

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!

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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

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

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ 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

If yes, name the agency providing the voucher:

- ☐ 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 Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a 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 _____

Ready Renter Lottery Application
9 CIRCUIT ROAD NORTH, SOUTH YARMOUTH, MA
APPLICATION DEADLINE: OCTOBER 5, 2020 at 4 PM



The **Plymouth Redevelopment Authority** is currently conducting a lottery the affordable rental home located at 9 Circuit Road North, South Yarmouth, MA. You **must** apply to be included in this lottery using this application. The application must be received by OCTOBER 5, 2020 at 4 P.M. at the **Plymouth Redevelopment Authority, 26 Court St., Plymouth, MA 02360**. Applications received after this date will not be processed. Application which are incomplete will not be accepted. NO EXCEPTIONS! READ THESE INSTRUCTIONS CAREFULLY!

Qualified applications will be asked to be considered for existing Affordable rental units in other Cape Town (see page 3). All residents of other towns and cities can apply.

The lottery will include the 9 Circuit Road applications received now and the existing qualified applicants already on the Cape Cod Ready Renters list to generate a list by lottery which will be used to fill vacancies at 9 Circuit Road. New, qualified applications will then be added to the end of the exiting Cape Cod Ready Renters list for consideration for existing Affordable Ready Renter units in Yarmouth, Falmouth, Barnstable, Dennis and Orleans. Getting on this list does not guarantee you housing, but it does mean that when there is availability, you may be called. If you are called, you will then have an opportunity to view the unit and decide if you want to rent it. At this point, you will need to submit a FINAL APPLICATION and documentation for certification of income eligibility prior to leasing. Households with rental vouchers are encouraged to apply. THIS IS AN EQUAL HOUSING OPPORTUNITY.

Households must remain income eligible to rent an affordable unit. Rental Rates and Income Qualification will vary depending on projects; all rents will be affordable; most require first/last month's rent and a security deposit. The maximum eligible incomes for the 9 Circuit Road unit is listed below. Different Ready Renter projects at different addresses may be targeted to different income levels.

2020 Barnstable MSA Income Limits; see www.huduser.org								
Household size	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
80% Income Limits	\$54,150	\$61,850	\$69,600	\$77,300	\$83,500	\$89,700	\$95,900	\$102,050

To be eligible for an affordable rental unit, no household member may own a home (even in Trust) at the time of executing the lease for the affordable unit. This program requires that households renting an affordable unit must use the unit as their primary residence, submit to an annual recertification of income, and notify the program of any changes in household members and/or contact information. Additional information may be required to establish and maintain eligibility. For example, if a new member joins a household, revised income information and documentation will be required.

Application must be received no later than OCTOBER 5, 2020 at 4 P.M. by the PLYMOUTH REDEVELOPMENT AUTHORITY, 26 Court St., Plymouth, MA 02360

If you need additional information or have questions contact:

Plymouth Redevelopment Authority, 26 Court St., Plymouth, MA 02360
(508) 747-1620 Ext 10147 redvelopment@townhall.plymouth.ma.us

There is no rental assistance attached to these units.
Rental Voucher Holders Encouraged to Apply.

Discrimination 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 is specifically prohibited in the selection of applicants for this housing opportunity.

Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to apply for, use and enjoy the housing

Ready Renter Lottery Application Instructions

1) COMPLETE AND SIGN THIS APPLICATION. Complete this application, sign it, and submit to Plymouth Redevelopment with all applicable documentation requested here in section 2):

2) SUBMIT INCOME, ASSETS, BENEFITS and TAX DOCUMENTATION: Copies of the following must be attached and submitted with this application for all household members over 18 years of age. Attach all that apply to you and your household members.

- A. PAYSTUBS and BENEFITS LETTER: Two (2) most recent pay stubs and/or benefits letter from Social Security
- B. TAX RETURNS and DOCUMENTATION: Copy of your most recent tax return; return must be signed. If you are self-employed you must submit a copy of your most recent tax return and most recent profit and loss statement.
- C. W2s: Copy of your most recent W-2s
- D. BANK AND ACCOUNT STATEMENTS: One copy of the most recent statement for ALL savings, checking, retirement, and other asset accounts.
- E. RENTAL VOUCHER: Copy of evidence of Section 8 Voucher or other rental voucher, or pre-approved assistance.

4) NOTIFICATION Once all the relevant information is received and clarified, the documentation will be processed to determine income eligibility and you will be notified.

5) FINAL APPLICATION & FIRST/LAST/SECURITY DEPOSIT: This application is an initial application. All applicants who are offered a unit must complete a FINAL APPLICATION Prior to you accepting a unit, you will need to submit a full final application and documentation for your income eligibility to be certified before a lease can be signed. Your household will also need to show ability to pay any FIRST MONTH'S/LAST MONTH'S RENT AND SECURITY DEPOSIT required by property owner.

5) We are available to assist individuals in the completion of their application and are able to accommodate households with disabilities that may impede their ability to complete the application. We can also arrange for assistance for households that have limited English proficiency. Applicants have the right to request a reasonable accommodation(s), which may include a change to a policy, procedure or practice to afford a person with a disability an equal opportunity to participate fully in the housing program or to use and enjoy the housing. Applicants may also be entitled to a reasonable modification(s) of the housing, when such modifications are necessary to afford a person with a disability an equal opportunity to use and enjoy the housing.

