

# Winter Street

Application for families with one or more family members with a disability  
 Return to: **Barnstable Housing Authority**  
 146 South Street, Hyannis MA 02601

(508) 771-7222

<b>OFFICE USE ONLY</b>	
DATE OF RECEIPT	_____
TIME OF RECEIPT	_____
CONTROL NUMBER	_____
PREFERENCE	_____
OVER 62	DISABLED
BEDROOMS	MINORITY
— 0 1 2	

1. Name of Applicant \_\_\_\_\_

Current Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Email address: \_\_\_\_\_

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. 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) 2 Bedroom studio

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
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

