

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

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)  
HousingWorks  
P.O. Box 231104  
Boston, MA 02123  
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: \_\_\_\_\_  
Name of Waitlist Administrator *optional* \_\_\_\_\_  
Phone of Waitlist Administrator *optional*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

Date Time Received. Application will be stamped to show when it was received:

**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  
Male, Female, etc.

- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ 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 Explain: |
| <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 for Environmental Allergies | <input type="radio"/> Personal Care Attendant      |

- ☐ 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 Details

- ☐ 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_



Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_  
Last Name: \_\_\_\_\_

## community development partnership

### Community Development Partnership Housing Application

All applicants will receive equal consideration without regard to race, color, disability, religion, sex, familial status, sexual orientation, gender identity, military/veteran status, national origin, genetics information, ancestry, children, marital status, or public assistance received.

(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: [alice@capecdp.org](mailto:alice@capecdp.org)

#### **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. Social Security cards will be required for anyone over the age of 6.

**Applicant #1** \_\_\_\_\_ SS# \_\_\_\_\_

Other Name(s) You Have Used \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

E-mail address \_\_\_\_\_ Length Of Time At Present Address since \_\_\_\_\_

**Applicant #2** \_\_\_\_\_ SS# \_\_\_\_\_

Other Name(s) You Have Used \_\_\_\_\_ Date Of Birth \_\_\_\_\_

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: Current Living Situation

All selections must be verifiable.

\_\_\_\_\_ Do you own your own home?

\_\_\_\_\_ Do you rent a home?

\_\_\_\_\_ Do you live with others?

\_\_\_\_\_ Do you have other living arrangements?

Please Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Are you or a household member a victim of domestic abuse?

Please list all states that you or any member of your household has lived in \_\_\_\_\_

\_\_\_\_\_

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

How many bedrooms do you need? \_\_\_\_\_ or studio unit \_\_\_\_\_ accessible unit \_\_\_\_\_

If you are disabled you have a right to a reasonable accommodation. 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 \_\_\_\_\_

\_\_\_\_\_



## community development partnership

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

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



## community development partnership

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

Previous Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Landlord's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Previous Landlord's Mailing Address \_\_\_\_\_

Length Of Time There \_\_\_\_\_ Reason for Moving \_\_\_\_\_



## community development partnership

**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.*

Check which identification Co-Applicant is submitting with application:

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

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



## community development partnership

### 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				

### 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) \_\_\_\_\_





## community development partnership

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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## community development partnership

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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Have you or any house hold member been convicted of a felony? \_\_\_\_\_

Explain \_\_\_\_\_

---

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?  
\_\_\_\_yes \_\_\_\_no

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

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

**To help us better serve the community please tell us how you heard about us?**

Weekday \_\_\_\_\_ Time \_\_\_\_\_



## 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.

**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 ☐



## 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

### **CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM**

Community Development Partnership is registered under the provisions of M.G.L. c. 6, 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the Massachusetts Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to Community Development Partnership to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Community Development Partnership with written notice of my intent to withdraw consent to a CORI check.

**FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY:** Community Development Partnership may conduct subsequent CORI related checks within one year of the date of this form was signed by me provided, however that Community Development Partnership must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on the following acknowledgement form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## community development partnership

### CORI REQUEST FORM

#### Subject information:

Last Name	First Name	Middle Name	Suffix
<hr/>			
Maiden Name (or other name(s) by which you have been known) <hr/>			
Date of Birth <hr/>		Place of Birth <hr/>	
Last Six Digits of Your Social Security Number <hr/>			
Sex: <hr/>	Height: <hr/> ft. <hr/> in.	Eye Color: <hr/>	Race: <hr/>
Driver's License or ID Number: <hr/>		State of Issue: <hr/>	
Mother's Full Maiden Name <hr/>		Father's Full Name <hr/>	

#### Current and Former Addresses:

Street Number & Name	City/Town	State	Zip Code
<hr/>			
Street Number & Name	City/Town	State	Zip Code
<hr/>			

The above information was verified by reviewing the following form(s) of government issues identification:

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---

Verified By: 

---

Name of Verifying Employee (Please Print)

---

Signature of Verifying Employee



## community development partnership

### SELF-AFFIDAVIT

**Applicant/Resident Name:** \_\_\_\_\_ **Unit#:** \_\_\_\_\_

**Initial Certification** \_\_\_\_\_ **Date of Expected Move-In:** \_\_\_\_\_

**Recertification (Annual or Interim)** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit Program OR a Program of the U.S. Department of Housing and Urban Development (HUD). Federal regulations require us to certify all of your income, asset and eligibility information as part of determining your household's eligibility or level of benefits. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility or level of benefits and, if such eligibility or level of benefits is granted, each subsequent year you remain in the unit.

I, \_\_\_\_\_, understand that I will be  
(name of applicant/resident)

**residing in an apartment designated as a HOME Unit and, consistent with the HOME conflict of interest provisions at 24 CFR 92.356, certify:**

**\*\* am not a CDP staff, officer, or Board member. \*\***

**I hereby state that the information given above is a true and complete to the best of knowledge.**

\_\_\_\_\_  
**Signature of Applicant/Resident**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date**

### PENALTIES FOR MISUSING THIS FORM

*"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8). \*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8). \*\**