

Application

Barnstable Housing Authority 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.

EQUAL HOUSING OPPORTUNITY
Stage Coach Residences
Barnstable Housing Authority
146 South Street
Hyannis, MA 02601
508-771-7222

APPLICATION FOR ADMISSION Please print and fill in ALL Information

Note: Please fill in all sections **completely**. Failure to do so will result in processing delays or rejection of your application. If you need help in completing this application, please contact Barnstable Housing Authority.

Name of Applicant: _____

Current Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Best Telephone Number to Reach Applicant: _____

Birth Date: _____ Social Security # _____

Email _____

Minority /Race/Ethnicity

- American Indian/Alaskan Native Asian or Pacific Islander Black (not of Hispanic origin) Hispanic
 Caucasian/White

Accommodation: Do you require a unit with accessible features, for a disability or sensory impairment?

Yes No



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If yes, please explain. _____

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.

Number of bedrooms needed: [] one-bedroom [] two bedrooms

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

FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTHDATE/ AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (YES/NO)

Is a change in the household composition expected? [] Yes [] No

If yes, what type? _____ When? _____

Maximum Household Size for 1 Bedroom is 2 persons.
Maximum Household Size for 2 Bedrooms is 4 persons.

REFERENCES

Full name and address of Landlords or Officials at other places you have lived during the last five years, including shelters.

Name of Present Landlord/Official: _____

Telephone: _____

Address _____

Name of Present Landlord/Official: _____

Telephone: _____

Address _____



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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 previous page.
EMPLOYMENT INCOME BY HOUSEHOLD MEMBER.:

Household Member: _____

Name of Present Employer: _____

Telephone: _____

Address: _____

Years Employed: _____ Position: _____

Current Salary \$ _____ [] weekly [] bi-weekly [] monthly

Household Member: _____

Name of Present Employer: _____

Telephone: _____

Address: _____

Years Employed: _____ Position: _____

Current Salary \$ _____ [] weekly [] bi-weekly [] monthly

Household Member: _____

Name of Present Employer: _____

Telephone: _____

Address: _____

Years Employed: _____ Position: _____

Current Salary \$ _____ [] weekly [] bi-weekly [] monthly

Household 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.

ASSETS:

FULL NAME	TYPE OF INCOME	GROSS EARNING (BEFORE TAXES)

Do you own any real estate? Yes No

If yes, please provide the address(s):

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	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.

Are you a Board member, employee, or member of the immediate family of an employee or Board member of this Housing Authority? Yes No

If yes, please explain _____



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Do you have any pets? Yes No

Are you a United States Citizen or eligible alien? Yes No

Have you or anyone in your household ever been convicted of a crime?
 Yes No

Are you or any member of your household subject to a lifetime registration requirement under the State Sex Offender Registration Program?
 Yes No

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. 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 Barnstable Housing Authority 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

Barnstable Housing Authority 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.

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RELEASE OF INFORMATION

Authorization Form

_____, hereby authorize Barnstable Housing Authority and its staff, to contact any agencies, offices, groups or organizations to obtain any information or materials which are deemed necessary to complete my application or annual re-certification for participation in their housing program. I also permit this form to be duplicated.

Signed under the pains and penalties of perjury.

Signature

Date

THIS INFORMATION IS VALID FOR A PERIOD OF
ONE YEAR FROM THE DATE NOTED ABOVE.

All adult household members (18 years of age and older) in addition to signing the application must also sign the following: (If applicable to the program for which you are applying)

- *All release forms required for third party verification*
- *Any other documents required as a condition of program participation*



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NOTICE TO ALL APPLICANTS AND TENANTS OPTIONS
FOR APPLICANTS AND TENANTS WITH
DISABILITIES

Barnstable Housing Authority provides housing to the general public.

1. Barnstable Housing Authority is not permitted to discriminate against applicants on the basis of their race, color, religion, sexual orientation, national origin, family status, or disability. In addition, the project has an obligation to provide "reasonable accommodations" to applicants if they and/or any family member have a disability. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

Examples of possible accommodations include:

- Making reasonable alterations to a unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing-light smoke detectors in an apartment for a family with a hearing-impaired member;
- Permitting a family to have a seeing-eye dog to assist a vision impaired family member where existing pet rules would not allow a dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing impaired applicant during the application process.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy — the family must still be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing the neighbors, etc., but there is no requirement that the family be able to do these things without assistance.

If you or a member of your family have a disability and think you might need a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, this is your right.



This statement confirms that I/WE _____ have been informed of my/our right to a Reasonable Accommodation should I or any member of my household now or in the future require such accommodation.

I/We understand that we must place my/our request in writing and will be required to verify my/our need for this accommodation.

Signed

Date

Signed

Date



Those who are offered an opportunity to rent a unit will be required to have appropriate income levels and good credit. Applicants will be screened for income, history of responsible-rent payments and tenancy, credit history and criminal record.

As members of Stage Coach Residences, you will be required to abide by the rules and regulations of the Community.

Stage Coach Residences is a non-smoking community.

If you meet the basic qualifications described, the next step is to complete the enclosed application. It is very important that you do this fully and accurately. If you have questions about the application you can contact:

The Tenant Selection Department at the address below or by calling 508-771-7222. Mail Completed Applications to:

Barnstable Housing
Authority 146 South Street
Hyannis, MA 02601

Special consideration will be given to larger families and families with household members requiring accessible units.

Our intention is to be fair to all applicants. If you feel your application has been treated unfairly, you may ask for a review of your application or classification.

Barnstable Housing Authority 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.

Barnstable Housing Authority affirmatively markets to persons with disabilities.

Barnstable Housing Authority will also make reasonable accommodations in policies or reasonable modification of common or unit premises for all applicants with disabilities who require such changes to have equal access to any aspect of the application process or to the development and its programs and services. Barnstable Housing Authority will arrange for sign language interpreters or other communication aides for interviews during the application process.

Appointments for an application or for reasonable accommodations, including materials in alternate format may be made by contacting the Barnstable Housing Authority (BHA) at 146 South St. Hyannis, MA. 02601 phone 508-771-7222, fax 508-778-9312

Please take the time to read through the enclosed application, and complete in full. Applications not completed cannot be processed and will be returned

For more information on Stagecoach Residences or any other BHA properties, please contact our office at the number listed above. Thank you.

Sincerely,

Lorri Finton
Executive Director

