

STAGE COACH RESIDENCES

70 STAGE COACH ROAD, CENTERVILLE



Thank you for your interest in the Stage Coach Residences (12) apartments that are available for rental to low and moderate income households. Six of these units will have established rents for households with income at or below 60% of the Area Median Income (AMI) as published annually. The Monthly Rent for a two-bedroom unit is \$939 and the Monthly Rent for a one-bedroom unit is \$796 and is subject to change annually per adjustments as published by DHCD. Six of these units will be “Project-Based Voucher” units and the rent will be calculated based on the household income. Households in these units will have income at or below 50% of the Area Median Income (AMI) as published annually. Tenants will pay for their own utilities. These rental homes have been designated affordable and are located at 70 Stage Coach Road, Centerville, MA 02632.

Please attend one of the **INFORMATION SESSIONS** that will be held at:
Barnstable Town Hall, 367 Main Street, Hyannis.
Tuesday, July 30, 2013 at 6PM
Wednesday, July 31 at 9:30AM

Criteria and qualifications:

Maximum Income: (all household members, all sources)

Household Size	Maximum Income
1	\$ <u>34,440</u>
2	\$ <u>39,360</u>
3	\$ <u>44,280</u>
4	\$ <u>49,140</u>

Maximum household members: 4 persons



Two-bedroom apartments have 2 bedrooms and 1.5 bath(s).
One-bedroom apartments have 1 bedroom and 1 bath.

Those who are offered an opportunity to rent a unit will be required to have appropriate income levels. Applicants will be screened for income, history of responsible-rent payments and tenancy, and criminal record.

As members of the Stage Coach Residences development, you will be required to abide by the rules and regulations of the Community.

Stage Coach Residences is a non-smoking community.

Barnstable Housing Authority has contracted with Housing Assistance Corporation to conduct the lottery for these units. Housing Assistance Corporation will be distributing and collecting the applications, conducting the Information Sessions and drawing the names to establish the order in which applicants will be considered for occupancy.

If you meet the basic qualifications described, the next step is to complete the enclosed application. It is very important that you do this fully and accurately. If you have questions about the application you can contact:

Karen at Housing Assistance Corporation at 508-771-5400, ext. 282 or kdavis@haconcapecod.org

Mail **Completed** Applications to:

**Housing Assistance Corporation
460 West Main Street
Hyannis, MA 02601**

Special consideration will be given to larger households and households with household members requiring accessible units.

Our intention is to be fair to all applicants. If you feel your application has been treated unfairly, you may ask for a review of your application or classification. Barnstable Housing Authority and Housing Assistance Corporation will not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age or other basis prohibited by local,



state or federal law in any aspect of tenant selection or matters related to continued occupancy. Barnstable Housing Authority and Housing Assistance Corporation affirmatively market to persons with disabilities.

Barnstable Housing Authority will also make reasonable accommodations in policies or reasonable modification of common or unit premises for all applicants with disabilities who require such changes to have equal access to any aspect of the application process or to the development and its programs and services.

Barnstable Housing Authority will, for example, arrange for sign language interpreters or other communications aides for interviews during the application process.

To receive an application or for an appointment about reasonable accommodations, including materials in alternate formats, please contact:

Karen Davis
Housing Assistance Corporation
460 West Main Street
Hyannis, MA 02601
508-771-5400 ext. 282
kdavis@haconcapecod.org

We hope you will take the time now to read through the enclosed materials and complete the application.

Regards,

Sandra J. Perry, Executive Director
Barnstable Housing Authority



Application Form

Application

Housing Assistance Corporation will provide help in reviewing this document. If necessary, persons with disabilities may ask for this application in large print type, or other alternate formats.

EQUAL HOUSING OPPORTUNITY
Stage Coach Residences
Housing Assistance Corporation
460 West Main Street
Hyannis, MA 02601
508-771-5400

APPLICATION FOR ADMISSION
Please print and fill in ALL Information

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact Karen at 508-71-5400, ext. 282.

Name of Applicant: _____
Current Address: _____
City/Town: _____ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____
Best Telephone Number to Reach Applicant: _____
Birth Date: _____ Social Security # _____

Minority/Race/Ethnicity (optional): To qualify for the minority pool, at least one member of the household must be a member of the following: (please check any that apply)

- American Indian/Alaskan Native Asian or Pacific Islander
- Black (not of Hispanic origin) Hispanic

Accommodation: Do you require a unit with accessible features, for a disability or sensory impairment?

Yes No



If yes, please explain _____

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain.

Number of bedrooms needed: one-bedroom two bedrooms

LOCAL PREFERENCES:

Please indicate if you are in any of these categories. If so, you will qualify for a “local preference”. Documentation will be required at the time of the full application. In order to be included in the lottery, all documentation must be submitted and complete.

1. Current Residents of the Town of Barnstable defined as a household in which one or more members is living in the town at the time of application. Proof of residency such as: Photo identification (i.e., Mass driver’s license, Mass ID, Passport, Transportation Id), excise tax bill, current lease or rental receipts, etc.; will be required as verification.
 Yes No
2. Employees in the Town of Barnstable: Employees of businesses located in Barnstable and people who have been hired to work in the Town. Copy of pay stubs, letter from employer, etc., will be required for verification.
 Yes No
3. Households with children currently attending Barnstable schools.
 Yes No
Letter from the Barnstable School Dept. will be required for verification.
4. Homeless Preference: Certification from shelter provider or social service agency verifying homelessness as defined by DHCD will be required for verification.
 Yes No

Present Housing Cost Per Month \$_____ Including Utilities? Yes No

How Long Have You Lived at Present Address? _____ Years.

What are the reasons for Moving?



