



Barnstable Housing Authority

Tenant Selection: 508.771.7222
Telephone: 508.771.7222
FAX: 508.778.9312 TDD / TTY: 508-778-5333
146 South Street • Hyannis, MA 02601

ABOUT YOUR AHVP APPLICATION 2018

Please remember that all questions on the AHVP Application **MUST** be answered and the application signed **BEFORE** it can be processed. All information requested (**complete addresses with zip codes and telephone numbers, complete income/expense figures, etc.,**) **MUST** be provided.

Applications MUST be complete, must be signed and must be completed.

Remember, an incomplete application cannot be processed and cannot be placed on the Wait List.

Please call (508) 771-7222 if you have any questions or need assistance. **PLEASE DO NOT COME INTO THE OFFICE WITHOUT FIRST CALLING TO MAKE AN APPOINTMENT AND TO BE ASSURED SOMEONE WILL BE AVAILABLE TO ASSIST YOU.**

NOTICE TO PUBLIC HOUSING APPLICANTS – READ CAREFULLY

Please be advised that, as part of the final screening process of applications for public housing units administered by the Barnstable Housing Authority (BHA), the BHA will be accessing Criminal Offender Record Information (CORI) on all applicants and members of their households over the age of 17 years from the Criminal History Systems Board of the Commonwealth of Massachusetts.

This information includes any and all information relative to any criminal activity, both felonies and misdemeanors, regardless of when it occurred, and any and all information relative to any criminal charges which are currently pending before the courts of the Commonwealth or any jurisdiction, including federal courts.

The CORI information will be used solely for the purpose of evaluating applicants for housing administered by the BHA, in order to further the protection and well-being of tenants of the Barnstable Housing Authority.

CORI policy was adopted by the BHA Board of Commissioners on 9/22/94.



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OFFICE USE ONLY

DATE OF RECEIPT _____
TIME OF RECEIPT _____
CONTROL NUMBER _____
BEDROOMS----- 0 1 2 3 4 5
RACE----- AI A B H O W
PRIORITY CATEGORY _____
PREFERENCE CATEGORY _____
LANGUAGE _____

STANDARD APPLICATION FOR AHVP VOUCHER PROGRAM

1. **Name of Applicant** _____
Current Street Address _____ **Apt. No.** _____
City/Town _____ **State** _____ **Zip Code** _____
Mailing Address (if different) _____
Home Telephone () _____ **Work Telephone ()** _____

2. **Type of Public Housing Needed:**

☐ AHVP

3. **Racial Designation:** Responding to this question is optional: Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category.
(Circle One): American Indian Asian Black Hispanic White Other (specify) _____

4. **Number of Bedrooms:** (Circle One) 0 1

5. **Members of household to live in unit, including Head of Household:** (attach additional sheet if necessary).

Name (first, middle, last)	Social Security Number	Relation to Head	Sex	Date of Birth	Occupation or grade in school
1.		HEAD			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

This information will be used to verify income, assets, and criminal record information.

6. Is a change in the household composition expected? (Circle One) yes no

If yes, what type of change? _____ When? _____

7.

INCOME BEFORE DEDUCTIONS:

Estimate the gross income anticipated for **ALL** household members from all sources for the next 12 months. Specify all sources both **NATIONALLY AND INTERNATIONALLY**.

Household Member		Name and address of employer or source of income	Gross income for the next 12 months
	Salaries, Wages including Overtime/Tips		\$
	V.A. Disability		\$
	Net Income from Business or Profession		\$
	Trust Income		\$
	Interest and Dividends		\$
	Pensions and Annuities		\$
	Regular Unemployment or Disability Compensation.		\$
	Regular Social Security Benefits and/or SSI		\$
	AFDC or Public Assistance		\$
	Regular Alimony, Support: Payments, Gifts		\$
	Other Income		\$
	Total Gross Income		\$

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, both **NATIONALLY AND INTERNATIONALLY** etc. **Do not** include clothing, furniture, or cars.

