

Application for: Aunt Sarah's

93 Pleasant St
Return to: Barnstable Housing Authority
 146 South Street, Hyannis MA 02601

(508) 771-7222

OFFICE USE ONLY

DATE OF RECEIPT _____
 TIME OF RECEIPT _____
 CONTROL NUMBER _____
 PREFERENCE _____
 OVER 62 ___ DISABLED ___ MINORITY ___
 BEDROOMS -- 0 1

1. Name of Applicant _____
 Current Street Address _____ Apt. No. _____
 City/Town _____ State _____ Zip _____
 Mailing Address (if different) _____
 Home/Mobile Telephone: _____ Work Telephone: _____
 Email address: _____
 Place of Employment: _____

ALL SECTIONS MUST BE COMPLETED BY APPLICANT. IF ALL QUESTIONS ARE NOT ANSWERED BY APPLICANT, THE APPLICATION WILL NOT BE PROCESSED.

2. Total number of Household Members: _____
 3. Are you or any household member: 62 years old or older (circle) ___ Yes ___ No
 Disabled ___ Yes ___ No

4. RACE/ETHNICITY....This information is required by HUD to ensure non-discrimination in housing.
CIRCLE ONE: Native American Asian Black Hispanic Non-Hispanic White Other

5. Type of unit: (circle one) SPH Studio 1 Bedroom

6. Total income of the household per year (include ALL income sources) \$ _____

7. Please list ALL members of household, including Head:

Name	Soc. Sec. #	Date of Birth	Relationship to Head
<u>1</u>			
<u>2</u>			
<u>3</u>			

8. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate owned, etc. Do not include clothing, furniture, or cars.

Household Member	Description of Assets	Value of Assets
1		
2		
3		

9. **References:** List two references. These should **not** be relatives or household members.

(1) Name _____ Telephone No. _____
Street address _____ City _____ State _____ Zip _____

(2) Name _____ Telephone No. _____
Street address _____ City _____ State _____ Zip _____

10. **Housing History:** list addresses for at least the **last five years** in reverse order:

(1) **Current** Address _____ Dates _____
street city state zip

Name of Landlord (**owner**) _____ Telephone No. _____

Address of Landlord _____
street city state zip

(2) Address _____ Dates _____
street city state zip

Name of Landlord (**owner**) _____ Telephone No. _____

Address of Landlord _____
street city state zip

(3) Address _____ Dates _____
street city state zip

Name of Landlord (**owner**) _____ Telephone No. _____

Address of Landlord _____
street city state zip

****If you need more space for housing history, please include a separate sheet of paper. ****

Applicant's Certification: I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate unit. If I do not accept that offer, I will be dropped from the wait list. Based on this application I understand that I should not make any plans to move or end my present tenancy until I have received a written **Unit Offer** from the Housing Authority. I understand that **it is my responsibility to notify the Housing Authority in writing of any change of address, income, or household composition.** I understand that my participation is subject to a criminal history record check using CORI and must be in compliance with Barnstable Housing Authority policy. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application.

Signed under the pains and penalties of perjury.

11. All household members 18 years & older **MUST** sign & date below to authorize a CORI check:

12.

Applicant's Signature **Date**

Barnstable Housing Authority
Fair Information Practices Statement of Rights

The Barnstable Housing Authority collects information about applicants and tenants for its housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information, however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision.

I have read and understood this fair Information Practices Statement of Rights and have received a copy for future reference.

Signature

Date

BARNSTABLE HOUSING AUTHORITY

Supplemental and Optional Contact Information

SUPPLEMENT TO APPLICATION FOR ASSISTED HOUSING

This form is to be provided to each applicant for assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in assisted housing programs based on race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

Signature of Applicant	Date
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Authorization for the Release of Information/Privacy Act Notice

Consent: I consent to allow the BHA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. The information will not be disclosed or released, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

NOTICE TO ALL APPLICANTS:

REASONABLE ACCOMODATIONS ARE AVAILABLE

FOR APPLICANTS WITH MENTAL AND/OR/ PHYSICAL DISABILITIES

The Barnstable Housing Authority (BHA) does not discriminate against applicants based on mental or physical disabilities. In addition, the BHA has an obligation to provide “reasonable accommodation” on account of a disability if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the BHA can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the BHA’s housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the BHA, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The BHA has assigned Paula Lepore as its Accommodation coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the BHA addressed to her attention. You must also submit medical documentation verifying the existence of a disability, and the need for an accommodation to overcome these limitations and to participate in the BHA’s housing or programs.

Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the BHA can reasonably do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.



Barnstable Housing Authority

BHA Smoking Policy

Effective October 1, 2013, Barnstable Housing Authority (BHA) transitioned all of its public housing properties to smoke free environments.

This policy is in recognition of the serious health problems associated with secondhand smoke. The smoke filters out of smoker's apartments and drifts into other areas of the building through wall sockets, ventilations ducts, under doors, etc. Secondhand smoke can linger for hours exposing other tenants in their units to carcinogens. The BHA also has found that smoking in its buildings significantly increases the cost of rehabbing units, requiring more time and money to make vacant units of smokers ready for re-occupancy.

Tenants of BHA developments were given a Smoking Survey to complete. The majority of those who responded supported the establishment of smoke-free environments.

Barnstable Housing Authority through this policy seeks to prohibit smoking on its properties, not people who smoke. All tenants and applicants will be notified of the BHA Smoking Policy. All guests and service providers on BHA property will be subject to compliance with this policy and notified accordingly.

The Board of Commissioners and staff understand that for many current tenants, smoking has been part of their lives for many years. Medical professionals have published reports showing smoking to be addictive and for many quitting this behavior would be difficult. On the other hand, it is also understood that secondhand smoke is detrimental to those tenants with severe medical conditions and to non-smokers alike.

All eligible applicants on the BHA waiting lists will be notified by the BHA of non-smoking policy once the policy has been approved. Applicants subsequently agreeing to accept an offer of a BHA unit as of October 1, 2011, must agree not to smoke in or on Barnstable Housing Authority property except in designated areas.

All tenants will be required to sign a lease addendum agreeing not to smoke in BHA units. Enforcement will be through the lease agreement which is supported by the state regulation 760CMR and federal regulation 24 CFR, which requires that tenants, their household members, and guests comply with rules and policies established by Housing Authorities for their developments. Violation of the smoking policy will be grounds for issuance of a 30-day notice to quit.

All current applicants on BHA wait lists and any persons filing new applications prior to October 1, 2011, will be notified of the BHA Smoking Policy.

Approved August 18, 2011

Revised and adopted September 19, 2013