**HOUSEHOLD COMPOSITION - List all those who will occupy the apartment -
INCLUDE YOURSELF**

FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTHDATE/ AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (YES/NO)
	Self				

Is a change in the household composition expected? Yes No
 If yes, what type? _____ When? _____

Maximum Household Size for 1 Bedroom is 2 persons.
 Maximum Household Size for 2 Bedrooms is 4 persons.

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters.

Name of Present Landlord/Official: _____
 Telephone: _____
 Address _____

Name of Present Landlord/Official: _____
 Telephone: _____
 Address _____

Name of Present Landlord/Official: _____
 Telephone: _____
 Address _____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference: _____



Telephone: _____

Address _____

Name of Character Reference: _____

Telephone: _____

Address _____

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the previous page.
EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:

Household Member: _____

Name of Present Employer: _____

Telephone: _____

Address: _____

Years Employed: _____ Position: _____

Current Salary \$ _____ [] weekly [] bi-weekly [] monthly

Household Member: _____

Name of Present Employer: _____

Telephone: _____

Address: _____

Years Employed: _____ Position: _____

Current Salary \$ _____ [] weekly [] bi-weekly [] monthly

Household Member: _____

Name of Present Employer: _____

Telephone: _____

Address: _____

Years Employed: _____ Position: _____

Current Salary \$ _____ [] weekly [] bi-weekly [] monthly

Household Member: _____

Name of Present Employer: _____

Telephone: _____

Address: _____

Years Employed: _____ Position: _____

Current Salary \$ _____ [] weekly [] bi-weekly [] monthly



Household Member: _____
Name of Present Employer: _____
Telephone: _____
Address: _____
Years Employed: _____ Position: _____
Current Salary \$_____ [] weekly [] bi-weekly [] monthly



OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

FULL NAME	TYPE OF INCOME	GROSS EARNING (BEFORE TAXES)

ASSETS:

Do you own any real estate? Yes No

If yes, please provide the address (es):

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy:

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.

Are you a Board member, employee, or member of the immediate family of an employee or Board member of this Housing Authority? Yes No

If yes, please explain _____



Do you have any pets? Yes No

Are you a United States Citizen or eligible alien? Yes No

Have you or anyone in your household ever been convicted of a crime?
 Yes No

Are you or any member of your household subject to a lifetime registration requirement under the State Sex Offender Registration Program?
 Yes No

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a Criminal Offenders Record Information (CORI) report may also be requested. I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date

Barnstable Housing Authority and Housing Assistance do not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



RELEASE OF INFORMATION

Authorization Form

I, _____, hereby authorize Barnstable Housing Authority and its staff, to contact any agencies, offices, groups or organizations to obtain any information or materials which are deemed necessary to complete my application or annual re-certification for participation in their housing program. I also permit this form to be duplicated.

Signed under the pains and penalties of perjury.

Signature

Date

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

All adult household members (18 years of age and older) in addition to signing the application must also sign the following: (If applicable to the program for which you are applying)

- *All release forms required for third party verification*
- *Any other documents required as a condition of program participation*



NOTICE TO ALL APPLICANTS AND TENANTS
OPTIONS FOR APPLICANTS AND TENANTS WITH
DISABILITIES

Barnstable Housing Authority provides housing to the general public.

Barnstable Housing Authority is not permitted to discriminate against applicants on the basis of their race, color, religion, sexual orientation, national origin, family status, or disability. In addition, the project has an obligation to provide “reasonable accommodations” to applicants if they and/or any household member have a disability. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

Examples of possible accommodations include:

- Making reasonable alterations to a unit so it could be used by a household member with a wheelchair;
- Installing strobe type flashing-light smoke detectors in an apartment for a household with a hearing-impaired member;
- Permitting a household to have a seeing-eye dog to assist a vision impaired household member where existing pet rules would not allow a dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing impaired applicant during the application process.

An applicant household that has a member with a disability must still be able to meet essential obligations of tenancy – the household must still be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing the neighbors, etc., but there is no requirement that the household be able to do these things without assistance.

If you or a member of your household have a disability and think you might need a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, this is your right.



This statement confirms that I/we _____ have been informed of my/our right to a Reasonable Accommodation should myself or any member of my household now or in the future require such accommodation.

I/We understand that we must place my/our request in writing and will be required to verify my/our need for this accommodation.

Signed

Date

Signed

Date



Mass Rehabilitation Commission Certificate On Application for Community-Based Housing

Dear Certifier:

The Community Based Housing Program (CBH) provides affordable housing for individuals with disabilities who are living in institutions and seek an alternative in the community or those who are at risk of institutionalization. The CBH Program seeks to ensure that, through the availability of CBH, individuals with disabilities will be able to live as independently as they are able, in their own homes.

You have been asked to complete this certification for the individual named below who is applying to reside in a CBH-funded unit. An appropriate signatory is a licensed medical, psychological or allied mental health and human services professional who has knowledge of the individual for some duration or a person designated by MRC as a certifier.

Applicant's Name: _____

Yes No Applicant has a disability defined as: An individual who has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities is considered a person with a disability, excepting individuals who are persons with disabilities who are eligible for housing developed with Facility Consolidation Funds (FCF) funds; this exception is required by the legislation. Major life activities include: self care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency.

Yes No Applicant is not eligible for housing developed with FCF funds, i.e. a current client of the Department of Mental Health or Department of Mental Retardation. (A "yes" answer confirms the applicant is NOT eligible for FCF)

Yes No Applicant is institutionalized or at risk of institutionalization in a nursing facility, long term rehabilitation center or hospital

Explanation (please state if the individual is currently institutionalized)

I certify that the foregoing information is true and accurate to the best of my knowledge.

(Signature)
Name: _____
Address: _____
Phone: _____

(Date)

