

# 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 APPLICATION 2014

Please remember that all 22 questions on the Standard 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. Note: applicants seeking handicapped status MUST provide certification from their medical doctor (see attached form).

Emergency/Priority Applications MUST be complete, must be signed and must be accompanied by **sufficient and relevant 3<sup>rd</sup> party documentation** (financial records, police records, court documents, enforcement agency documents and social service agencies' documentation, etc.) which verifies why you are homeless through no fault of your own. You must also submit your own Personal Statement describing your situation.

**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.**

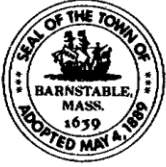
### NOTICE TO PUBLIC HOUSING APPLICANTS – READ CAREFULLY

Pursuant to 803 CMR 5.00, 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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<b>OFFICE USE ONLY</b>	
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 HOUSING

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:** (Circle One)

a. Family                      b. Elderly / Handicapped

**Note: To be eligible for elderly/handicapped housing you must be 60 years old (State) or 62 years old (Federal) or handicapped. For State Housing your handicap must be other than a history of alcohol or substance abuse.**

3. (a) **Local Veteran's Preference:** (Only for Elderly/Handicapped Housing) You may apply for Veteran's Preference if you are a Veteran who resides or works in the Town of Barnstable. (Circle One)    yes    no

(b) **Veteran's Preference** (Only for Family Housing) You may apply for Veteran's Preference if you are a veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a veteran. (Circle One)    yes    no    Service connected disability / death? (Circle One)    yes    no

If you answered **yes** to the above, **a copy of the Veteran's discharge (DD214) or separation papers must be submitted with this application.**

4. Special needs due to disability (wheelchair accessible / other)?: Specify \_\_\_\_\_

5. Are you applying for Emergency Housing: (Circle One)    yes    no  
If you circled "Yes" then you **MUST** fill out an Emergency Application and submit it with this Application.

6. Are you currently living in non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (Circle One)    yes    no  
**If yes, you must attach documentation verifying AHVP participation.**

7. **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) \_\_\_\_\_

8. **Number of Bedrooms:** (Circle One)    0    1    2    3    4

9. **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.		<b>HEAD</b>			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

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

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

If yes, what type of change? \_\_\_\_\_ When? \_\_\_\_\_

11. **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		\$
	<b>Total Gross Income</b>		\$

12. **EXPENSES:**

Expenses for Care of Children or Sick / Incapacitated Person if necessary for employment	\$
Unreimbursed Medical Expenses	\$
Alimony or Child Support Payments	\$
Health Insurance	\$
Other	\$
<b>Total Expenses:</b>	\$

13. **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

14. Does anyone in your household own a car? (Circle One) Yes No

Make of car \_\_\_\_\_ Year \_\_\_\_\_ Reg. No. \_\_\_\_\_

Make of car \_\_\_\_\_ Year \_\_\_\_\_ Reg. No. \_\_\_\_\_

Make of car \_\_\_\_\_ Year \_\_\_\_\_ Reg. No. \_\_\_\_\_

15. **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 \_\_\_\_\_

16. **Housing History:** List Addresses (for each adult) for at least the **Last Five Years** in Reverse Order:

(1) **Current** Address \_\_\_\_\_ **Dates** \_\_\_\_\_

Street apt # city state zip

Name of Landlord (**owner**) \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address of Landlord \_\_\_\_\_

Street city state zip

\*\*\*\*\*

(2) Address \_\_\_\_\_ **Dates** \_\_\_\_\_

Street apt # city state zip

Name of Landlord (**owner**) \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address of Landlord \_\_\_\_\_

Street city state zip

\*\*\*\*\*

(3) Address \_\_\_\_\_ **Dates** \_\_\_\_\_

Street apt. # 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. \*\***

17. 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 \_\_\_\_\_

18. Do you have a place of employment in the Town of Barnstable? (Circle One) Yes No

19. Are you a Board member, employee, or a member of the immediate family of an employee or Board member of this Housing Authority? (Circle One): Yes No (If so, this will not necessarily disqualify your application.)  
**If yes, please explain:** \_\_\_\_\_

20. **Do you have any pets?** : (Circle One) Yes No  
If yes please describe: \_\_\_\_\_

21. **Emergency Reference:** Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City State Zip

22. **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.

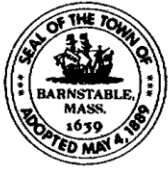
Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written **Unit Offer** from the Housing Authority. I understand that **it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household 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



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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:

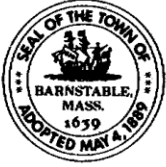
1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent.
3. You or your authorized representative has a right to inspect and copy any information collected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

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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.

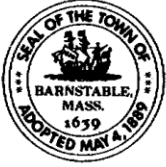
I understand that a photocopy of this authorization is as valid as the original.

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 \*\*



**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: \_\_\_\_\_  
\_\_\_\_\_

5. Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: (\_\_\_\_\_) \_\_\_\_\_