

Community Housing Opportunity Harbor Hill

3, 4, & 8 Harbor Hill Rd. & 37 Bradford St. Ext.
Provincetown

Year-Round Market Rate Rental Units



Various Market Rate Rent Levels

Market Rate: In accordance with the special legislation, these units target market rate year-round rentals and the rents are market rate rents; these are not the traditional affordable housing incomes and rent levels that have been offered in other developments. Rents target household incomes above the 80% of Area Median Income maximum threshold of \$54,150 for an individual to \$146,400 for a family of four providing a wide range of income flexibility.

Eligibility Income Limits and Asset Guidelines apply (Income Limits are based on Barnstable County median income as defined by US Department of HUD and adjusted for market rate). Household income includes earned and unearned income received by all members of your household who are 18 and older. Documentation required.

Primary and Sole Domicile

Certification is required that the home will be the primary and sole residence of the household. Second homes are not permitted.

Applications Now Accepted on Rolling Basis

Latoya Taffe Taylor 508-240-7873 x12 Latoya@capecdp.org

Or Cindi Maule 508.240.7873 x 23 Cindi@capecdp.org

Download the application: <https://www.capecdp.org/affordable-housing/rental-housing/rental-properties/provincetown/harbor-hill>



community development partnership



Eligibility Income Limits and Asset Guidelines apply (Income Limits are based on Barnstable County median income as defined by US Department of HUD and adjusted for market rate) Household income includes earned and unearned income received by all members of your household who are 18 and older. Documentation required.

Primary and Sole Domicile - Certification is required that the home will be the primary and sole residence of the household. Second homes are not permitted.

Discrimination on the basis of race, creed, color, sex, age, disability, marital status, familial status, veteran's status, sexual orientation, national origin and/or public assistance reciprocity, or any other basis prohibited by law is specifically prohibited in the selection of applicants for this housing opportunity. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to apply for, use and enjoy the housing.

APPLICATION ATTACHMENT CHECKLIST

Thank you for requesting an application for this year-round rental opportunity presented by the Provincetown Year-Round Market Rater Rental Housing Trust. Your application will be handled with confidentiality and in conformance with all Fair Housing Laws. **Please retain a copy of this page for future reference.**

APPLICATION CHECKLIST

Please read carefully to make sure that you submit a complete application with all the required attachments.

Missing a step may disqualify your application.

- You have completely filled out the application, paying careful attention to all instructions. You and all applicants over the age of 18 have signed the last page of the application.
- Copy of last three years of Federal tax returns, as filed, with 1099's, W-2's and schedules, for every current or future person living in the household over the age of 18
- Copy of three consecutive months pay stubs, for salaried employed household members over 18, longer for seasonal and hourly workers. If you are self-employed, you have provided a current year-to-date Income & Expense report signed by the preparer.
- Current statements and documents that indicate the payment amounts from all other sources of income of all members listed on the application, such as alimony and/or child support, Social Security benefits, all types of pensions, employment, Unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income – on organization letterhead
- You have attached one of the following documents to verify local preference status: a current driver's license, a current paystub, verification of school enrollment or a utility bill with the applicant's name.
- You have provided proof of all assets including but not limited to checking, savings, stocks, bonds and all other assets (i.e. Copies of bank statements for checking, savings and certificates of deposits, IRA or other retirement account statements- on organization letterhead). All statements must reflect current balances.
- Documentation regarding current interest in real estate, if applicable

Mail the completed application and the required attachments to:

Property Management, Community Partnership Development
260 Cranberry Highway, Unit #1
Orleans, MA 02653



community development partnership

Office use only:
Date application was received: _____
Received by: _____

**Housing Application
Harbor Hill**

(Faxed or e-mailed applications cannot be accepted)

Return completed signed original form and attachments to:

Cindi Maule Community Development Partnership, 260 Cranberry Highway Unit #1, Orleans, MA 02653

For Information: Latoya Taffe Tel 508-240-7873 x12

e-mail: latoya@capecdp.org

Cindi Maule Tel 508-240-7873 x 17

e-mail: cindi@capecdp.org

Applicants are selected without regard to race, sex, national origin, color, creed, military status, marital status, familial status, sexual orientation, disability or handicap, genetic information, ancestry, children or public assistance reciprocity.

