

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:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



HOUSINGWORKS
For Everyone

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 ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|--|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit designed for Environmental Allergies | |

- ☐ 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

- ☐ ANY PETS? ☐ Yes ☐ No 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

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



community development partnership

Dear Applicant for Canal House:

Canal House offers private bedrooms and shared common space for 5 men and 3 women. Six rooms are reserved for people currently homeless and are subsidized by HUD. Residents in these six units must have an annual income below \$30,200 and will pay a percentage of their adjusted annual income for rent. There are two rooms which are unsubsidized for people who exceed the above income level. Canal House is located at 71 Canal Road in central Orleans, easy walking distance to stores, bus, and services.

Attached you will find two packets:

1) INFORMATION FOR APPLICANTS AT CANAL HOUSE.

This includes some general information about Canal House, as well as the rules for all residents.

2) THE CANAL HOUSE APPLICATION

This includes a four-page application; several release forms you must sign, and a documentation checklist. Please go over the checklist carefully. **All information must be provided for your application to be complete.**

Please complete all documents and return all information to:

Community Development Partnership

Attn: Canal House

3 Main Street Mercantile #7

Eastham, MA 02642

Applications will be placed on a waiting list chronologically in order of receipt.

The CDP will screen all applications for preliminary thresholds, including homelessness (if applicable), age, sources of income, three months sobriety, housing, and work history.

Applicants meeting these initial thresholds will be forwarded to the screening committee, which consists of CDP staff, Gosnold staff, and the Canal House Resident Manager. As part of final screening, all applicants "Criminal Offender Records Information" (CORI) will be checked.

Please read the "Admission Criteria" (in the Information for Applicants packet) carefully, because it gives complete information about requirements for Canal House residency and reasons for possible disqualification.

Canal House offers equal opportunity housing to all persons regardless of race, color, sex, age, handicap, religion, marital status, familial status, or national origin. If you believe you have been discriminated against in seeking housing, you should contact the Massachusetts Commission Against Discrimination (617) 727-3990 or the US Department of Housing and Urban Development (617) 565-5308

If you need help with any of the forms or in gathering required documentation, please contact any human service, shelter, or other organization you have worked with previously or the **Homeless Prevention Council at 508-255-9667.**

For further information, please call me at the CDP at (508) 240-7873, x17, (800) 220-6202, or email:
maureend@mbmanagement.com

Thank you for your interest in Canal House. I look forward to receiving your completed application.

Maureen Dooley Lawrence
Property Manager
Community Development Partnership

Enclosures:

Canal House Cover Letter
Canal House Admission Criteria
Canal House Requirments List
Rules of Canal House
Canal House Application
Voluntary Information Requested
Canal House Consent of Release
HUD Relase—Privacy Act Notice
Release to Advocate
CORI Rquenst Form
Limitation and Waiver Agreement
OHA Statement of Rights
Landlord Reference Form
Documentation Checklist





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CANAL HOUSE

ADMISSION CRITERIA

Threshold Requirements:

In order to be considered for residence at Canal House, potential residents will first meet the following threshold requirements:

1. Be Homeless. (for the six unsubsidized units) OR
Be applying for a non-subsidized unit.
2. Be income eligible.
3. Have a minimum of three months sobriety, which can be verified. (See documentation check list in the application.)
4. Be a single adult, 18 years or older.
5. Be willing and able to live in a house with shared facilities and responsibilities.
6. Not have a history which includes conviction for rape, child molestation or arson.

Service Assessment Requirements:

If the above threshold requirements are met, the following additional requirements must be met:

1. Be willing and able to work a minimum of twenty hours per week or to enroll in a approved educational or training program or to do volunteer work in accordance with their ability.
2. Be able, if on medication, to self-administer the medication and be compliant with the doctor's stated dosage.
3. Be willing to commit to and follow an individual service/treatment plan, which would include active involvement in a 12-step recovery program and participation in an approved Relapse Prevention Treatment Program.
4. Be willing and able to abide by the Rules of the House.

Disqualification:

A person may be disqualified for admission to the Canal House for the following reasons:

1. An immediate risk of suicide.
2. A recent history of behaviors that would pose a danger to the residents, house or property
(Allowance may be made for mitigating circumstances)
3. A history which includes conviction for perpetration of a sexual crime or arson.
4. Current court dates pending, the outcome of which may impede full participation in Canal House residency.

