



community development partnership

Dear Applicant for Canal House:

Canal House offers private bedrooms and shared common space for 5 men and 3 women. Six rooms are reserved for people currently homeless and are subsidized by HUD. Residents in these six units must have an annual income below \$34,050.00 and will pay a percentage of their adjusted annual income for rent. There are two rooms which are unsubsidized for people who exceed the above income level. Canal House is located at 71 Canal Road in central Orleans, easy walking distance to stores, bus, and services.

Attached you will find two packets:

1) INFORMATION FOR APPLICANTS AT CANAL HOUSE.

This includes some general information about Canal House, as well as the rules for all residents.

2) THE CANAL HOUSE APPLICATION

This includes a four-page application; several release forms you must sign, and a documentation checklist. Please go over the checklist carefully. **All information must be provided for your application to be complete.**

Please complete all documents and return all information to:

Community Development Partnership

Attn: Canal House

3 Main Street Mercantile #7

Eastham, MA 02642

OR

Fax: 508-240-5085

Applications will be placed on a waiting list chronologically in order of receipt.

The CDP will screen all applications for preliminary thresholds, including homelessness (if applicable), age, sources of income, housing, and work history.

Applicants meeting these initial thresholds will be forwarded to the screening committee, which consists of CDP staff, Duffy Health Center staff, and the Canal House Resident Manager. As part of final screening, all applicants "Criminal Offender Records Information" (CORI) will be checked.

Please read the "Admission Criteria" (in the Information for Applicants packet) carefully, because it gives complete information about requirements for Canal House residency and reasons for possible disqualification.

Canal House offers equal opportunity housing to all persons regardless of race, color, sex, age, handicap, religion, marital status, familial status, or national origin. If you believe you have been discriminated against in seeking housing, you should contact the Massachusetts Commission Against Discrimination (617) 727-3990 or the US Department of Housing and Urban Development (617) 565-5308

If you need help with any of the forms or in gathering required documentation, please contact any human service, shelter, other organizations you have worked with previously, or Duffy Health Center 774-368-5713.

For further information, please call the CDP at (508) 240-7873 x12 or email: latoya@capecdp.org.

Thank you for your interest in Canal House. We look forward to receiving your completed application.

Community Development Partnership

Enclosures:

- Canal House Cover Letter
- Documentation Checklist
- Canal House Admission Criteria
- Canal House Requirements List
- Rules of Canal House
- Canal House Application
- Voluntary Information Requested
- Canal House Consent of Release
- HUD Release—Privacy Act Notice
- Release to Advocate
- CORI Release Form
- Limitation and Waiver Agreement
- OHA Statement of Rights
- Landlord Reference Form





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CANAL HOUSE

ADMISSION CRITERIA

Threshold Requirements:

In order to be considered for residence at Canal House, potential residents will first meet the following threshold requirements:

1. Be Homeless. (for the six unsubsidized units) OR Be applying for a non-subsidized unit.
2. Be income eligible.
3. Be a single adult, 18 years or older.
4. Be willing and able to live in a house with shared facilities and responsibilities.
5. Be abstinent from non-prescribed medication and illicit substances, as well as alcohol and marijuana
6. Be assessed as medically appropriate and free of any illness that requires isolation from others.
7. Have the capacity for active participation in all phases of the program.
8. Be ambulatory and meet personal needs without assistance.
9. Not have a history which includes conviction for rape, child molestation, or arson.

Service Assessment Requirements:

If the above threshold requirements are met, the following additional requirements must be met:

1. Be willing and able to work a minimum of twenty hours per week or to enroll in an approved educational or training program or to do volunteer work in accordance with their ability.
2. Be able, if on medication, to self-administer the medication and be compliant with the doctor's stated dosage.
3. Be willing to participate in Recovery Coaching, which includes Wellness Planning and or Relapse Prevention Plan.
4. Be willing and able to abide by the Rules of the House.

