

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**



**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"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit                     | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit                      | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit designed for <b>Environmental Allergies</b> |   |

- ☐ 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 \_\_\_\_\_

460 West Main Street  
Hyannis, MA 02601-3698  
T (508) 771-5400 F (508) 775-7434  
TTY on all lines  
[www.haconcapecod.org](http://www.haconcapecod.org)

## High Meadow Townhomes- Bourne MA

### Application Instructions



#### Application Process:

You must fill out the Lottery Application completely and return it with the required documentation no later than **August 15<sup>th</sup> 2018**

Please answer all questions. **Only complete and signed Lottery Applications (with necessary documentation) will be included in the lottery.**

<b>RETURN IN PERSON OR BY MAIL TO:</b>	<b>RETURN BY FAX TO:</b>
HOUSING ASSISTANCE CORPORATION	508-775-7434
460 WEST MAIN STREET	<b>RETURN BY E-MAIL TO:</b>
HYANNIS, MA 02601	CCRE@Haconcapecod.org

Please submit copies of 3 months of consecutive most recent pay stubs, copies of 6 months consecutive most recent bank statements (checking and savings), and 1 year Federal tax returns and W-2s from 2017 for all adult household members. These documents must be included with the Lottery Application. **DO NOT SEND ORIGINALS.**

Applicants with gross household income of 30% or less of Area Median Income (AMI) (see table below) will be chosen through this lottery to receive one of 7 Section PBV units.

**30% AMI Section 8 PBV Units** - Maximum gross household income for these units is as follows:

Household Size	1	2	3	4	5	6
30% AMI Income limit	\$18,120	\$20,700	\$23,280	\$26,860	\$27,930	\$30,000

Tenants will be responsible for paying their own utilities. Landlord will be responsible for paying water and sewer.

Tax Credit Units will be chosen through this lottery for eligible households who meet the both the maximum and minimum requirements below:

**60% AMI Tax Credit Units** - Maximum gross household income for these units is as follows:

INCOME QUALIFICATIONS UNIT SIZE	RENT	TAX CREDIT LIMIT @ 60% AMI GROSS INCOME					
		1 PERSON	2 PEOPLE	3 PEOPLE	4 PEOPLE	5 PEOPLE	6 PEOPLE
2 BR	\$955	\$36,240	\$41,400	\$46,560	\$51,720		
3 BR	\$1,080		\$41,400	\$46,560	\$51,720	\$55,860	\$60,000

Tenants will be responsible for paying their own utilities. Landlord will be responsible for paying water and sewer.

The **Minimum** gross income 60% Tax Credit apartments (Income necessary to afford the rent) for apartment size is as follows (unless you have other means that you can demonstrate will allow you to pay the rent):

2 BEDROOM \$34,620	3 BEDROOM \$40,110
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Workforce Units will be chosen through this lottery for eligible households who meet the both the maximum and minimum requirements below:

**75% AMI Workforce Housing Units** - Maximum gross household income for these units is as follows:

INCOME QUALIFICATIONS UNIT SIZE	RENT	WORKFORCE HOUSING LIMIT @ 75% AMI gross Income					
		1 PERSON	2 PEOPLE	3 PEOPLE	4 PEOPLE	5 PEOPLE	6 PEOPLE
2 BR	\$1395	45,300	\$51,750	\$58,200	\$64,650		
3 BR	\$1560		\$51,750	\$58,200	\$64,650	\$69,825	\$75,000

Tenants will be responsible for paying their own utilities. Landlord will be responsible for paying water and sewer.

**Minimum gross income 75% Workforce Apartments** (Income necessary to afford the rent) for apartment size is as follows: (unless you have other means that you can demonstrate will allow you to pay the rent):

2 BEDROOM \$44,053	3 BEDROOM \$49,263
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#### Household Size Definition:

- A household shall mean an individual or 2 or more persons who will live in the apartment as their primary residence. Household size will be appropriate for the number of bedrooms in the apartment.
- Information provided on this Lottery Application is confidential.
- Applicants with a sensory or mobility disability may request an accessible unit, an extra bedroom for equipment or for a Personal Care Attendant, a reasonable modification of the housing or a reasonable accommodation of rules, policies, practices or services, necessary to afford the disabled person an equal opportunity to use and enjoy housing.
- Your household can file only one application, and no household member can appear on more than one application. Incomplete applications **missing any information or required documents** will not be processed. **MAKE COPIES OF PAY STUBS AND BANK STATEMENTS. ORIGINALS WILL NOT BE ACCEPTED.**
- Eligible applicants will be notified by mail of their lottery number. The notification letter will provide the date, time and location of the lottery. Attendance is not mandatory, but eligible applicants are encouraged to attend. No units will be awarded at that time. The Property Manager will contact households in order of their ranking on the list created from the drawing.
- Ineligible applicants will be notified in writing stating the reason for being determined ineligible.
- The application deadline is **August 15<sup>th</sup> 2018** Applications can be mailed to Housing Assistance Corporation, 460 West Main St., Hyannis, MA 02601, faxed to 508-775-7434 or e-mailed to [CCRE@haconcapecod.org](mailto:CCRE@haconcapecod.org)