Household Member	Asset Type / Asset Value	Income

9. Have you, or any member of your household, ever received housing assistance from this or any housing agency or groups? This includes rental assistance programs. (Circle One) Yes No

If yes: Name of Head of Household at that time _____

Relationship to Present Applicant _____

Address while receiving assistance _____

Name & Address of Housing Agency _____

Date moved out? _____ Reason Moved Out? _____

Did you leave in compliance with the lease and other program requirements? (Circle One): Yes No

If no, please explain _____

If yes, please explain: _____

10. **Criminal Record:**

Have you or any member of your household who will live in the unit ever been **charged with a misdemeanor**? (Circle One): Yes No

Have you or any member of your household who will live in the unit ever been **charged with a felony**? (Circle One): Yes No

If yes, please explain _____

Is any member of the household who will live in the unit subject to a lifetime sex offender registration requirement in any state?

(Circle One): Yes No

If yes, please explain _____

Failure to truthfully respond to these questions may jeopardize approval of the application.

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 public housing unit. If I do not accept that offer, my application will be removed from the waiting list and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a period of three years.

Based on this application I understand 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 inform the Housing Authority in writing of any change of address, income, or household composition**. 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 denial of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for all adult members of the household. **Signed under the pains and penalties of perjury.**

Applicant's Signature _____

Date _____

BHA Reviewer's Signature _____

Date _____

11. Housing History: List addresses (for each adult) for at least the last five years in reverse order:

(1) Current address _____ Dates _____
_____ Street _____ City _____ State _____ Zip _____

Name of Landlord (owner) _____ Phone # _____

Address of Landlord _____
_____ Street _____ City _____ State _____ Zip _____

(2) Address _____ Dates _____
_____ Street _____ City _____ State _____ Zip _____

Name of Landlord (owner) _____ Phone # _____

Address of Landlord _____
_____ Street _____ City _____ State _____ Zip _____

(3) Address _____ Dates _____
_____ Street _____ City _____ State _____ Zip _____

Name of Landlord (owner) _____ Phone # _____

Address of Landlord _____
_____ Street _____ City _____ State _____ Zip _____

(4) Address _____ Dates _____
_____ Street _____ City _____ State _____ Zip _____

Name of Landlord (owner) _____ Phone # _____

Address of Landlord _____
_____ Street _____ City _____ State _____ Zip _____

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



**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
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 and your right to appeal to the Department of Housing and Community Development.

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

Signature

Date



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BARNSTABLE HOUSING AUTHORITY

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above named individual, have authorized the **Barnstable Housing Authority** to verify the accuracy of all the information which I have provided to the Housing Authority in my Standard &/or Emergency Applications.

I hereby give you my permission to release this information to the **Barnstable Housing Authority** subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the **Barnstable Housing Authority** within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

(Signature)

(Date)

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



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Physician's Verification of Handicapped Status For State-Aided Elderly/Handicapped Housing

Please sign and give this notice to your physician

DATE: _____

NAME: _____ SOCIAL SECURITY # _____

ADDRESS: _____

I hereby authorize my physician to release any required medical information to
The Barnstable Housing Authority

APPLICANT'S SIGNATURE

DATE

The Barnstable Housing Authority is required by state regulations to obtain a physician's (MD) certification documenting that an applicant has a qualifying physical or mental impairment in order to determine the applicant's eligibility for elderly/handicapped housing. The applicant has authorized your release of the requested information. **We would appreciate your prompt response to the questions on the reverse side of this form.** If you have questions, please contact our office. Thank you for your cooperation.

** OVER **

Equal Housing Opportunity Agency

TO BE COMPLETED BY PHYSICIAN (MD)

Please confirm the following statements:

1. The applicant must have a physical or mental impairment which substantially impedes his or her ability to live in conventional housing and meet the terms of a lease.

Comment: _____

2. The applicant must have an impairment other than a history of alcohol or substance abuse.

Comment: _____

3. What is the anticipated duration of the applicant's impairment? (If indefinite, so specify and please estimate the approximate duration to the best of your ability.)

Comment: _____

4. Would suitable housing conditions improve the applicant's ability to live independently and if so, what sort? Please be specific.

Comment: _____

PHYSICIAN'S CERTIFICATION

I certify that the information provided above represents my professional judgment and is true and correct to the best of my knowledge and belief.

M.D. Signature

Date

Name (print): _____

Address: _____

Telephone: (____) _____