

Application for Section 8 Project-based Program
 Aunt Sarah's
 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 2 3 4 5

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

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) 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 |
|---|-------|-------------|---------------|----------------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |

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 |
|------------------|-----------------------|-----------------|
| | | |
| | | |
| | | |



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. ****

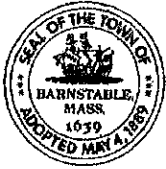
11. Is any member of the household who will live in the unit subject to a lifetime sex offender registration requirement in any state? (Circle one): Yes No

If yes, please explain _____
Failure to truthfully respond to this question 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 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.

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

13. _____
Applicant's Signature Date



Barnstable Housing Authority

Telephone 508.771.7222
FAX: 508.778.9312
Leased Housing Dept. (508)771-7292
146 South Street • Hyannis, MA 02601

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 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



Barnstable Housing Authority

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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, from the following sources (specify):

All information contained in my Standard, Preference &/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

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally 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 this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact 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 for federally assisted housing 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 federally assisted housing programs on the basis of 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. | |
| | |

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

NOTICE TO ALL APPLICANTS

REASONABLE ACCOMMODATIONS ARE AVAILABLE

FOR APPLICANTS WITH MENTAL AND/OR PHYSICAL DISABILITIES

Barnstable Housing Authority (BHA) does not discriminate against applicants on the basis of 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 through which the household is able to meet those obligations of tenancy.

The BHA has an Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the BHA. You must also submit medical documentation verifying the existence of a disability, 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 and 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.



Equal Housing Opportunity

BHA Smoking Policy

It is the intention of Barnstable Housing Authority (BHA) to transition all of its public housing properties to smoke free environments effective October 1, 2013.

This policy is in recognition of the serious health problems associated with second hand smoke. The smoke filters out of smoker's apartments and drifts into other areas of the building through wall sockets, ventilation ducts, under doors, etc. Second hand 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 second hand 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 the 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 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