5. Other reasons not included on this list, which are not discriminatory.



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Required for admission to Canal House:

1. Completed application with all required documentation provided
2. Favorable reference checks
3. Favorable interview with CH committee:
 - Rick Martin, Gosnold Program Director
 - Cameron Harmon, Canal House Resident Manager
 - Maureen Dooley Lawrence, Property Manager
 - Maureen Linehan, Council for the Prevention of Homelessness
4. Acceptable CORI check done by Orleans Housing Authority
5. Income verification by Orleans Housing Authority for subsidized room or proof of ability to pay for unsubsidized room.
6. Signed 30-Day Use and Occupancy Agreement
7. Complete OHA survey forms
8. Payment of first month's rent (or portion, if subsidized) AND \$480 Security Deposit

Requirements during first 30 days:

1. Begin substance abuse counseling immediately – IOP, AfterCare or other approved program
2. Job searching (with a list of the firms contacted/with whom interviewed) or school arrangements or volunteer work
3. No overnights away -- be at the house full time to settle in for 45 days
4. Attend all Monday night house meetings – no excuses!
5. Agree to attend a set minimum number of meetings a week and get a signature at each one, turn in to Cameron at the weekly house meeting.
6. Complete ISP with Rick Martin



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RULES OF CANAL HOUSE

In order for everyone to live safely in Canal House, it is necessary for rules to be established and for tenants to abide by them. Each tenant will comply with the following rules with the understanding that violation of these rules will be grounds for eviction from Canal House.

1. There will be absolutely no possession of alcohol, illegal non-prescription drugs, or prescription drugs, and/or drugs in the barbituate, opiate or benzodiazepine class, whether prescribed or not, by others than for whom they were prescribed. All prescription drugs must be documented by the prescribing physician. A “Release of Information” for prescribed medication will be required. All prescribed medications must be kept in an individual lock box provided by Canal House.
2. Illegal drugs, drug paraphernalia, or being under the influence of drugs listed in the addendum to these house rules or alcohol are prohibited on Canal House property.
3. There will be absolutely no consumption or possession of alcohol or illegal drugs on the premises of 71 Canal Road by guests of Canal House residents. Guests under the influence of drugs or alcohol will be removed from the property.
4. If a resident is suspected of either using or being under the influence of alcohol, illegal drugs, or abuse of prescription drugs, or any of the drugs listed in 1. above, the following procedure will be implemented:
 - A. The individual will be questioned directly about possession or use of drugs or alcohol. Should he/she admit to possession or use, their tenancy will be terminated.
 - B. Should the individual deny drug or alcohol possession or use, and the staff continues to have a basis for concern regarding the resident’s sobriety, that resident will be requested to submit to a breathalyzer and/or urine screen for substance abuse. (Note: The residents will be responsible for all costs associated with urine screening, except where the results are negative.) Should that screen reflect a positive presence of any drugs not prescribed for the resident or the drugs listed in 1. above, their metabolites, or alcohol, the resident will be required to submit to blood test for verification.
 - C. Should the individual refuse to submit to the requested breathalyzer and/or urine screen, his/her tenancy will be terminated.
5. For the purpose of maintaining sobriety for all Canal House residents the Resident Manager will also randomly screen for alcohol and/or drug use. The following process will be implemented for random drug/alcohol screenings:
 - A. All residents will, at random, submit to a breathalyzer and/or urine screen at the request of the Resident Manager. (Note: The residents will be responsible for all costs associated with urine screening, except where the results are negative.)
 - B. Should that screen reflect a positive presence of any non-prescribed drugs, their metabolites, or alcohol, the resident’s tenancy will be terminated.

- C. Should the individual refuse to submit to the requested breathalyzer and/or urine screen, his/her tenancy will be terminated.
6. The resident assumes full responsibility for the conduct of his/her guests. The house rules apply to all guests. The staff and residents may designate certain individuals as unwelcome in the house if they violate these rules.
 7. Guests are not permitted in the house between the hours of 11:00 PM and 7:00 AM Sunday through Thursday and the hours of 1:00 AM and 8:00 AM Friday and Saturday.
 8. All residents will attend scheduled house meetings. ***They are mandatory.***
 9. Each resident will agree not to disturb the right of privacy, peace and quiet of the other residents living at Canal House or other neighbors.
 10. Quiet time between 10:00 PM to 8:00 AM. During that time all TVs radios and stereos are to be turned down to a reasonable sound level.
 11. Physical violence, verbal abuse, harassment, or any other kind of violence is prohibited at Canal House. Violation of this rule will result in termination of tenancy.
 12. The tenant will not engage in any unlawful activity including, but not limited to:
 - using, distributing, or possessing illegal drugs
 - theft
 - illegal gambling
 - prostitutionViolation of this rule will result in termination of tenancy.
 13. The use or possession of firearms or weapons of any kind are prohibited on the premises. Violation of this rule will result in the termination of tenancy.
 14. The resident agrees to develop an Individual Service Plan (ISP) with a case manager from Gosnold and to comply with the requirements of the ISP. The ISP will include an individual plan for clinical treatment. There will be mandatory attendance at AA and/or NA meetings or other support groups as prescribed by the clinical treatment plan. Residents are responsible for fees related to attendance at groups and/or individual counseling.
 15. Residents are required to clean up after themselves, following use of the common room, bathroom or kitchen facilities, and to share in the cleaning of common areas through a rotating schedule of housekeeping chores.