Tenants of Harbor Hill must certify that this is their sole domicile. Any co-habitant must be part of this application. No short-term sublet is ever allowed such as “airbnb” or “homeaway.” Any such sublet will be grounds for immediate lease termination and eviction.

Please attach all necessary documentation as outlined further in this application.

List *all* other people who are expected to reside in the unit:

Name	Social Security #	Age	Relationship to Head of Household	Full Time Student y/n

REASONABLE ACCOMMODATION QUESTION

Does your household require a reasonable accommodation? Yes ___ No ___

If yes, please explain:

Do you own a pet or pets? _____

If yes, please note specific number, type and size: _____

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 _____

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

LANDLORD REFERENCES (cover last five years; use additional page if needed)

Applicant #1

Present Landlord's Name _____ Tel _____

Present Landlord's Mailing Address _____

Present Rent \$ _____ Including what utilities? _____

Length of Time There _____ Reason for Moving _____

Previous Landlord's Name _____ Tel _____

Previous Landlord's Mailing Address _____

Length of Time There _____ Reason for Moving _____

Applicant #2

Present Landlord's Name _____ Tel _____

Present Landlord's Mailing Address _____

Present Rent \$ _____ Including what utilities? _____

Length of Time There _____ Reason for Moving _____

Previous Landlord's Name _____ Tel _____

Previous Landlord's Mailing Address _____

Length of Time There _____ Reason for Moving _____

HOUSEHOLD INCOME

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE:

- List **ALL** sources of income as requested below for **ALL household members** over 18 years old.
- The gross income must include income for the **next 12 months**
- For self-employed applicants- please put net-income in the gross annual income column (please include a current business income/ expense report)
- For periodic payments (like Social Security and child support) please include the amount received per week or per month (*ex: \$100/month*) in the space provided under "Source / type of Income". Then provide under "Gross Annual Income" provide the annual amount (*ex: \$1200*)
- Please attach verification for each source of income to include copies of three consecutive months pay stubs, for salaried employed household members over 18, longer for seasonal and hourly workers. If you are self-employed, you have provided a current year-to-date Income & Expense report signed by the preparer. Statements and documents that indicate the payment amounts from all other sources of income of all members listed on the application, such as alimony and/or child support, Social Security benefits, all types of pensions, employment, unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income – on organization letterhead
- **Copy of last three years of Federal tax returns, as filed, with 1099's, W-2's and schedules, for every current or future person living in the household over age of 18**

- TOTAL ALL INCOME AND CONTINUE TO ASSET SECTION

EMPLOYMENT INCOME: List all household members who are employed. Include all employers for the next 12 months. For Gross Annual Income please write the anticipated gross income for the NEXT 12 months. Total all employment income.			
Employed Household Member	Employer/Contact	Employer Address & Phone	Gross Annual Income
TOTAL EMPLOYMENT INCOME			

ADDITIONAL INCOME: List all other sources of recurrent income, such as Social Security, SSI, pensions, annuities, military pay, disability, public assistance, TANF, regular monetary contributions from outside sources, unemployment benefits, grants/scholarships, additional financial assistance in excess of tuition, etc.			
Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income
TOTAL ADITIONAL INCOME			

ALIMONY & CHILD SUPPORT	
Are you legally entitled to receive alimony? If yes, list the amount you are entitled to receive: \$	Yes _____ No _____
Do you receive alimony? If yes, list the amount you receive: \$	Yes _____ No _____
Are you legally entitled to receive child support? If yes, list the amount you are entitled to receive: \$	Yes _____ No _____
Do you receive child support? If yes, list the amount you receive: \$	Yes _____ No _____
TOTAL ALIMONY and CHILD SUPPORT you are entitled to receive(annually)	

