



**Barnstable  
Housing Authority**

Telephone 508.771.7222

FAX: 508.778.9312

TDD / TTY: 508-778-5333

146 South Street • Hyannis, MA 02601

## **CAREER HOUSE APPLICATION**

### **ALL BARNSTABLE HOUSING PROPERTIES ARE**

#### **SMOKE FREE**

**When completing the attached application, please be certain your writing is legible, complete with full name(s), addresses, contact information, accurate dates, and an emergency contact person. Landlord references for the last 5 years must be included as well.**

**Career house is congregate living. Tenants have their own bedrooms, but share the kitchen, bathrooms, and common areas. Each tenant must clean up after themselves and cooperatively clean the house with other tenants. All utilities are included, as well as trash disposal services. There is a coin-operated washer and dryer on site for tenant use only.**

**Career House is NOT subsidized. The full rent for Career House is \$800.00 per month, or you may use your mobile voucher. A full security deposit of \$800.00 is also required prior to move in.**

**If you have any questions or concerns, please contact us at the phone number listed above.**

**Thank you for your interest in Barnstable Housing Authority properties.**

**\*Updated 9/2023**



Pre-Screening  
**CAREER HOUSE**  
 Return to: Barnstable Housing Authority  
 146 South Street, Hyannis MA 02601  
 (508) 771-7222

OFFICE USE ONLY  
 DATE OF RECEIPT \_\_\_\_\_  
 CONTROL NUMBER \_\_\_\_\_  
 OVER 62  DISABLED  MINORITY   
 BEDROOMS -- 0 1 2 3 4 5

1. Name of Applicant \_\_\_\_\_  
 Current Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

2. Total number of household members \_\_\_\_\_

3. Are you or any household member:  
 62 years old or older?  Yes  No  
 Disabled?  Yes  No

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

4. Total income of the household per year (include ALL income sources) \$ \_\_\_\_\_

5. RACE/ETHNICITY... This information is required by HUD to ensure non-discrimination.

CIRCLE ONE: Native American Asian Black Hispanic Non-Hispanic White Other \_\_\_\_\_

6. Please list ALL members of household, including Head (turn form over if you need extra space):

	Name	Soc. Sec. #	Date of Birth	Relationship to Head
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Applicants must agree to the following: I understand that this pre-application is not an offer of housing. When my number reaches the top of the wait list, I will have to verify and document all the information that I am self-certifying today. I understand that it is my responsibility to notify the Barnstable Housing Authority if I change my address. I understand that my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD regulations. I further understand that my participation is subject to a criminal history record check using CORI and must be in compliance with Barnstable Housing Authority policy. Signed under the pains and penalties of perjury.

7. \_\_\_\_\_  
 Applicant's Signature Date

8. All household members 18 years & older MUST come in to Barnstable Housing Authority to complete a CORI Check Form. Each adult member must have a valid picture ID to present for verification. *birth certificate, SS card* → *COPIES*  
 \*\*\*\*\*

**ATTENTION CASE MANAGERS:**

I, \_\_\_\_\_ (Case Manager) currently receiving services certify that, \_\_\_\_\_ (Applicant) and is appropriate for the CAREER HOUSE PROGRAM

Service Provider: \_\_\_\_\_ (signature) Agency: \_\_\_\_\_

Service Provider Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

8. 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 \_\_\_\_\_

9. 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 in a Section 8 housing program is subject to my being eligible and in compliance with HUD regulations. I further 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.

SORI

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_