



Harbor Hill Preliminary Application

community development partnership

Phone
Fax

Preliminary applications are to be completed by applicant(s) when an apartment cannot be assigned and the applicant(s) can be added to the community's waitlist. **Preliminary applications with missing information cannot be processed & applicants will not be placed on the waitlist until complete.** This preliminary application will contain a Reasonable Accommodation Acknowledgement, HUD-92006 Form (if applicable) and a list of preferences (if any) for this community. For full screening procedures, please contact the management agent at the contact info above.

APPLICANT INFORMATION							
LAST NAME		FIRST NAME		M.I.	SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SSN	FULL TIME STUDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>
BIRTH DATE	HOME PHONE ()		WORK PHONE ()		EMAIL		
STREET ADDRESS			APARTMENT #	CITY	STATE	ZIP	
TOTAL GROSS ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES/APPLICANTS \$		DESIRED MOVE IN DATE		DESIRED NUMBER OF BEDROOMS		DO YOU HAVE A HOUSING CHOICE VOUCHER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IS AN ACCESSIBLE UNIT NEEDED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE SPECIFY: HEARING <input type="checkbox"/> VISION <input type="checkbox"/> MOBILITY <input type="checkbox"/> OTHER <input type="checkbox"/>				HOW DID YOU HEAR ABOUT THIS COMMUNITY?			
WHAT IS YOUR PRIMARY LANGUAGE? ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER <input type="checkbox"/>			IF ENGLISH IS NOT YOUR PRIMARY LANGUAGE, CAN YOU SPEAK OR READ ENGLISH FLUENTLY? YES <input type="checkbox"/> NO <input type="checkbox"/>			DO YOU NEED AN INTERPRETER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, CHECK ONE OR BOTH: SPEAK <input type="checkbox"/> READ <input type="checkbox"/>	
PETS? YES <input type="checkbox"/> NO <input type="checkbox"/>		DESCRIBE WEIGHT, BREED AND AGE:			DO YOU MEET ANY PREFERENCES AT THIS COMMUNITY? IF YES, PLEASE LIST: ARE YOU HOMELESS? YES <input type="checkbox"/> NO <input type="checkbox"/>		

ADDITIONAL APPLICANT INFORMATION							
LAST NAME	FIRST NAME	M.I.	RELATIONSHIP TO APPLICANT	BIRTH DATE	SEX M/F	SSN	FULL TIME STUDENT? Y/N

EMERGENCY CONTACT			
NAME	ADDRESS	PHONE ()	RELATIONSHIP

BACKGROUND INFORMATION		
HAS ANY MEMBER OF THE HOUSEHOLD EVER:	Filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Willfully or intentionally refused to pay rent when due? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Been evicted from a tenancy or left owing money? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide Property Name, City, State, and Landlord Name.
	Been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide Type of Offense, County, and State:
Are you, or any member of your household subject to a lifetime sex offender registration requirement in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state(s):		If you answered "yes" to any of the questions, please specify the household member name(s):
Please identify the racial or ethnic group of which you are a member (This is optional): <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other (please specify) _____		

Applicant Certification

- I/We certify that the information given to the Community Development Partnership on this preliminary application is correct and complete to the best of my/our knowledge.
- I/We understand that if this application is not filled out completely, it will not be accepted.
- I/We understand this is a preliminary application and the information provided does not guarantee housing.
- I/We understand additional information and verifications will be necessary to complete the application process.

Applicant Signature: _____ Date: _____
Management Signature: _____ Date: _____

FOR OFFICE USE
Date Received: _____
Time Received: _____

The Community Development Partnership does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



REASONABLE ACCOMMODATION POLICY

If you have a disability and as a result of your disability you need:

- a change in the rules or policies of how we do things that would give you an equal chance to reside within the leased premises and use the facilities or take part in programs on site; or
- a change or repair in your apartment or a special type of apartment that would give you an equal chance to reside within the leased premises and use the facilities or take part in programs on site; or
- a change or repair to some other part of the housing site that would give you an equal chance to reside within the leased premises and use the facilities or take part in programs on site; or
- a change in the way we communicate with you or give you information.

You may request this kind of change which is called a **REASONABLE ACCOMMODATION**

- If you can document that you have a disability and if your request is reasonable (which means not pose an undue financial or administrative burden) we will try to make the change request.
- We will give you an answer within 30 days of our receiving any necessary verification unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.
- If we deny your request, we will explain the reasons and you can give us more information if you think that will help. If you need assistance filling out a **REASONABLE ACCOMMODATION REQUEST FORM** or if you want to give us your request in some other way, we will assist you.

You can obtain a REASONABLE ACCOMMODATION FORM at the Management Office.

NOTE: all information you provide will be kept confidential and be used only to help assure you have an equal opportunity to enjoy your housing and the common areas.

All Requests are submitted to:

REASONABLE ACCOMMODATION COMMITTEE
Community Development Partnership
3 Main Street Mercantile, Unit 7
Eastham, MA 02642

MANAGING AGENT FOR: _____
(Community Name)

I acknowledge have read and understand the Reasonable Accommodation Policy. Should there be multiple members of the household, notice of this policy to me, the Primary Applicant, is constructive notice to the entire household.

Primary Applicant's Signature

Date

The Community Development Partnership does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



REQUEST FOR A REASONABLE ACCOMMODATION FORM

Name: _____ Phone: _____

Address: _____

1. As a result of his/her disability the following change or changes is requested so that (the person listed) can live here as easily or successfully as the other residents. Check the kind of change(s) you need.

Permission for a Personal Care Attendant to be a regular visitor to my apartment.
Name the person or people who are your Personal Care Attendants:

An additional bedroom for a Live-In Aide or Personal Care Attendant to live in my apartment.
Name the person or people who are your Live-In Aides or Personal Care Attendants:

A physical or structural change in my apartment or other part of the housing complex.
(Describe)

A change in the following rule, policy or procedure. (Note: You may ask for changes in how you meet the terms of the lease, but everyone must continue to meet the terms of the lease.)

2. I need this reasonable accommodation because of my disability so that I can:

3. You may verify that I have a disability and my need for this request by contacting:

Name: _____

Address: _____

Phone: _____

4. If you asked for a change to your apartment or to the housing complex, please use this space to list any company or organization that might help us locate or build anything special that you need. (If you don't know of any, we will try to get this information ourselves.)

I give you permission to contact the above individual for purposes of verifying that I or a family member has a disability and needs the reasonable accommodation requested above. I understand that the information you obtain will be kept confidential and used solely to determine if you will provide an accommodation.

Signed: _____

Date: _____

