

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**



<input type="radio"/>	Head of Household's FIRST Name
<input type="radio"/>	Head of Household's MIDDLE Name
<input type="radio"/>	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	GENDER	<input type="radio"/>	HoH's DATE OF BIRTH	<input type="radio"/>
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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!
<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
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YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	<input type="radio"/>
YOUR EMAIL ADDRESS	
<input type="radio"/>	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

SECOND CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
<input type="radio"/> # Adults <input type="radio"/> # Children <input type="radio"/> Total #	<input type="radio"/>	<input type="radio"/> .0 <input type="radio"/> 0

INCOME SOURCES
<input type="radio"/>

MOBILE RENTAL ASSISTANCE, if any
<input type="radio"/>

REQUESTED ACCOMMODATIONS
<input type="radio"/>

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
<input type="radio"/>

## Application

**MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE , OR OTHER ALTERNATE FORMATS.**

<b>SITE NAME: Province landing</b>	<b>PRELIMINARY RENTAL</b>
<b>ADDRESS PO Box 243</b>	Please print and fill in ALL Information.
<b>CITY, STATE Provincetown, MA 02657</b>	
<b>Phone #: 508-487-9087</b>	<b>EQUAL HOUSING OPPORTUNITY</b>
<b>FAX #: 508-477-1141</b>	
<b>TDD #: 711</b>	
	Date _____

### APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

**Applicant:** \_\_\_\_\_ Home Tel \_\_\_\_\_

Present Address: \_\_\_\_\_

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.) \_\_\_\_\_

#### SIZE OF APARTMENT NEEDED:

1BR 2BR 3BR  
☐ ☐ ☐

#### UNIT TYPE REQUESTED:

<input type="checkbox"/> Market Rent	Wheelchair
<input type="checkbox"/> Basic Rent	Adapted Unit
<input type="checkbox"/> Low Rent	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hearing/Visual
	Adapted Unit
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain. \_\_\_\_\_

Present Housing Cost Per Month \$ \_\_\_\_\_ Including Utilities? ☐ Yes ☐ No

How Long Have You Lived at Present Address? \_\_\_\_\_ Years.

What are the reasons for Moving? \_\_\_\_\_

**FAMILY COMPOSITION** - List all those who will occupy the apartment - INCLUDE YOURSELF

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
1 _____	Head of Household	_____	_____	_____	Yes or No
2 _____	_____	_____	_____	_____	Yes or No
3 _____	_____	_____	_____	_____	Yes or No
4 _____	_____	_____	_____	_____	Yes or No
5 _____	_____	_____	_____	_____	Yes or No
6 _____	_____	_____	_____	_____	Yes or No
7 _____	_____	_____	_____	_____	Yes or No
8 _____	_____	_____	_____	_____	Yes or No

**REFERENCES** - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters.

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**NOTE:** If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_ Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**Please indicate the income received and assets held by each member of your household.  
List each member by the corresponding number on the first page.**

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:**

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:**

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
		(week, month, year)

**INCOME FROM ASSETS:**

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (week,month,year)

**PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:**

1. Have you been displaced from your home? If so, please explain.

\_\_\_\_\_

2. Does your present apartment contain health code violations? If so, please describe:

\_\_\_\_\_

3. Is your present apartment too small for your family? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe: \_\_\_\_\_

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details.

\_\_\_\_\_

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

*Signed under the pains and penalties of perjury.*

\_\_\_\_\_  
Head of Household/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

The Community Builders does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

***NOTE: the formal application form must include an Equal Opportunity logo and a Handicapped Access logo (where appropriate)***

Attachment 3A

**Massachusetts Rehabilitation Commission Certificate  
On  
Application for Community-Based Housing Program**

The Community Based Housing Program (CBH) provides affordable housing for individuals with disabilities who are living in institutions and seek an alternative in the community or those who are at risk of institutionalization. The CBH Program seeks to ensure that, through the availability of CBH, individuals with disabilities will be able to live as independently as they are able, in their own homes. This will certify that the applicant to CBH meets these qualifications.

Applicant's Name:

( ) Applicant has a disability defined as: An individual who has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities. Major life activities include: self care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency. A determination that a person has such functional limitations can be made with written verification from a professional with appropriate expertise or by verifying the individual is a recipient of SSI or SSDI.

( ) Applicant is not currently a client of DMH or DMR who is eligible for the Facilities Consolidation Fund.

Explanation

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( ) Applicant is institutionalized or at risk of institutionalization in a nursing facility, long term rehabilitation center or hospital Explanation (please state if the individual is currently institutionalized) \_\_\_\_\_

I certify that the foregoing information is true and accurate to the best of my knowledge.

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(Signature of person certifying)  
(Name, address, phone)  
(Date)

Attachment 4

**Consent for Release of Information**  
(For use with State Subsidized Programs)

\_\_\_\_\_ Management Agent

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

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

Phone: \_\_\_\_\_

Address  
\_\_\_\_\_

I, the above named individual, have authorized the \_\_\_\_\_ Management Agent to verify the accuracy of the information which I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to the \_\_\_\_\_ Management Agent, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the \_\_\_\_\_ Management Agent within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

***Signed under the pains and penalties of perjury.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **B. Statement of Non-discrimination**

It is the policy of The Community Builders, hereinafter referred to as the Agent, to promote equal opportunity and non-discrimination in compliance with, but not limited to, the federal and state constitutions and legislative enactments addressing discrimination in housing including, The Fair Housing Amendments Act of 1988, 42 U.S.C.A. §§ 3601-3620, Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A § 794 et seq., The Americans with Disabilities Act of 1990, 42 U.S.C.A. §§ 12101-12213, Title VI of the Civil Rights Act of 1964, 42 U.S.C.A § 2000d, the Age Discrimination Act of 1975, 42 U.S.C.A. §§ 6101-6107, Executive Order 11,063, Chapter 151B of the Massachusetts General Laws, and the Massachusetts Equal Rights Law, M.G.L. c 93, § 103. In furtherance of this policy:

- In carrying out this Tenant Section Plan, the Agent will not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy. The Affirmative Fair Marketing Plan and Contract establish the minimum minority occupancy goal for the development based on the percentage of minorities in the area. The agent will also affirmatively market to persons with disabilities, as specified in its Affirmative Fair Marketing Plan and Contract.
- **Applicants with Disabilities and Reasonable Accommodations** - The Agent will make reasonable accommodations in policies or reasonable modification of common or unit premises for all applicants with disabilities (as defined in the above listed Acts or any subsequent legislation) who require such changes to have equal access to any aspect of the application process or to the development and its programs and services. The Agent will, for example, arrange for sign language interpreters or other communications aides for interviews during the application process.

***Appointments for an application or for reasonable accommodations, including materials in alternate formats, may be made by contacting the site office:***

***Province Landing***  
90 Shank Painter Road  
Provincetown, MA 02657

<b><i>PHONE</i></b>	508-487-9087
<b><i>TDD</i></b>	711
<b><i>FAX</i></b>	508-477-1141
<b><i>EMAIL</i></b>	planding@tcbinc.org