#### Lottery Process

- Lottery numbers for all eligible applicants are pulled at random from all pools for which they are eligible.
- If the number of minority applicants in the local pool is less than the percentage of minorities in Barnstable County, a preliminary lottery comprised of all minority applicants who did not qualify for the local preference pool will be held and applicants will be added to the local pool in order of drawing until the percentage of minority applicants in the local preference pool is equal to the percentage of minorities in Barnstable County.
- Every eligible applicant will be entered into the "open" pool.
- Applicants who live, work or have children who attend school in the Town of Bourne will be entered in an additional "local" pool.
- Housing Assistance Corporation will send letters to each applicant with the results of the lottery.



### **Tenant Selection Process**

POAH Communities is the management agency and will receive a list showing the results of the lottery and all Lottery Applications to begin the Tenant Selection Process. When your name is pulled from this list, you will complete a Rental Application for POAH Communities that will include verification of information provided on the Lottery Application as well as other screening criteria defined in the Tenant Selection Plan.

HAC and POAH Communities do not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.



Name: \_\_\_\_\_

## High Meadow Townhomes – Lottery

### Checklist of Required Documents

#### TO BE INCLUDED WITH YOUR LOTTERY APPLICATION

Please initial each line or N/A if it is not applicable

Please remember that ALL HOUSEHOLD income must be counted, for anyone over the age of 18.

\_\_\_\_\_ Documentation to prove local preference: e.g. utility bills, drivers licenses, tax bills, rental agreements etc. etc.

\_\_\_\_\_ Disability Verification Form or SSDI Award Letter

\_\_\_\_\_ 3 months most recent consecutive pay stubs if pay is steady without significant variations, or 12 months for inconsistent or seasonal pay, for all working members of the household, 18 years and over.

\_\_\_\_\_ Verification of child support (*Copy of child support order, divorce decree, etc.*)

\_\_\_\_\_ Verification of any other household income e.g.: Social Security, SSI, VA benefits, Unemployment benefits, and/or public assistance. We need official statement of monthly amount received for the current year.

\_\_\_\_\_ 6 Months Savings account Statements, Please send copies of all pages of account statement

\_\_\_\_\_ 6 Months Checking account Statements- Please send copies of all pages of account statement

\_\_\_\_\_ Identification of all Cash Deposits into Checking and Savings account. Identify and provide source documents.

\_\_\_\_\_ 2017 Federal Tax Return (1040)-Copy of signed tax return. We will also need W-2's and 1099-R Forms for 2017. If you have not filed a tax return, please call 800-829-1040 and ask for a print out that there is no tax return for 2017. *Only federal taxes please, no state taxes.*

\_\_\_\_\_ Verification of cash value of all assets (assets are generally non- cash items that can be converted to cash, such as stocks, Certificates of Deposit, IRA's retirement funds). This does not include car or furniture. (**Copies only**) Detailed list supplied upon request.

#### **SELF EMPLOYMENT**

People who are self-employed will need to submit ALL of the above documentation plus the following:

\_\_\_\_\_ Copies of Schedule C for the past two (2) years.

\_\_\_\_\_ A Notarized Profit and Loss Statement reflecting your earnings and expenses, to date for the current year. The name of the business must be on the Profit and Loss Statement. It must show quarterly or yearly profit and loss, include income and expenses and must be for the previous 12 months.



High Meadow Townhomes  
LOTTERY APPLICATION  
DEADLINE: AUG 15, 2018  
*Please see Lottery Application Instructions*



HOUSING ASSISTANCE CORPORATION WILL PROVIDE REASONABLE ACCOMMODATION AND/OR LANGUAGE ASSISTANCE IF NEEDED WHEN FILLING OUT THIS APPLICATION. PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

Assinale este quadrado se você lê ou fala português.  
Marque esta casilla si lee o habla español.

Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ MA: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Household Information:** List all members of your household and their relationship to the Head of Household. A household shall mean an individual or 2 or more persons who will live in the apartment as their primary residence. Household size will be appropriate for the number of bedrooms in the apartment.

List All Household Members	Relationship	Student Status for members 18 and over	Last 4 digits of Social Security Number
	<i>Head of Household</i>		

**RENTAL ASSISTANCE** Do you have a mobile Section 8, MRVP, or other housing voucher?

YES ☐ NO ☐

**HOMELESSNESS:** Are you currently homeless, or at risk of homelessness?

YES ☐ NO ☐

If yes, please describe: \_\_\_\_\_

**SECURITY DEPOSIT:** You will need one month's rent as security deposit I/we have \$\_\_\_\_\_ available



**INCOME INFORMATION**

Income must be reported for all household members 18 and over. Total annual gross (before taxes) income includes all income from all sources such as employment, social security, child support, alimony, VA benefits, unemployment, etc. Assets are cash on hand, held in savings & checking accounts, and stocks, bonds, IRA's, 401K's, pension funds and real estate owned. You must submit most recent federal tax return, 3 months of consecutive pay stubs and 6 most recent consecutive checking and savings account statements. Please submit documentation for all income from all sources.