Disqualification:

A person may be disqualified for admission to the Canal House for the following reasons:

1. An immediate risk of suicide.
2. A recent history of behaviors that would pose a danger to the residents, house, or property
(Allowance may be made for mitigating circumstances)
3. A history which includes conviction for perpetration of a sexual crime or arson.
4. Current court dates pending, the outcome of which may impede full participation in Canal House residency.
5. Other reasons not included on this list, which are not discriminatory.



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Required for admission to Canal House:

1. Completed application with all required documentation provided.
2. Favorable reference checks.
3. Favorable intake interview with CH committee:
 - a. Duffy Health Center Representative
 - b. Canal House Resident Manager
 - c. Community Development Partnership Representative
4. Acceptable CORI check.
5. Income verification by Orleans Housing Authority for subsidized room or proof of ability to pay for unsubsidized room.
6. Signed 30-Day Use and Occupancy Agreement.
7. Complete OHA survey forms.
8. Payment of first month's rent (or portion, if subsidized) AND \$612.00 Security Deposit for subsidized room. Full pay rooms range from \$612 to \$897 per month. First months rent and security is required for the full pay rooms.

Requirements during first 30 days:

1. Complete an assessment with the Recovery Coach to identify recovery supports and treatment in the community. Once these supports are identified engage in the resources immediately.
2. Agree to attend Recovery based support groups/meetings. These groups include 12-Step Meetings, MARA, Refuge Recovery, SMART Recovery, peer lead groups, or additional services offered by Duffy Health Center. Residents will be required to track attendance with groups/meetings and discuss progress with Recovery Coach.
3. No overnights during the first 45 days
 - a. *** Due to Covid all overnights are suspended until further notice.***
4. Attend all Tuesday weekly house meetings – no excuses!
5. Documentation of weekly job search, school arrangements, or volunteer work.



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RESIDENT RULES

In order for everyone to live safely in the Canal House, it is necessary for rules to be established and for occupants to abide by them. Community Development Partnership (CDP) and Duffy Health Center (DHC) may implement additional rules when deemed necessary. Each resident will comply with the following rules with the understanding that violation of these rules will be grounds for eviction from Canal House. *Initial at each line.*

- 1) Illegal drugs, drug paraphernalia, or being under the influence of drugs listed in the addendum to these house rules or alcohol are prohibited on Canal House property. _____
Actively using within the Canal House is prohibited on CH property. In the case of return to use/relapse, an assessment will be completed by recovery coach with recommendation for addiction treatment/resources and will discuss safety concerns related to residents at the Canal House.
- 2) All residents will attend scheduled house meetings and meetings with Canal House Recovery Coach. *They are mandatory.* _____
- 3) Each resident will agree not to disturb the right of privacy, peace, and quiet of the other residents living at Canal House or other neighbors. _____
- 4) Quiet time between 10:00 PM to 8:00 AM. During that time all TVs, radios, and stereos are to be turned down to a reasonable sound level. _____
- 5) The use or possession of firearms or weapons of any kind are prohibited on the premises. Violation of this rule will result in the termination of tenancy. _____
- 6) The Resident agrees to develop a Wellness Plan and or Relapse Prevention Plan with DHC recovery coach to promote unique recovery goals and agrees to comply with WP/RPP. Participation in recovery wellness, which may include treatment services that may be peer lead, RC groups, NA/AA will be mandatory. Residents are responsible for fees related to attendance at groups and/or individual counseling. _____
- 7) Residents are required to clean up after themselves, following use of the common room, bathroom, and/or kitchen facilities. _____
 - a) There will be no storage of personal property in the common areas at any time. This includes the bathrooms and unassigned space in the kitchen. If personal items are not in use, they must be kept in the resident's room at all times.
 - b) Each Resident will be assigned fridge and cabinet space. These assigned spaces will be labeled by the House Manager with the resident's name. Residents are not to store any food in their rooms for any reason. All food items must be kept in the kitchen and stored accordingly.

