



## community development partnership

*Providing a vibrant and diverse community on Lower Cape Cod*

To Whom It May Concern:

Thank you for your interest in affordable housing opportunities on the Lower Cape. Although there are no current openings, I am enclosing income qualifications, and an application for our affordable housing units from Harwich to Provincetown.

Please complete this application and return it to the address listed on page 1 of the application. You will be placed on the wait list in order of date and time received. If the application is not complete, we will notify you. Please be thorough when filling out the application.

In addition, your name and address may be added to our mailing list. Should any apartments become available, we will contact you by phone. We will send out an update form to you annually in June. **If you have a change of address or phone, or you wish to be removed from the mailing list, please notify us immediately.** You may also reference our website at [www.capecdp.org](http://www.capecdp.org) for any available housing under Programs and Services.

Best of Luck!

Community Development Partnership



*Brewster · Chatham · Eastham · Harwich · Orleans · Provincetown · Truro · Wellfleet  
Three Main Street – Unit 7, Eastham, MA 02642  
Tel: 508-240-7873 or 1-800-220-6202 \* TDD #1-800-439-0183 \* Fax: 508-240-5085  
E-mail: [info@capecdp.org](mailto:info@capecdp.org) Website: [www.capecdp.org](http://www.capecdp.org)*



## community development partnership

*Providing a vibrant and diverse community on Lower Cape Cod*

### **CDP Apartments Harwich to Provincetown, MA**

The CDP has 13 affordable housing properties located on the outer cape. These properties include a studio unit, 1, 2, 3- and 4-bedroom units. In most cases, your income needs to be below 60% of area median income to qualify. We do have a few properties where you may income qualify if your income is under 80% of ami.

Most Apartments are currently fully occupied; however, a waiting list has been established. Applications are accepted on a first come, first served basis. The rental rates range from \$846 to \$1690, depending on the size of the unit needed. The properties are funded by Barnstable County HOME Funds and MA Department of Housing and Community Development HOME funds. Section 8 mobile vouchers are welcome. As of 2021, the maximum income limits are as follows:

The first priority for occupancy is provided to eligible household applicants whose family income is 60% or less of the established median family income for the area:

<u>Household Size</u>	<u>Income Limits</u>	<u>Household Size</u>	<u>Income Limits</u>
1 person	\$34,050	4 persons	\$48,600
2 persons	\$38,900	5 persons	\$52,500
3 persons	\$43,750	6 persons	\$56,400

If there are an insufficient number of eligible household applicants whose income is 60% or less than the established median family income of the area, second priority is provided to eligible household applicants whose family income does not exceed 80% of the established median family income for the area:

<u>Household Size</u>	<u>Income Limits</u>	<u>Household Size</u>	<u>Income Limits</u>
1 person	\$54,450	4 persons	\$77,750
2 persons	\$62,200	5 persons	\$84,000
3 persons	\$70,000	6 persons	\$90,200

For applications and information, contact:

**Community Development Partnership  
3 Main Street Unit # 7  
Eastham, MA 02642  
508-240-7873 ext. 17**



*Brewster · Chatham · Eastham · Harwich · Orleans · Provincetown · Truro · Wellfleet  
Three Main Street – Unit 7, Eastham, MA 02642  
Tel: 508-240-7873 or 1-800-220-6202 \* TDD #1-800-439-0183 \* Fax: 508-240-5085  
E-mail: [info@capecdp.org](mailto:info@capecdp.org) Website: [www.capecdp.org](http://www.capecdp.org)*



Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_  
Last Name: \_\_\_\_\_

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### Community Development Partnership Housing Application

All applicants will receive equal consideration without regard to race, color, disability, religion, sex, familial status, sexual orientation, gender identity, military/veteran status, national origin, genetics information, ancestry, children, marital status, or public assistance received.

(Faxed or e-mailed applications cannot be accepted)  
**Return completed signed original form to:**

**Property Management Department  
Community Development Partnership Three Main  
Street Mercantile, Unit# 7 Eastham, MA 02642**

For Information: Telephone 508-240-7873 x17 or 1-800-220-6202 x12  
TDD # 1-800-439-0183 e-mail: [cindi@capecdp.org](mailto:cindi@capecdp.org)

#### **SECTION I: Applicant/Co-applicant Information**

Today's Date \_\_\_\_\_

This application is to be filled out jointly by ALL Adult Members of Household, 18 years old and over. Social Security cards will be required for anyone over the age of 6.

