

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear \_\_\_\_\_

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

App Generated: \_\_\_\_\_

### Housing Authority or Management Office Only

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available by/from:**

\_\_\_\_\_

☐ **Any other info you wish to tell HousingWorks?**

\_\_\_\_\_

**Your position or title at this housing program:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

HousingWorks Fax: **617-536-8561**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH
○		○	

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME
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YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○



## 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](mailto: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.**



## community development partnership

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 \_\_\_\_\_

*Brewster · Chatham · Eastham · Harwich · Orleans · Provincetown · Truro · Wellfleet*  
*Three Main Street Mercantile, 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*



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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 Number	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)

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

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### **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 \_\_\_\_\_

*Brewster · Chatham · Eastham · Harwich · Orleans · Provincetown · Truro · Wellfleet  
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Tel: 508-240-7873 or 1-800-220-6202 \* TDD #1-800-439-0183 \* Fax: 508-240-5085  
E-mail: [info@capecdp.org](mailto:info@capecdp.org) Website: [www.capecdp.org](http://www.capecdp.org)*



## community development partnership

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.*



## community development partnership

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)
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- ☐ Unexpired Employment Authorization card (INS Form I-688A)
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- ☐ 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				





## community development partnership

### 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:

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

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

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Other Comments/Concerns \_\_\_\_\_

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### 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](mailto:info@capecdp.org) Website: [www.capecdp.org](http://www.capecdp.org)*



## community development partnership

### 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 \_\_\_\_\_



## community development partnership

### 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.

<b>Ethnic Category:</b>	Hispanic ____	Non-Hispanic ____
<b>Race:</b>	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) ____	
<b>Sex:</b>	Male ____ Female ____	
<b>Check if applicable:</b>	U.S. Veteran ____ Female Head of Household ____ Elderly (over 60) ____ Disabled ____	

<b>Ethnic Category:</b>	Hispanic ____	Non-Hispanic ____
<b>Race:</b>	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) ____	
<b>Sex:</b>	Male ____ Female ____	
<b>Check if applicable:</b>	U.S. Veteran ____ Female Head of Household ____ Elderly (over 60) ____ Disabled ____	

<b>Ethnic Category:</b>	Hispanic ____	Non-Hispanic ____
<b>Race:</b>	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) ____	
<b>Sex:</b>	Male ____ Female ____	
<b>Check if applicable:</b>	U.S. Veteran ____ Female Head of Household ____ Elderly (over 60) ____ Disabled ____	



## community development partnership

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



## community development partnership

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 # \*ID Theft Index PIN  
(Requested, not required) (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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