OTHER INCOME: List all other income including, but not limited to, inheritances, capital gains, lottery winnings and settlements on insurance claims if received in periodic payments. If anyone outside your household gives you money, pays your bills, or gives you money to assist student household members for educational expenses, you must report it as a source of income:

Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income
TOTAL OTHER INCOME			

ASSETS SECTION

Please be sure ALL household income from all sources including income from assets is entered into this table

INSTRUCTIONS FOR COMPLETING THE FOLLOWING ASSET TABLE:

- “Annual Income from assets” refers to any amount that you receive from any asset including amounts that you may be drawing down from a retirement account or 401K.
- Total the value of all assets and enter into “total value of all assets” for all household members
- **Provide proof of all assets including but not limited to checking, savings, stocks, bonds and all other assets (i.e. Copies of bank statements for checking, savings and certificates of deposits, IRA or other retirement account statements- on organization letterhead). All statements must reflect current balances.**

ASSETS – For all household members 18 years and older:

Type	Account No.	Bank name	Cash Value	Annual Income from Assets
Cash held in savings and checking accounts, safe deposit boxes, homes, etc.				
Revocable Trusts				
Equity in rental properties or other capital investments				
Stocks, bonds, treasury bills, certificates of deposit, mutual funds and money market accounts				
Retirement and Pension Funds				
Cash value of life insurance policies available to the applicant before death				
Personal Property held as an investment				
A mortgage or deed of trust held by the applicant				
TOTAL VALUE OF ALL ASSETS				

TOTAL INCOME FROM ALL HOUSEHOLD APPLICANTS- Please fill in total for each box from the worksheet above. Include all household income.

	Applicant #1	Applicant #2	Applicant #3	Combined Gross Annual Income
TOTAL EMPLOYMENT INCOME				
TOTAL ADDITIONAL INCOME				
TOTAL ALIMONY/CHILD SUPPORT				
TOTAL OTHER INCOME				
TOTAL Income from Assets				
TOTAL INCOME				

REAL ESTATE

Do you or anyone on this application, own any property or have owned property in the past 3 years?	Yes No
Are you or anyone on this application, entitled to receive any amount of money from the sale of a property? (currently or through an upcoming court settlement)	Yes No
<i>If yes, to either question, type of property:</i>	
Location of Property:	
Appraised Market Value	\$
Mortgage or outstanding loan balance due:	\$

INCOME/ ASSET ELIGIBILITY QUESTION

- Are the yearly income amounts listed in the total income section greater than the allowable income limits for a household of your size as specified for this program? Yes No
- Is the sum total of all your assets listed in assets section more than \$200,000? Yes No

LOCAL PREFERENCE: Provincetown Residency, Employment, or Child in School:

Provincetown Residency and Employment receives some consideration under the Local Preference policy. If members of your household live or work in Provincetown, or if you have children in the Provincetown School System, please complete this section. You **MUST** attach documentation which may include Town Census data, utility bill, pay stubs, proof of enrollment, etc. The Town may require additional documentation.

Name:

Check all that apply:

- _____ Live in PTown Work in PTown Child in PTown Schools
- _____ Live in PTown Work in PTown Child in PTown Schools
- _____ Live in PTown Work in PTown Child in PTown Schools

TO BE SIGNED BY ALL HOUSEHOLD MEMBERS OVER 18 YEARS OLD

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 _____

Co-Applicant’s Signature _____ Date _____

Co-Applicant’s Signature _____ Date _____

AFFIRMATIVE MARKETING

Please complete the following section to assist us in fulfilling affirmative marketing requirements.

Optional, but responses will assist us in fulfilling our requirements.

Household Race: Caucasian African American/Black Asian/Pacific Islander/Native Hawaiian Native American / Alaskan Native Hispanic/Latino other: _____

ACKNOWLEDGEMENTS

Initials (Applicant/Co-Applicant)

_____/_____/_____ I/We 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/We 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 understand all my household income and assets will be verified by a 3rd party source.