- 8) All Residents are to share in the cleaning of common areas through a rotating schedule of housekeeping chores. _____
- a) Residents will be required to clean their room and will agree to allow staff to conduct room inspections, with 24-hour notice, for basic cleanliness, fire and safety code compliance, and maintenance needs.
 - b) The resident will not use extension cords, hot plates, toaster ovens, air conditioners or heaters in his/her room since the house pays for the electric. Should an air conditioner be needed, the resident must have the Landlords permission in writing before it can be used.
- 9) Smoking, vaping, dipping, and any other form of tobacco products are not allowed inside the residence. Use of all forms of tobacco products are only allowed in the designated outdoor area which is to be maintained by only the residents who use this area. _____
- 10) Canal House staff will not be liable for theft on the premises. It is the residents' responsibility to keep their rooms locked. Rental insurance is encouraged. _____
- 11) Residents are required to keep Canal House as their primary residence. Because of safety concerns, prior notice must be given to the Resident Manager when an overnight absence is planned. This notice shall include length of planned absence and how to be reached in case of an emergency. Primary residence is defined as spending the night at Canal House for seven (7) nights per week. _____
- 12) The resident assumes full responsibility for the conduct of their guests. The house rules apply to all guests. The staff and residents may designate certain individuals as unwelcome in the house if they violate these rules. _____
- a) There will be absolutely no consumption or possession of alcohol, marijuana, or illegal drugs on the premises of 71 Canal Road by guests of Canal House residents. Guests under the influence of drugs or alcohol will be removed from the property.
 - b) Guests are not permitted in the house.
- 13) All residents, their guests and staff of Canal House will treat each other courteously and with dignity and respect. _____
- 14) At no time are residents allowed to distribute either the original, or any copies, of the keys which they have been given to access Canal House. _____
- 15) Violation of any of these rules will be documented in a Canal House Incident Report. Resident will be required to sign this report. Failure to do so will result in termination of tenancy. _____
- 16) Violation of any two rules (or the same rule twice) may result in the termination of Canal House tenancy. _____
- 17) The CDP and DHC reserve the right to amend these House Rules as needed to protect the safety and interests of the residents of Canal House. _____
- 18) I understand that this program is for a maximum of 24 months. _____

Residents who show they are unwilling or unable to comply with the rules of Canal House will have their tenancy terminated. In the event the Community Development Partnership decides to initiate legal eviction, or the Orleans Housing Authority initiates a Section 8 rental assistance termination, the resident is entitled to due process and may request a joint hearing with the Community Development Partnership and Orleans Housing Authority staff prior to discharge from Canal House and/or termination of the Section 8 lease. The resident shall be provided with written notification of the reason(s) for discharge and/or termination of the Section 8 lease. If the resident disputes the reason(s) for discharge / termination he/she may request a hearing within 24 hours of the receiving written notification. The resident must attend the joint hearing, which will be scheduled within 24-hours of the Resident's request for the hearing. At the time of the hearing, CDC staff will provide information clearly demonstrating the reasons for discharge from Canal House and/or termination of the Section 8 lease, including all instances of non-compliance with the lease including the house rules. At the time of the hearing, the resident may provide information clearly challenging the basis for discharge or termination of the lease. A joint determination shall be made by the Community Development Partnership and the Orleans Housing Authority within 24 hours of the hearing. This hearing and its findings shall not preclude the CDP's right to initiate legal eviction proceedings against the resident.

I have reviewed and understand the house rules for Canal House, and I agree to abide by these rules as a condition of my acceptance into Canal House.

Signature

Date

Printed Name

APPLICATION
FOR RESIDENCE AT
CANAL HOUSE

PLEASE COMPLETE AND RETURN TO:

ATTN: CANAL HOUSE
COMMUNITY DEVELOPMENT PARTNERSHIP
3 MAIN STREET MERCANTILE, UNIT 7
EASTHAM, MA 02642



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DOCUMENTATION CHECK LIST

All information on this list must be provided.

Please indicate whether enclosed or being sent separately (check one) and return this list with your application and documentation

Enclosed Being Sent

Form with 8 rows of checkboxes for 'Enclosed' and 'Being Sent'.

