter Plus Care ___ Other (please explain) _____

Name of Person receiving rental subsidy _____

This question is being asked to give us information that will help to determine your ability to pay monthly rent.

Section VII -- ASSETS -- For all household members 18 years and older:

Type	Cash Value	Annual Income from assets	Bank Name	Account No.
Checking Accounts				
Savings Accounts				
Real Estate Owned				
Stocks, Mutual Funds				
Retirement Funds: IRA, etc				
Other (i.e. savings bonds, rental property, lump sum payment)				

Section VII – LIABILITIES -- for all household members 18 years and older

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date



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ALL HOUSEHOLD MEMBERS AGE 18 AND OVER ARE REQUIRED TO PROVIDE A SIGNED RELEASE FORM SO THAT CREDIT, EVICTION HISTORY, AND ARREST/CONVICTION RECORD CHECKS MAY BE CONDUCTED.

Please provide any additional information you feel might be important to your application. If there are any issues that may reflect negatively upon your application, please explain any extenuating circumstances below.

If you have had any landlord/tenant problems in the past, please explain them below:

Have you ever been evicted? If so, please provide details _____

Are there any incidents in your background that may show up in a criminal background check that you would like to tell us about? _____

Other Comments/Concerns _____

To Be Signed by All Applicants

I understand that a false statement or misrepresentation will result in the withdrawal of my application for housing. I certify that the information I have given in this application is true, complete and correct.

Signed under the pains and penalties of perjury,

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

When is the best time for you and your household members to schedule an interview?

Weekday _____ Time _____

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E-mail: info@capecdp.org Website: www.capecdp.org*



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Applicant Release Form

In consideration for being permitted to apply for this apartment or house, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, employees, or agents, both of Landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done thru the facilities or through First Advantage Safe Rent through fax: 413-789-0435 or phone: 1-800-462-3033.

Applicant Name (Print) _____

Applicant Signature _____

Social Security # _____ Date of Birth (*optional*) _____

Other Name(s) you have used _____ Date _____

Co-Applicant Release Form

In consideration for being permitted to apply for this apartment or house, I, Co-Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Co-Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Co-Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Co-Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, employees, or agents, both of Landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done thru the facilities or through First Advantage Safe Rent through fax: 413-789-0435 or phone: 1-800-462-3033.

Co-Applicant Name (Print) _____

Co-Applicant Signature _____

Social Security# _____ Date of Birth (*optional*) _____

Other Name(s) you have used _____ Date _____



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Voluntary Information Requested

The following information regarding race, national origin, sex designation, marital status, disability status, and veteran status solicited on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. While you are not required to furnish this information, you are encouraged to do so.

Please provide this information for each member of your household.

Ethnic Category: Hispanic ☐ Non-Hispanic ☐

Race: White ☐ Black/African American ☐ Asian ☐ Asian and White ☐ American Indian/Alaskan Native ☐
Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native and White ☐ Black/ African
American and White ☐ American Indian/Native Alaskan and Black/ African American ☐ Other (Multi-Racial) ☐

Sex: Male ☐ Female ☐

Check if applicable: U.S. Veteran ☐ Female Head of Household ☐ Elderly (over 60) ☐ Disabled ☐

Ethnic Category: Hispanic ☐ Non-Hispanic ☐

Race: White ☐ Black/African American ☐ Asian ☐ Asian and White ☐ American Indian/Alaskan Native ☐
Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native and White ☐ Black /African
American and White ☐ American Indian/Native Alaskan and Black/African American ☐ Other (Multi-Racial) ☐

Sex: Male ☐ Female ☐

Check if applicable: U.S. Veteran ☐ Female Head of Household ☐ Elderly (over 60) ☐ Disabled ☐

Ethnic Category: Hispanic ☐ Non-Hispanic ☐

Race: White ☐ Black/African American ☐ Asian ☐ Asian and White ☐ American Indian/Alaskan Native ☐
Native Hawaiian/Other Pacific Islander ☐ American Indian/Alaskan Native and White ☐ Black/African
American and White ☐ American Indian/Native Alaskan and Black/African American ☐ Other (Multi-Racial) ☐

Sex: Male ☐ Female ☐

Check if applicable: U.S. Veteran ☐ Female Head of Household ☐ Elderly (over 60) ☐ Disabled ☐



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ACKNOWLEDGEMENTS

Applicant Name: _____

Co-Applicant Name: _____

Initials (Applicant/Co-Applicant)

_____/_____/_____ I hereby affirm that my answers to the questions on the application for residency are true and correct, and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably.

_____/_____/_____ I understand that an interview at my current residence may be required prior to a final acceptance of my application for residency.

_____/_____/_____ I understand that the development of this property has been supported by Town, County, State and other government funds and residency is subject to income eligibility and other requirements. I am willing to provide annual re-certification of my household income. I understand that if my household income increases above the income limitations, I (we) may not be required to move, however my (our) rent may be increased to 30 % of the household income.

_____/_____/_____ I acknowledge that occupancy of the housing is limited to the individuals named in this application. If the members of the household will change, I will notify the owners of the property in advance, and will provide the required documentation. I acknowledge that subletting the house is not permitted.

_____/_____/_____ I am willing, if required, to attend training sessions to learn about my responsibilities as a resident of the property, including proper maintenance of the housing and common areas.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____



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MBMAC

CORI REQUEST FORM

MB Management has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the **Community Development Partnership**, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT /EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY #
(Requested, not required)

*ID Theft Index PIN
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT & FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ FT. _____ IN. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

***THE ABOVE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.

07/2008

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