The resident will be required to clean his/her room and will agree to allow staff to conduct a monthly room inspection, with 24 hour notice, for basic cleanliness, fire and safety code compliance and maintenance needs.

The resident will not use extension cords, hot plates, toaster ovens, air conditioners or heater in his/her room. The resident may not add any type of extension cord or appliances in the house without prior landlord approval in writing.
 16. Smoking is prohibited inside Canal House. Smoking will only be permitted in designated areas outside of the house.

Pets are prohibited at Canal House.
 17. Canal House staff will not be liable for theft on the premises. It is the residents' responsibility to keep their rooms locked. Rental insurance is encouraged.
 18. Residents are required to keep Canal House as their primary residence. Because of safety concerns, prior notice must be given to the Resident Manager when an overnight absence is planned. This notice shall include length of planned absence and how to be reached in case of an emergency. Primary residence is defined as spending the night at Canal House for seven (7) nights per week.
 19. All residents, their guests and staff of Canal House will treat each other courteously and with dignity and respect.

20. At no time are residents allowed to distribute either the original, or any copies, of the keys which they have been given in order to access Canal House.
21. Violation of any of these rules will be documented in a Canal House Incident Report. Resident will be required to sign this report. Failure to do so will result in termination of tenancy.
22. **Violation of any two rules (or the same rule twice) will result in the termination of Canal House tenancy.**
23. **The Lower Cape Cod CDC and Gosnold reserve the right to amend these House Rules as needed in order to protect the safety and interests of the residents of Canal House.**

Residents who show they are unwilling or unable to comply with the rules of Canal House will have their tenancy terminated. In the event the Lower Cape Cod CDC decides to initiate legal eviction or the Orleans Housing Authority initiates a Section 8 rental assistance termination, the resident is entitled to due process and may request a joint hearing with the Lower Cape Cod CDC and Orleans Housing Authority staff prior to discharge from Canal House and/or termination of the Section 8 lease. The resident shall be provided with written notification of the reason(s) for discharge and/or termination of the Section 8 lease. If the resident disputes the reason(s) for discharge / termination he/she may request a hearing within 24 hours of the receiving written notification. The resident must attend the joint hearing, which will be scheduled within 24 hours of the resident's request for the hearing. At the time of the hearing, CDC staff will provide information clearly demonstrating the reasons for discharge from Canal House and/or termination of the Section 8 lease, including all instances of non-compliance with the lease including the house rules. At the time of the hearing, the resident may provide information clearly challenging the basis for discharge or termination of the lease. A joint determination shall be made by the Lower Cape Cod CDC and the Orleans Housing Authority within 24 hours of the hearing. This hearing and its findings shall not preclude the CDC's right to initiate legal eviction proceedings against the resident.

I have reviewed and understand the house rules for Canal House and I agree to abide by these rules as a condition of my acceptance into Canal House.

Signature

Date

Printed Name

APPLICATION
FOR RESIDENCE AT
CANAL HOUSE

PLEASE COMPLETE AND RETURN TO:

ATTN: CANAL HOUSE
COMMUNITY DEVELOPMENT PARTNERSHIP
3 MAIN STREET MERCANTILE, UNIT 7
EASTHAM, MA 02642



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CANAL HOUSE

HOUSING APPLICATION

Name _____ Social Security # _____

Mailing Address _____

Present Address _____ Type of Dwelling _____

City/State/Zip _____ Telephone # _____
(or place you can receive a message)

Date of Birth _____ Male/Female _____

Current Living Situation: (check one) homeless _____ other _____

(please describe) _____

How did you hear about this program? _____

Education _____

Occupation _____

1. FINANCIAL INFORMATION

INCOME (Indicate Annual Amount)

Gross Monthly Income:

Do you have health insurance? _____

Wages \$ _____ SSI \$ _____ Medicare _____

VA \$ _____ SSDI \$ _____ Mass Health _____

Unemployment \$ _____ Food Stamps \$ _____ Other Health Ins. _____

EAEDC \$ _____ None _____ Other \$ _____

please explain: _____

ASSETS

Do you have bank account(s)? Yes ☐ No ☐

Checking \$ _____ Name of Bank _____

Savings \$ _____ Name of Bank _____

Do you own a vehicle? Yes ☐ No ☐

Is it registered? Yes ☐ No ☐ # _____

Make _____ Year _____ Value _____

2. HOUSING HISTORY

For informational purposes only.