INFORMATION IN APPLICATION PACKET

- 1. Housing Application (4 page form)
2. Canal House Consent for Release of Confidential Information
3. HUD Authorization for Release of Information
4. Orleans Housing Authority General Authorization for Release of Information
5. CORI Request Form
6. Limitation and Waiver Agreement
7. Orleans Housing Authority Fair Information Practices Act Statement of Rights
8. Personal and Landlord References

OTHER INFORMATION YOU MUST PROVIDE

Form with 5 rows of checkboxes for 'Enclosed' and 'Being Sent'.

- 1. Documentation of income, award letter for benefits checks or verification of any other source of income.
2. Proof of date of birth and copy of Social Security Card
3. Documentation of Homelessness (Required for the six rooms with subsidized rent. If not homeless, please indicate if applying for one of the unsubsidized rooms.)
4. List of current medications on prescribing physician's letterhead.
5. A brief letter stating why you would like to live at Canal House and what you hope to gain from the experience.

Application is not complete until all documentation is complete. Please be sure to include a phone number or e-mail address. It is important that we be able to contact you throughout the application process.

RETURN TO:

Attn:Canal House
Community Development Partnership
3 Main Street Mercantile, Unit 7
Eastham, MA 02642

Or Fax:

508-240-5085



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**CANAL HOUSE
HOUSING APPLICATION**

Name: _____ Social Security # _____

Date of Birth: _____ Male/Female: _____

Telephone # (or a number we can leave a message): _____ Email: _____

Mailing Address: _____

Present Address: _____ Type of Dwelling: _____

Current Living Situation: (check one) Homeless: _____ Other: _____

(please describe) _____

How did you hear about this program? _____

Education: _____

Occupation: _____

I. FINANCIAL INFORMATION

INCOME (*Indicate Amount*)

Gross Monthly Income:

Do you have Health Insurance? _____

Medicare: _____ Mass Health: _____ Other Health Ins. _____

Wages: \$ _____ SSI: \$ _____ EAEDC: \$ _____

VA: \$ _____ SSDI: \$ _____ Unemployment: \$ _____

Food Stamps: \$ _____ None: _____ Other \$ _____

Please Explain: _____

ASSETS

Do you have bank account(s)? Yes: _____ No: _____

Checking: \$ _____ Name of Bank: _____

Savings: \$ _____ Name of Bank: _____

Do you have a valid Drivers License? _____ License # _____

Do you own a vehicle? Yes: _____ No: _____ Plate #: _____

Is it registered? Yes: _____ No: _____ Reg #: _____

Make: _____ Year: _____ Model: _____

II. HOUSING HISTORY

For informational purposes only.

Please provide as much information as possible about your housing history, for the last three years.

1. Present Address: _____
Type of Dwelling: _____
Landlord: _____ Telephone #: _____
Dates of Residency: From : _____ To: _____
Reason for Leaving _____

2. Previous Address: _____
Type of Dwelling: _____
Landlord: _____ Telephone #: _____
Dates of Residency: From : _____ To: _____
Reason for Leaving _____

3. Previous Address: _____
Type of Dwelling: _____
Landlord: _____ Telephone #: _____
Dates of Residency: From : _____ To: _____
Reason for Leaving _____

USE BACK OF PAGE IF MORE ROOM IS NEEDED.
(If history includes living with family/friend, please explain, when and where.)

III. SUBSTANCE USE TREATMENT HISTORY

Most Recent Treatment Program: _____

Sobriety Date: _____

Name: _____

Address: _____

Telephone #: _____ Email: _____

Name: _____

Address: _____

Telephone #: _____ Email: _____

IV. RECENT EMPLOYMENT HISTORY (IF ANY)

For informational purposes only, 2 most recent jobs.

Please provide as much information as possible about your employment history.