**Applicant #1** \_\_\_\_\_ SS#

Other Name(s) You Have Used \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ *phone* \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

E-mail address \_\_\_\_\_ Length of time at present address \_\_\_\_\_

**Applicant #2** \_\_\_\_\_ SS#

Other Name(s) You Have Used \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ *phone* \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

E-mail address \_\_\_\_\_ Length of time at present address \_\_\_\_\_

**If there are more than two adult members of household who are not full-time students, please request an additional application.**



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List all people who are expected to reside in the unit, including applicant(s):

Name	Social Security#	Age	Relationship	Full Time Student Yes/No

### SECTION II: Current Living Situation

All selections must be verifiable.

- Do you own your own home?
- Do you rent a home?
- Do you live with others?
- Do you have other living arrangements?

Please Explain \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Are you or a household member a victim of domestic abuse?

Please list all states that you or any member of your household has lived in \_\_\_\_\_  
\_\_\_\_\_

### **SECTION III: HOUSING NEEDS** This section determines what type of housing would best suit your household's needs.

How many bedrooms do you need? \_\_\_\_\_ or studio unit. \_\_\_\_\_ accessible unit \_\_\_\_\_

If you are disabled, you have a right to a reasonable accommodation. Does your household require wheel chair accessibility or other special accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you own a pet or pets? \_\_\_\_\_

If yes, please note specific number, type, and size \_\_\_\_\_



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**SECTION III: Applicant #1** (Co-Applicant see page 4)

*(Cover last five years; use additional page if needed)*

Present Landlord's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Present Landlord's Mailing Address \_\_\_\_\_

Present Rent \$ \_\_\_\_\_ Including What Utilities \_\_\_\_\_

Reason for Moving \_\_\_\_\_

Previous Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Landlord's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Previous Landlord's Mailing Address \_\_\_\_\_

Length of Time There \_\_\_\_\_ Reason for Moving \_\_\_\_\_

**Employment History:** (cover last five years; use additional page if needed)

Current Employers	Mailing Address	Phone Number	Dates of Employment

Previous Employers	Mailing Address	Phone Number	Dates of Employment

**Personal References** (give three persons who are not family members):

Name	Mailing Address	Phone Number	e-mail address

In Case of Emergency Notify:

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

Address \_\_\_\_\_ Phone \_\_\_\_\_



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Have you and/or any member of your household ever been convicted of or evicted due to the manufacturing, selling, using, distributing, or possessing a controlled substance?   Yes     No  

If yes, when did this occur? \_\_\_\_\_

Have you and or any member of your household ever been evicted for engaging in a violent criminal activity? Including but not limited to murder, manslaughter, assault and battery, rape or other sexual offense, robbery, burglary, arson, kidnapping, carrying a dangerous weapon   Yes     No  

### **SECTION III - Applicant --U.S. Citizens or U.S. Residency Status - submit a copy of one of the following:**

*All applicants **must** document their legal status to continue to live and work in the U.S.*

Check which identification Applicant is submitting with application:

- U.S. Passport (unexpired or expired)
- U.S. Birth certificate (Original or certified copy) **AND** Driver's license or photo ID card issued by a state or possession of the U.S.
- U.S. certification of Birth Abroad (Form FS-545 or Form DS-1350) Certificate of U.S. Citizenship (INS Form N-560 or N-561) Certificate of Naturalization (INS Form N-550 or N-570)
- Unexpired foreign passport, with 1-551 stamp or attached INS Form 1-94 indicating unexpired employment authorization
- Alien Registration Receipt Card with photograph (INS Form 1-151 or 1-551) Unexpired Temporary Resident Card (INS Form I-688B)
- Unexpired Employment Authorization card (INS Form I-688A) Unexpired Reentry Permit (INS Form 1-327)
- Unexpired Refugee Travel Document (INS Form 1-571)
- Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)

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***Applicants are selected without regard to race, sex, national origin, color, creed, military status, marital status, familial status, sexual orientation, disability or handicap***

