

Application for RAP (Rental Acquisition Program)

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

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 2 Bedroom 3 Bedroom 4 Bedroom

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

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

<u>Name</u>	<u>Soc. Sec. #</u>	<u>Date of Birth</u>	<u>Relationship to Head</u>
<u>1</u>			
<u>2</u>			
<u>3</u>			
<u>4</u>			
<u>5</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.

<u>Household Member</u>	<u>Description of Assets</u>	<u>Value of Assets</u>
<u>1</u>		
<u>2</u>		
<u>3</u>		

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. Do you have any pets? **Circle one** Yes No
If yes, please describe. _____

12. Have you or any members of your household been convicted of a felony or drug-related crime? _____
If yes, please explain* _____

13. 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.

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

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 my being eligible and in compliance with RAP 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; a copy of which is available upon request. *The BHA encourages applicants that are denied for CORI reasons to file an appeal of the decision to discuss any mitigating circumstances which could result in the reconsideration of eligibility. 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.

13. Signed under the pains and penalties of perjury:

Applicant

Date

Co-Applicant

Date



RAP is private housing. A public subsidy makes it affordable