Please provide as much information as possible about your housing history, for the last three years.

1. Present Address _____

Type of Dwelling _____

Landlord _____ Telephone # _____

Dates of Residency from _____ to Present Day _____

Reason for Leaving _____

2. Previous Address _____

Type of Dwelling _____

Landlord _____ Telephone # _____

Dates of Residency from _____ to _____

Reason for Leaving _____

3. Previous Address _____

Type of Dwelling _____

Landlord _____ Telephone # _____

Dates of Residency from _____ to _____

Reason for Leaving _____

USE BACK OF PAGE IF MORE ROOM IS NEEDED.

(If history includes living with family/friend, please explain, when and where.)

3. SUBSTANCE ABUSE TREATMENT HISTORY

Most Recent Substance Abuse Program _____

Sobriety Date _____

Who will provide written/verbal corroboration of sobriety?

Name _____

Address _____

Telephone # _____

Name _____

Address _____

Telephone # _____

4. RECENT EMPLOYMENT HISTORY, If any

For informational purposes only, 2 most recent jobs.

Please provide as much information as possible about your employment history.

Business Name _____ From _____ To _____

Business Address _____ Telephone # _____

Salary \$ _____ (annual) / monthly amount \$ _____ Job Title _____

Supervisor _____

Reason for Leaving _____

Business Name _____ From _____ To _____

Business Address _____ Telephone # _____

Salary \$ _____ (annual) / monthly amount \$ _____ Job Title _____

Supervisor _____

Reason for Leaving _____

Do you have any immediate job prospects, plans for job training or education? (please explain)

5. LEGAL HISTORY

Number of Convictions ____ Type of Offense _____

On Probation? Yes ____ No ____.

Probation Officer _____

Telephone # _____

Pending Court Case? Yes ____ No ____.

For What _____

Which court? _____

Date due in Court? _____

Outstanding Warrants? Yes ____ No ____.

State _____ Court _____

For What _____

I certify that all the information provided in this application is true, correct, and complete, to the best of my knowledge. I understand that any false information may be cause for disqualification and/or termination as a resident of Canal House. I understand that as a part of final screening of all applicants "Criminal Offender Records Information" (CORI) will be checked. Signed under pains of penalty and perjury.

Signature

Date

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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CANAL HOUSE

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____
PRINT (Name of Participant / Client)

authorize _____
PRINT (Name of Person or Agency)

to disclose to: *Canal House (Lower Cape Cod Community Development Corporation, and Gosnold, Inc.)* the following information: *Length of sobriety and/or information relevant to establishing eligibility for Canal House residence and appropriateness for this congregate housing program.*

The purpose of the disclosure authorized herein is to: *Evaluate eligibility for Canal House residency; assist in establishing residential service plan or treatment plan.*

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically within 180 days from date of signature.

Dated: _____

(Signature of Participant / Client)

(Signature of authorized Representative when required)



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Authorization for Release of information and Permission to Advocate

In order for the staff of Orleans Housing Authority to provide me with services, including advocacy on my behalf, I understand that it is necessary for the Orleans Housing Authority to have permission from me to contact various individuals, agencies, businesses, medical professionals, hospitals, employers, schools and other similar facilities to receive information, reports, and other facts pertaining to my needs and goals.

I give permission to the Orleans Housing Authority to obtain information from a variety of sources including but not limited to those listed below. I understand that any information I release to Orleans Housing Authority may be disclosed to these same individuals and organizations when appropriate for the purpose of helping me to achieve my goals and needs.

Approved contacts and exchanges may occur between Orleans Housing Authority and the following:

- Department of Transitional Assistance
- Subsidized housing
- Landlords
- Housing Assistance Programs
- Independent Living Centers
- Anti - poverty Agencies
- Apartment Complexes
- Cape Organization for the Rights of the Disabled (CORD)
- Client Assistance Programs
- Clubhouses
- Community Action Committee
- Correctional Facilities
- Law Offices, Public and Private
- Legal Services
- Lower Cape Community Development
- Ma Rehabilitation Commission
- Ma Commission for the Blind
- Ma Commission for the deaf and hearing
- Mental Health Centers public and private
- Motels Owners
- Nursing Homes
- Outreach Organizations
- Psychiatrists, Psychologists, Physicians, and other Health Care Professionals
- Real Estate Professionals

Exceptions or Additions to the Above list

This consent can be withdrawn at any time for any reason by giving written notice to the Orleans Housing Authority.