**ANNUAL INCOME**

Source	Applicant	Co-Applicant	Other Household Members 18 & over	Total
Salary/Regular Pay				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest Dividends				
Net Income From Business				
Net Rental Income				
Periodic S S, Pensions, Retirement Funds, Etc.				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
TAFDC				
Part Time Work				
Other				
<b>Total for each household member:</b>				

**TOTAL HOUSEHOLD INCOME: \$** \_\_\_\_\_

If you are below the minimum but have means available that you can demonstrate and will enable you to pay rent, please feel free to apply.





**ADAPTED FOR PEOPLE WITH DISABILITIES** We will not discriminate in the selection of applicants on the basis of disability. If you or a member of your household need a unit with special design features, please check appropriate box:

Mobility ☐ Vision ☐ Hearing ☐

#### LOCAL PREFERENCE

**Definition:** You live in the Town of Bourne, or you are a municipal employee of the Town of Bourne, or you work in the Town of Bourne, or you have a child who attends school in the Town of Bourne. You are required to provide documentation of your local preference. (lease, utility bill, car registration, pay stub, letter from employer or school, etc.) Submit this documentation with your lottery application.

I am a municipal employee for the Town of Bourne <input type="checkbox"/>	OR	I work in the Town of Bourne <input type="checkbox"/>	OR
I live in the Town of Bourne <input type="checkbox"/>	OR	My child attends school in the Town of Bourne <input type="checkbox"/>	
I <u>DO NOT</u> have a local preference <input type="checkbox"/>			

#### CONFLICT OF INTEREST

Does the applicant work at either POAH, POAH Communities or Housing Assistance Corporation or is the applicant related to someone at either of these organizations? (If yes please explain) Yes: ☐ No: ☐

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#### APARTMENT SIZE:

Based on household size and income level, we wish to apply for the bedroom size checked below as a first choice.

30% AMI Section 8 PBV 2 Bedrooms <input type="checkbox"/>	30% AMI Section 8 PBV 3 Bedrooms <input type="checkbox"/>
60% AMI Tax Credit 2 Bedrooms <input type="checkbox"/>	60% AMI Tax Credit 3 Bedrooms <input type="checkbox"/>
75% AMI Workforce 2 Bedrooms <input type="checkbox"/>	75% AMI Workforce 3 Bedrooms <input type="checkbox"/>

*Unit size and bedroom maximization will be determined by the management office through the tenant selection process.*



## EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION

The following information will be required by the Federal Government to monitor this owner / management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

### RACE/ETHNICITY (OPTIONAL)

You are requested to complete the following optional section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools. (Please check all boxes that apply):

- ☐ Alaskan Native and Native American ☐ Asian  
☐ Black or African American (not of Hispanic origin) ☐ Native Hawaiian or Pacific Islander  
☐ Hispanic or Latino  
☐ White (not of Hispanic origin) ☐ Other (please specify) \_\_\_\_\_

### Please Read each item below carefully before you sign.

1. I/we hereby certify that the information provided in this Lottery Application is correct to the best of my knowledge.
2. I/we have attached 3 months of consecutive pay stubs or other income documentation as stated in the application instructions for all household members 18 years of age or older.
3. I/we have attached the most recent 6 consecutive months of statements for all bank accounts of all household members.
4. I/we have attached most recent (2017) federal tax return
5. I/we have attached a copy of documentation to verify my/our status for local preference.
6. I/we understand that if all the required documentation requested above is not submitted by the application deadline, we will not be eligible for the lottery.
7. I/we understand this is a Lottery Application and the information provided does not guarantee housing. Additional information and verifications will be necessary to complete the tenant selection process.
8. I/we understand that I may submit only one Lottery Application per household and that duplicate household applications will disqualify my household from the lottery.
9. I/we understand that the information submitted in this application for the lottery may be verified and that this application and documentation will be given to the property management company after the lottery.
10. Applications can be submitted as soon as they are complete but they must be received no later than **August 15, 2018** at 5:00 PM. Applications can be mailed to Housing Assistance Corporation, 460 W. Main St., Hyannis, MA 02601, faxed to 508-775-7434 or e-mailed to [CCRE@haconcapecod.org](mailto:CCRE@haconcapecod.org)

Your signature confirms that you have read the above statements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Last 4 digits of SSN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Last 4 digits of SSN

\_\_\_\_\_  
Date

HAC does not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