Business Name: _____ From: _____ To: _____

Business Address: _____ Telephone #: _____

Salary: \$ _____ (annual) and/or \$ _____ (monthly amount)

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Business Name: _____ From: _____ To: _____

Business Address: _____ Telephone #: _____

Salary: \$ _____ (annual) and/or \$ _____ (monthly amount)

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Do you have any immediate job prospects, plans for job training or education? (please explain)

V. LEGAL HISTORY

Number of Convictions: _____ Type of Offense: _____

Are you required to register as a sex offender? _____

On Probation? Yes ____ No ____

If yes:

Name of your Probation Officer: _____

Telephone #: _____

Pending Court Case? Yes: ____ No: ____

For What? _____

Which court? _____

Date due in Court? _____

Outstanding Warrants? Yes: ____ No: ____

State: _____ Court: _____

For What? _____

I certify that all the information provided in this application is true, correct, and complete, to the best of my knowledge. I understand that any false information may be cause for disqualification and/or termination as a resident of Canal House. I understand that as a part of final screening of all applicants "Criminal Offender Records Information" (CORI) will be checked. Signed under pains of penalty and perjury.

Signature

Date



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CANAL HOUSE

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____
PRINT (Name of Participant / Client)

authorize _____
PRINT (Name of Person or Agency)

to disclose to: *Canal House (Lower Cape Cod Community Development Corporation, Duffy Health Center, and Homeless Prevention Council)* the following information: *Length of sobriety and/or information relevant to establishing eligibility for Canal House residence and appropriateness for this congregate housing program.*

The purpose of the disclosure authorized herein is to: *Evaluate eligibility for Canal House residency; assist in establishing residential service plan or treatment plan.*

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically within 180 days from date of signature.

Dated: _____
(Signature of Participant / Client)

(Signature of authorized Representative when required)



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Authorization for Release of information and Permission to Advocate

In order for the staff of Orleans Housing Authority to provide me with services, including advocacy on my behalf, I understand that it is necessary for the Orleans Housing Authority to have permission from me to contact various individuals, agencies, businesses, medical professionals, hospitals, employers, schools and other similar facilities to receive information, reports, and other facts pertaining to my needs and goals.

I give permission to the Orleans Housing Authority to obtain information from a variety of sources including but not limited to those listed below. I understand that any information I release to Orleans Housing Authority may be disclosed to these same individuals and organizations when appropriate for the purpose of helping me to achieve my goals and needs.

Approved contacts and exchanges may occur between Orleans Housing Authority and the following:

- Department of Transitional Assistance
- Subsidized housing
- Landlords
- Housing Assistance Programs
- Independent Living Centers
- Anti - poverty Agencies
- Apartment Complexes
- Cape Organization for the Rights of the Disabled (CORD)
- Client Assistance Programs
- Clubhouses
- Community Action Committee
- Correctional Facilities
- Law Offices, Public and Private
- Legal Services
- Lower Cape Community Development
- Ma Rehabilitation Commission
- Ma Commission for the Blind
- Ma Commission for the deaf and hearing
- Mental Health Centers public and private
- Motels Owners
- Nursing Homes
- Outreach Organizations
- Psychiatrists, Psychologists, Physicians, and other Health Care Professionals
- Real Estate Professionals

Exceptions or Additions to the Above list

This consent can be withdrawn at any time for any reason by giving written notice to the Orleans Housing Authority.

Client of Orleans Housing Authority

Date

Orleans Housing Authority Employee or Witness

Date

Client Privacy policy of Orleans Housing Authority

This notice describes the privacy policy of the Orleans Housing Authority. We may amend this policy at any time. We collect personal information only when appropriate. We may use or disclose your information to provide you with services. We may also use or disclose it to comply with legal and other obligations. We assume that you agree to allow us to collect information and to use it or disclose it as described in this notice. You can inspect personal information about you that we maintain. You can also ask us to correct inaccurate or incomplete information. You can ask us about our privacy policy or practices. We respond to questions and complaints. Read the full notice for more details. Anyone can have copy of the full notice about request. Contact Tim Buhler at (508) 255-0064.