6) Income counted from assets over \$5,000 is the higher of the actual income from the asset or income imputed at 0.6%.



Ready Renter Lottery Application

Applicant's Name _____

Current Address/PO Box _____

_____ Zip _____

Telephone: Home _____ Work _____ Cell _____

E-Mail Address _____

Total Number of People in Household _____

Non-English Speaking Applicant (optional)? _____ Yes _____ No

Language Preference (optional) _____

How did you hear about the program? _____

Does any household member currently own a residential property? If yes, please explain:

BEDROOM SIZE REQUESTED: _____ STUDIO _____ 1BR _____ 2 BR _____ 3BR _____ 4BR

ACCESSIBILITY REQUESTED (check all that apply):

_____ Wheelchair accessible unit _____ Unit accessible for sensory impairments

_____ Other accessible features needed (please explain)

Does any member of your household require a reasonable accommodation or modification based on a disability? If yes, please explain (responding to this question is optional): _____ Yes _____ No

Do you own any pets? _____ Yes _____ No If yes, describe: _____

Do you want to be considered for other Ready Renter Units in the following Towns:

Falmouth _____ Yes _____ No

Orleans _____ Yes _____ No

Dennis _____ Yes _____ No

Barnstable _____ Yes _____ No

Yarmouth _____ Yes _____ No

Optional: Do you or any member of your household classify yourself as any of the following? (This may include more than one group). Responses will help us track the diversity of the applicant pool.

☐ Asian/Native Hawaiian/Pacific Islander

☐ Black/African-/Caribbean-American

☐ Latino

☐ Native American

☐ White/Caucasian

☐ Another Race or Ethnicity (please specify):



HOUSEHOLD COMPOSITION Please list ALL person will live in your home:

	Name	Relation- ship to head	Age	School Attending and Town
Head				
2				
3				
4				
5				

EMPLOYMENT INCOME AND HISTORY

****Please attach to this your two most recent pay stubs for all members over the age of 18 who are working. If self-employed please attach a copy of your tax return and profit and loss statement. Attach additional sheets if needed.**

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME:
	CURRENT EMPLOYER:
	ADDRESS
	POSITION HELD:
	How long employed? Supervisor:
	Phone Number
	Income/Pay Rate:

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME:
	CURRENT EMPLOYER:
	ADDRESS
	POSITION HELD:
	How long employed? Supervisor:
	Phone Number
	Income/Pay Rate:



OTHER INCOME

Please list ALL SOURCES of income as requested below. If a section does not apply, cross it out or write N/A.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT
	Social Security	
	Social Security	
	Social Security	
	Alimony	
	Child Support	
	Child Support	
	SSI Benefits	
	SSI Benefits	
	SSI Benefits	
	Pension – list source	
	Pension – list source	
	Veteran's Benefits	
	Veteran's Benefits	
	Unemployment Compensation	
	Unemployment Compensation	
	Title IV / TANF	
	Title IV / TANF	
	Interest Income (source)	
	Other:	
	Other:	
	Other:	

Do you anticipate any changes in income in the next 12 months?

☐ Yes ☐ No If yes, please explain: _____



ASSETS

If your assets are too numerous to list on this page,
please request an additional form.

If a section does not apply, cross it out or write N/A.

**** Please attach to this application the most recent statements for each of the below:**

FINANCIAL INSTITUTIONS

CHECKING	#	BANK	Balance \$
SAVINGS	#	BANK	Balance \$
TRUST ACCOUNTS	#	BANK	Balance \$
CERTIFICATES OF DEPOSITS (CD's)	#	BANK	Balance \$
CREDIT UNION ACCOUNTS	#		Balance \$

ALL OTHER ASSETS

SAVINGS BONDS	#	Maturity Date	Face Value\$
LIFE INSURANCE POLICY	#	Company/issuer	Cash Value
STOCKS	Name	# Shares	Div. Paid
BONDS	Name	# Shares	Interest or Dividend \$
Investment Property	Location	Value	



PLEASE CHECK THE FOLLOWING AND SIGN BELOW:

1. ☐ Yes I/We certify that the information in this application and in support of this application is true and correct to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that perjury will result in disqualification from further consideration in this program.

2. ☐ Yes I/We understand that the use of this application is for placement on a Ready Renter List to rent an affordable unit in Yarmouth, and does not guarantee an offer. Additionally, I/we want to be considered for other Ready Renter Units in the Towns I indicated on page 3.

3. ☐ Yes I/We understand that the property owner or property manager of a specific unit makes the final tenant selection determination and NOT the Ready Renter List Administrator.

4. ☐ Yes I/We _____ did not file taxes for years _____.

5. ☐ Yes I/We give permission to share the application and materials with relevant staff of the Town of Yarmouth staff and/or the designated monitoring agent.

Your signature(s) below gives consent to the Town of Yarmouth or its Designee to verify information provided in this application.

No applications will be considered complete unless signed and dated by the Applicant and Co-Applicant (if any).

Applicant Signature

Date

Co- Applicant Signature

Date