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### **SECTION IV -- Co-Applicant**

Present Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

e-mail address \_\_\_\_\_ Length of Time At Present Address \_\_\_\_\_

*(Cover last five years; use additional page if needed)*

Present Landlord's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Present Landlord's Mailing Address \_\_\_\_\_

Present Rent \$ \_\_\_\_\_ Including What Utilities \_\_\_\_\_



## community development partnership

Reason for Moving \_\_\_\_\_

Previous Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous Landlord's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Previous Landlord's Mailing Address \_\_\_\_\_

Length of Time There \_\_\_\_\_ Reason for Moving \_\_\_\_\_

**Employment History:** (cover last five years; use additional pages if needed)

Current Employers	Mailing Address	Phone Number	Dates of Employment

Previous Employers	Mailing Address	Phone Number	Dates of Employment

**Personal References** (give three persons who are not family members):

Name	Mailing Address	Phone Number	e-mail address

Have you and/or any member of your household ever been convicted of or evicted due to the manufacturing, selling, using, distributing, or possessing a controlled substance?  Yes  No

If yes, when did this occur? \_\_\_\_\_

Have you and or any member of your household ever been evicted for engaging in a violent criminal activity? Including but not limited to murder, manslaughter, assault and battery, rape or other sexual offense, robbery, burglary, arson, kidnapping, carrying a dangerous weapon  Yes  No

**Applicant -- U.S. Citizens or U.S. Residency Status - submit a copy of one of the following:**

*Applicants must document their legal status to continue to live and work in the U.S.*

Check which identification Co-Applicant is submitting with application:

- U.S. Passport (unexpired or expired)
- U.S. Birth certificate (Original or certified copy) **AND** Driver's license or photo ID card issued by a state or possession of the U.S.
- U.S. certification of Birth Abroad (Form FS-545 or Form DS-1350)
- Certificate of U.S. Citizenship (INS Form N-560 or N-561)
- Certificate of Naturalization (INS Form N-550 or N-570)
- Unexpired foreign passport, with 1-551 stamp or attached INS Form 1-94 indicating unexpired employment authorization
- Alien Registration Receipt Card with photograph (INS Form 1-151 or 1-551)

## community development partnership

Unexpired Temporary Resident Card (INS Form I-688B)  
 Unexpired Employment Authorization card (INS Form I-688A)  
 Unexpired Reentry Permit (INS Form 1-327)  
 Unexpired Refugee Travel Document (INS Form 1-571)  
 Unexpired Employment Authorization Document issued by the INS which contains a  
 photograph (INS Form I-688B)

***Applicants are selected without regard to race, sex, national origin, color, creed, military status, marital status, familial status, sexual orientation, disability or handicap***

### SECTION V -- ANNUAL INCOME-(Earned/Unearned)

*Include all household members whose income is included in ability to pay rent*

<i>Source</i>	<b>Applicant- annual</b>	<b>Co-Applicant- annual</b>	<b>Other Household Members 18 &amp; over</b>	<b>Total</b>
<b>Salary</b>				
<b>Overtime Pay</b>				
<b>Commissions</b>				
<b>Fees</b>				
<b>Tips</b>				
<b>Bonuses</b>				
<b>Interest Dividends</b>				
<b>Net Income From Business</b>				
<b>Net Rental Income</b>				
<b>Social Security, Pensions, Retirement Funds, etc. Received periodically</b>				
<b>Unemployment Benefits</b>				
<b>Workers Compensation</b>				
<b>Alimony, Child Support</b>				
<b>TAFDC</b>				
<b>Part Time Work</b>				
<b>Other</b>				





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### SECTION VI - Rent Subsidy - for all household members

Do you receive rental assistance in the form of a rental subsidy program? Yes \_\_\_\_\_

No \_\_\_\_\_ If so, please check which program:

\_\_\_ Section 8 \_\_\_ MRVP \_\_\_ Shelter Plus Care \_\_\_ Other (please explain) \_\_\_\_\_

Name of Person receiving rental subsidy \_\_\_\_\_

*This question is being asked to give us information that will help to determine your ability to pay monthly rent.*