ORLEANS HOUSING AUTHORITY

CRIMINAL OFFENDER RECORD INFORMATION (CORI)

ACKNOWLEDGEMENT FORM

The Orleans Housing Authority is registered under the provisions of MGLC6, 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, or applicant for the rental or leased housing, I understand that a cori check will be submitted for my personal information to the MA Dept. of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to the Orleans Housing Authority 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 the Orleans Housing Authority with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY; The Orleans Housing Authority may conduct subsequent CORI checks within one year of the date of this form was signed by me provided, however, that the Orleans Housing Authority must first provide me with written notice of this check.

By sign below, I provide my consent to a CORI check and acknowledge that the information provided on the following acknowledgement Form is true and accurate.

SIGNATURE

DATE

ORLEANS HOUSING AUTHORITY,94 HOPKINS LANE,ORLEANS, MA 02653,TEL: (508) 255-0064

SUBJECT INFORMATION:

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

MAIDEN NAME (OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN)

DATE OF BIRTH PLACE OF BIRTH

LAST 6 DIGITS OF YOUR SOCIAL SECURITY NUMBER _____ - _____

SEX: _____ HEIGHT: _____ FT. _____ IN. WEIGHT: _____ EYE COLOR: _____ Race: _____

DRIVER'S LICENSE NUMBER: _____ State of Issue _____

MOTHER'S FULL MAIDEN NAME FATHERS FULL NAME

CURRENT & FORMER ADDRESSES:

Street number and Name City/Town State Zip

Street Number and Name City/Town State Zip

THE ABOVE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

Verified By: _____
NAME OF VERIFYING EMPLOYEE

SIGNATURE OF VERIFYING EMPLOYEE



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LIMITATION AND WAIVER AGREEMENT

As a resident of Canal House, I understand that according to the stated rules there will be absolutely no possession or consumption of alcohol, illegal non-prescription drugs, or prescription drugs by other than for whom they were prescribed at any time and that further, illegal drugs, drug paraphernalia, or being under the influence of drugs are prohibited on the Canal House property.

I agree to provide the House Manager with a list of all medication, both prescription and over-the-counter, that I am taking. I understand that it is my responsibility to inform the Resident Manager of any changes in my medication status.

I understand that the Lower Cape Cod Community Development Corporation reserves the right to inspect my belongings and my living areas in my presence if there is a suspicion of my being under the influence of alcohol or other drugs or being in possession of the same.

I hereby give my permission for the Lower Cape Cod Community Development Corporation, its agents and or assigns, to conduct a drug screening analysis consisting of a breathalyzer and/or urinalysis for the purpose of maintaining residence. I understand that the purpose of this drug screening, *either random or based on suspicion of use*, is to determine whether I have in the past used alcohol or any other mind-altering or unlawful substances, including those medications which have not been prescribed for me.

Printed Resident Name _____

Resident Signature

Date of Signature

Witness Signature

Date of Signature

ORLEANS HOUSING AUTHORITY
94 HOPKINS LANE
ORLEANS, MA 02653

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Orleans 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 a 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. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have 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 objections 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 of 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.

Signature

Date



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Personal and Landlord References

I. Personal

1. Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____

2. Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email: _____



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II. Landlord (Please list names and addresses for the past THREE years)

1. Name _____

Address _____

City, State, Zip _____

Phone # _____

2. Name _____

Address _____

City, State, Zip _____

Phone # _____

3. Name _____

Address _____

City, State, Zip _____

Phone # _____

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.

Ethnic Category: Hispanic Non-Hispanic

Race: White Black/African American Asian Asian and White American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native and White Black/ African American and White American Indian/Native Alaskan and Black/ African American Other (Multi-Racial)

Sex: Male Female

Check if applicable: U.S. Veteran Female Head of Household Elderly (over 60) Disabled





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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 fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek 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 U.S.C. Section **408 (a) (6), (7) and (8). ***

Applicant Release Form

In consideration for being permitted to apply for this 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: _____