_____/_____/_____ 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.

_____/_____/_____ I/We certify that we are/will be year-round residents as the rental units are exclusively for year-round occupancy

_____/_____/_____ I/We hereby authorize the Monitoring Agent and the Municipality to inquire of credit agencies, employer, banking institutions and lending institutions to allow and assist them to determine my/our determination of eligibility of an affordable home. This authorization includes all information provided to the lender including, but not limited to credit reports, other loan applications, assets, employer information, etc.

_____/_____/_____ I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process. If any program conflicts arrive, I/we agree that any determination made by the project-monitoring agent, is final.

_____/_____/_____ I/We certify that no member of our family has a financial interest in the development.

Your signature(s) below gives consent to the lottery agent or its designee to verify information

Applicant Name (please print): _____

Applicant Signature: _____ Date: _____

Co- Applicant Name (please print): _____

Co-Applicant Signature: _____ Date: _____

Co- Applicant Name (please print): _____

Co-Applicant Signature: _____ Date: _____

- Applications received will be date stamped, and then checked for completion of all required components. An application will be considered complete when all required items on the checklist have been provided.
- The applicant's income will be verified and compared to the income and asset limits. The applicant household is required to be within the Area Median Income limits for the Barnstable County Area as published by HUD and established by the Trust. This includes all income from all adult household members. The 2020 targeted household income limits used for this development include:

Income limits FY 2023

Barnstable County median income \$96,600

5.25.2023

Household Size	80% Income Limit Moderate HUD	100% Income Limit Median MHP CPA	120% Income Limit	150% Income Limit Middle	160% Income Limit Middle	180% Income Limit Middle	200% Income Limit
1	\$69,608	\$84,650	\$104,412	\$130,515	\$139,216	\$156,618	\$174,020
2	\$79,552	\$96,750	\$119,328	\$149,160	\$159,104	\$178,992	\$198,880
3	\$89,496	\$108,850	\$134,264	\$167,805	\$178,992	\$201,366	\$223,740
4	\$99,440	\$120,900	\$149,160	\$186,450	\$198,880	\$223,740	\$248,600
5	\$107,395	\$130,600	\$161,093	\$201,366	\$214,790	\$241,639	\$268,488
6	\$115,350	\$140,250	\$173,026	\$216,282	\$230,701	\$259,538	\$288,376

- Household assets shall not exceed \$200,000 in net cash value. Assets include but are not limited to all cash, cash in savings accounts, checking accounts, certificates of deposit, bonds, stocks, value of real estate holdings and other capital investments. Include the value of the asset, with a deduction for the reasonable cost of selling the asset. The value of necessary personal property (furniture, vehicles) is excluded from asset values.
- Applicants will be notified for incomplete application packages by email and/or letter.
- All applicants will be screened for eligibility. Applicants who have been deemed ineligible will be notified in writing of the decision

- A letter will be emailed or mailed to each applicant indicating you have been deemed (eligible/ineligible) based upon the information provided.
- In the event that any of the applicants withdraw for any reason, or do not comply with guidelines, the next appropriate qualified applicant will be offered that particular unit.
- Final qualification against all requirements will be verified before a rental lease is offered.
- The Fair Housing Act prohibits discrimination in housing because of Race or Color, National origin, Religion, Sex, Familial status (including children under the age of 18 living with parents or legal custodians; pregnant women and people securing custody of children under 18. An applicant who believes that they have been discriminated against in the selection process may contact: the Massachusetts Commission Against Discrimination (617) 994-6000; and/or the United States Department of Housing and Urban Development (617) 994-8300.

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:

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

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

Other Comments/Concerns _____

To Be 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 _____

Co-Applicant's Signature _____ Date _____

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.

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.

Co-Applicant Name (Print) _____

Co-Applicant Signature _____

Social Security# _____ Date of Birth (*optional*) _____

Other Name(s) you have used _____ 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.

Community Development Partnership 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

Community Development Partnership
(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 Community Development Partnership

(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: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

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

* First Name: _____ Middle Initial: _____

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

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 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: _____

Mother's Full Name: _____ Maiden Name: _____

Current Address

* Street 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

Signature of Verifying Employee

Date