### Section VII -- ASSETS - For all household members 18 years and older:

Type	Cash Value	Annual Income from assets	Bank Name	Account No.
Checking Accounts				
Savings Accounts				
Real Estate Owned				
Stocks, Mutual Funds				
Retirement Funds: IRA, etc.				
Other (i.e. savings bonds, rental property, lump sum payment)				

### Section VII - LIABILITIES -- for all household members 18 years and older

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date



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ALL HOUSEHOLD MEMBERS AGE 18 AND OVER ARE REQUIRED TO PROVIDE A SIGNED RELEASE FORM SO THAT CREDIT, EVICTION HISTORY, AND ARREST/CONVICTION RECORD CHECKS MAY BE CONDUCTED.

**Please provide any additional information you feel might be important to your application. If there are any issues that may reflect negatively upon your application, please explain any extenuating circumstances below.**

If you have had any landlord/tenant problems in the past, please explain them below:

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Have you ever been evicted? If so, please provide details \_\_\_\_\_

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---

Are there any incidents in your background that may show up in a criminal background check that you would like to tell us about? \_\_\_\_\_

---

---

Have you or any house hold member been convicted of a felony? \_\_\_\_\_

Explain \_\_\_\_\_

---

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?

\_\_\_ yes\_\_\_no

Other Comments/Concerns \_\_\_\_\_

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### Signed by All Applicants

I understand that a false statement or misrepresentation will result in the withdrawal of my application for housing. I certify that the information I have given in this application is true, complete and correct.

### Signed under the pains and penalties of perjury,

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To help us better serve the community please tell us how you heard about us?

Weekday \_\_\_\_\_ Time \_\_\_\_\_



## community development partnership

### Applicant Release Form

In consideration for being permitted to apply for this apartment or house, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, employees, or agents, both of Landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done thru the facilities or through First Advantage Safe Rent through fax: 413-789-0435 or phone: 1-800-462-3033.

Applicant Name (Print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Social Security# \_\_\_\_\_ Date of Birth (optional) \_\_\_\_\_

Other Name(s) you have used \_\_\_\_\_ Date \_\_\_\_\_

### Co-Applicant Release Form

In consideration for being permitted to apply for this apartment or house, I, Co-Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Co-Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Co-Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Co-Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, employees, or agents, both of Landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done thru the facilities or through First Advantage Safe Rent through fax: 413-789-0435 or phone: 1-800-462-3033.

Co-Applicant Name (Print) \_ \_ \_ \_ \_

Co-Applicant Signature \_ \_ \_ \_ \_

Social Security# \_ \_ \_ \_ \_ Date of Birth (optional) \_\_\_\_\_

Other Name(s) you have used \_ \_ \_ \_ \_ Date \_\_\_\_\_



## community development partnership

### Voluntary Information Requested

The following information regarding race, national origin, sex designation, marital status, disability status, and veteran status solicited on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. While you are not required to furnish this information, you are encouraged to do so.

Please provide this information for each member of your household.

<b>Ethnic Category:</b>	Hispanic_	Non-Hispanic_	
<b>Race:</b>	White_ Black/African American	Asian	Asian and White
	Native Hawaiian/Other Pacific Islander	American Indian/Alaskan Native	American Indian/Alaskan Native and White
	American and White_	American Indian/Native Alaskan and Black/	African American_ Other (Multi-Racial)_
<b>Sex:</b>	Male	Female	
<b>Check if applicable:</b>	U.S. Veteran	Female Head of Household	Elderly (over 60) Disabled

<b>Ethnic Category:</b>	Hispanic_	Non-Hispanic_	
<b>Race:</b>	White_ Black/African American	Asian	Asian and White
	Native Hawaiian/Other Pacific Islander	American Indian/Alaskan Native	American Indian/Alaskan Native and White
	American and White_	American Indian/Native Alaskan and Black/	African American_ Other (Multi-Racial)_
<b>Sex:</b>	Male	Female	
<b>Check if applicable:</b>	U.S. Veteran	Female Head of Household	Elderly (over 60) Disabled

<b>Ethnic Category:</b>	Hispanic_	Non-Hispanic_	
<b>Race:</b>	White_ Black/African American	Asian	Asian and White_
	Native Hawaiian/Other Pacific Islander	American Indian/Alaskan Native	American Indian/Alaskan Native and White
	American and White_	American Indian/Native Alaskan and Black/	African American_ Other (Multi-
<b>Sex:</b>	Male	Female	
<b>Check if applicable:</b>	U.S. Veteran	Female Head of Household	Elderly (over 60) Disabled



## community development partnership ACKNOWLEDGEMENTS

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

### **Initials (Applicant/Co-Applicant)**

\_\_\_\_ / \_\_\_\_\_ I hereby affirm that my answers to the questions on the application for residency are true and correct, and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably.