Client of Orleans Housing Authority

Date

Orleans Housing Authority Employee or Witness

Date

Client Privacy policy of Orleans Housing Authority

This notice describes the privacy policy of the Orleans Housing Authority. We may amend this policy at any time. We collect personal information only when appropriate. We may use or disclose your information to provide you with services. We may also use or disclose it to comply with legal and other obligations. We assume that you agree to allow us to collect information and to use it or disclose it as described in this notice. You can inspect personal information about you that we maintain. You can also ask us to correct inaccurate or incomplete information. You can ask us about our privacy policy or practices. We respond to questions and complaints. Read the full notice for more details. Anyone can have copy of the full notice about request. Contact Tim Buhler at (508) 255-0064.

**ORLEANS HOUSING AUTHORITY
94 HOPKINS LANE
ORLEANS, MA 02653
TEL: (508) 255-0064 ~ FAX: (508) 255-0068**

CORI REQUEST FORM

Orleans Housing Authority has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the **Canal House**, 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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LIMITATION AND WAIVER AGREEMENT

As a resident of Canal House, I understand that according to the stated rules there will be absolutely no possession or consumption of alcohol, illegal non-prescription drugs, or prescription drugs by other than for whom they were prescribed at any time and that further, illegal drugs, drug paraphernalia, or being under the influence of drugs are prohibited on the Canal House property.

I agree to provide the Resident Manager with a list of all medication, both prescription and over-the-counter, that I am taking. I understand that it is my responsibility to inform the Resident Manager of any changes in my medication status.

I understand that the Lower Cape Cod Community Development Corporation reserves the right to inspect my belongings and my living areas in my presence if there is a suspicion of my being under the influence of alcohol or other drugs or being in possession of the same.

I hereby give my permission for the Lower Cape Cod Community Development Corporation, its agents and or assigns, to conduct a drug screening analysis consisting of a breathalyzer and/or urinalysis for the purpose of maintaining residence. I understand that the purpose of this drug screening, ***either random or based on suspicion of use***, is to determine whether I have in the past used alcohol or any other mind-altering or unlawful substances, including those medications which have not been prescribed for me.

Printed Resident Name _____

Resident Signature

Date of Signature

Witness Signature

Date of Signature

ORLEANS HOUSING AUTHORITY
94 HOPKINS LANE
ORLEANS, MA 02653

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Orleans 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 a 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. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objections 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 of 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



community development partnership

Personal and Landlord References

I. Personal

1. Name_____

Address_____

City, State, Zip_____

Phone #_____

2. Name_____

Address_____

City, State, Zip_____

Phone #_____

3. Name_____

Address_____

City, State, Zip_____

Phone #_____



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II. Landlord (Please list names and addresses for the past THREE years)

1. Name_____

Address_____

City, State, Zip_____

Phone #_____

2. Name_____

Address_____

City, State, Zip_____

Phone #_____

3. Name_____

Address_____

City, State, Zip_____

Phone #_____

4. Name_____

Address_____

City, State, Zip_____

Phone #_____



DOCUMENTATION CHECK LIST

All information on this list must be provided.

Please indicate whether enclosed or being sent separately (check one) and return this list with your application and documentation

Enclosed Being
Sent

INFORMATION IN APPLICATION PACKET

1. Housing Application (4 page form)
2. Canal House Consent for Release of Confidential Information
3. HUD Authorization for Release of Information
4. Orleans Housing Authority General Authorization for Release of Information
5. CORI Request Form
6. Limitation and Waiver Agreement
7. Orleans Housing Authority Fair Information Practices Act Statement of Rights
8. Personal and Landlord References

OTHER INFORMATION YOU MUST PROVIDE

_____ other

_____ participation in a recovery

1. Documentation of income, award letter for benefits checks or verification of any source of income.

2. A letter from a substance abuse program verifying length of house program or similar transitional program for substance abuse recovery or other documentation substantiating length of recovery and a release of information from the substance abuse program.

3. Proof of date of birth and copy of Social Security Card

4. Documentation of Homelessness (Required for the six rooms with subsidized rent. If not homeless, please indicate if applying for one of the unsubsidized rooms.)

5. List of current medications on prescribing physician's letterhead.

6. A brief letter stating why you would like to live at Canal House and what you hope to gain from the experience.

Application is not complete until all documentation is complete. Please be sure to include a phone number or e-mail address. It is important that we be able to contact you throughout the application process.

RETURN TO:

Canal House
Community Development Partnership
3 Main Street Mercantile, Unit 7
Eastham, MA 02642