



Barnstable Housing Authority  
146 South Street  
Hyannis, MA 02601

phone (508) 771-7222  
fax (508) 778-9312

## **ATTENTION R.A.P. PROGRAM APPLICANTS: IMPORTANT INFORMATION!**

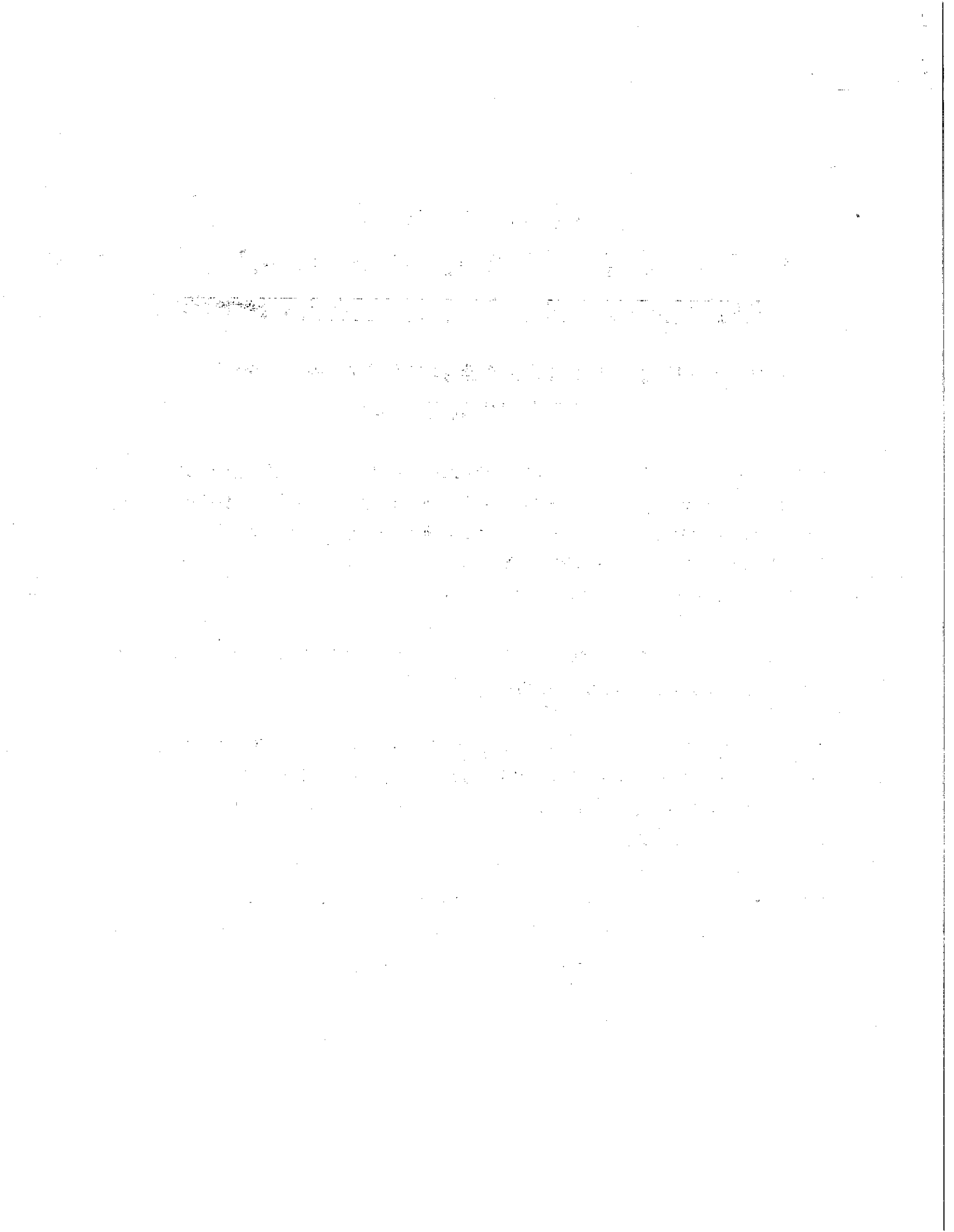
**\* RAP PROPERTIES DO NOT ALLOW PETS, &  
ARE SMOKE FREE!**

PLEASE BE CERTAIN THAT YOUR WRITING IS LEGIBLE, & APPLICATION IS COMPLETE WITH NAMES, DATES, ADDRESSES, CONTACT INFO, ETC. YOU MUST INCLUDE THE LAST 5 YEARS OF HOUSING HISTORY WITH THE LANDLORD'S NAMES, ADDRESS AND CONTACT INFO.

WHEN RETURNING YOUR COMPLETE APPLICATION TO THE BHA, PLEASE INCLUDE COPIES OF:

THE MOST RECENT EIGHT (8) WEEKS OF PAY STUBS for ALL ADULTS IN THE HOUSEHOLD. YOU MUST PROVIDE PROOF OF ALL INCOME, such as: SSI/SSDI, PENSIONS, IRA's, CHILD SUPPORT from DOR/CSE, ALIMONY, WORKMAN'S COMP, DTA, LOTTERY WINNINGS, MONETARY GIFTS, TRUST INFO (if applicable), DIVIDENDS from STOCKS, ETC. PREVIOUS YEARS TAXES, LAST 6 MONTHS of FULL BANK STATEMENTS, BIRTH CERTIFICATES and SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS.

ANY QUESTIONS? Please call our office @ 508-771-7222 x 134



**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:

Name	Soc. Sec. #	Date of Birth	Relationship to Head
<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.

Household Member	Description of Assets	Value of Assets
<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*



# Barnstable Housing Authority

## 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:

No information may be used for any purpose other than those described above without your consent. No information may be disclosed to any person other than those described above without your consent. You or your authorized representative has a right to inspect and copy any information collected about you.

You may ask questions and receive answers from the housing authority about how we collect and use your information.

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.

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Signature

Date



# Barnstable Housing Authority

Tenant Selection: 508.771.7222  
Telephone 508.771.7222  
FAX: 508.778.9312  
146 South Street • Hyannis, MA 02601

## 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.

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**BARNSTABLE HOUSING AUTHORITY**  
146 SOUTH STREET  
HYANNIS, MA 02601

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

#### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

**Signatures:**

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.