\_\_\_\_ / \_\_\_\_\_ I understand that an interview at my current residence may be required prior to a final acceptance of my application for residency.

\_\_\_\_ / \_\_\_\_\_ I understand that the development of this property has been supported by Town, County, State and other government funds and residency is subject to income eligibility and other requirements. I am willing to provide annual re-certification of my household income. I understand that if my household income increases above the income limitations, I (we) may not be required to move, however my (our) rent may be increased to 30 % of the household income.

\_\_\_\_ / \_\_\_\_\_ I acknowledge that occupancy of the housing is limited to the individuals named in this application. If the members of the household will change, I will notify the owners of the property in advance, and will provide the required documentation. I acknowledge that subletting the house is not permitted.

\_\_\_\_ / \_\_\_\_\_ I am willing, if required, to attend training sessions to learn about my responsibilities as a resident of the property, including proper maintenance of the housing and common areas.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**THE COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
 Department of Criminal Justice Information Services 200**  
 Arlington Street, Suite 2200, Chelsea, MA 02150  
 TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
 MASS.GOV/CJIS



**This form is not to be faxed, Please return form to organization.**

**Criminal Offender Record Information (CORI)  
 Acknowledgement Form**

To be used by organizations conducting CORI checks for housing purposes.

\_\_\_\_\_ is registered under the  
 (Organization)  
 provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing.  
 As an applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal  
 information to the DCJIS. I hereby acknowledge and provide permission to

\_\_\_\_\_ (Organization)  
 to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my  
 signature. I may withdraw this authorization at any time by providing \_\_\_\_\_  
 (Organization)

with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this  
 Acknowledgement Form is true and accurate.

\_\_\_\_\_

*Signature of CORI Subject*

\_\_\_\_\_

*Date*



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-46061 FAX: 617-660-5973  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information the person whose CORI you are requesting.

The fields marked with an asterisk(\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former LastName 1: \_\_\_\_\_

Former LastName 2: \_\_\_\_\_

Former LastName 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last SIX digits of Social Security Number: \_\_\_\_ -- \_ \_ \_ \_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mothers's Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_

*Print Name of Verifying Employee*

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*Signature of Verifying Employee*

---

*Date*





# community development partnership

## Self-Affidavit

**Applicant/Resident Name:** \_\_\_\_\_ **Unit#:** \_\_\_\_\_

**Initial Certification:** \_\_\_\_\_ **Date of Expected Move-In:** \_\_\_\_\_

**Recertification (Annual or Interim)** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

You have applied to live in an apartment that is governed by the Low Income Housing Tax Credit Program OR a Program of the U.S. Department of Housing and Urban Development (HUD). Federal regulations require us to certify all of your income, asset and eligibility information as part of determining your household's eligibility or level of benefits. Program requirements state we must verify each income and asset source as well as other claims of eligibility. We must determine this prior to granting your eligibility or level of benefits and, if such eligibility or level of benefits is granted, each subsequent year you remain in the unit.

I, \_\_\_\_\_, understand that I will be  
(name of applicant/resident)

residing in an apartment designated as a HOME Unit and, consistent with the HOME conflict of interest provisions at 24 CFR 92.356, certify:

\*\* am not a CDP staff, officer, or Board member.\*\*

I hereby state that the information given above is a true and complete to the best of knowledge.

\_\_\_\_\_  
**Signature of Applicant/Resident**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date**

### PENALTIES FOR MISUSING THIS FORM

*"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and or other relief as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8). \*\* Violation of these provisions are cited as violations of 42 USC. Section \*\*408 (a) (6), (7) and (8). \*\**