



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 \$33,850 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

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, three months sobriety, housing, and work history.

Applicants meeting these initial thresholds will be forwarded to the screening committee, which consists of CDP staff, Homeless Prevention Council 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, or other organization you have worked with previously or the **Homeless Prevention Council at 508-255-9667 ext 013.**

For further information, please call me at the CDP at (508) 240-7873, x17, (fax) 508-240-1511 or email: kayla@capecdp.org

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

Kayla Baier
Director of Property Management
Community Development Partnership

Enclosures:

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





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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. Have a minimum of **two months sobriety**, which can be verified. (See documentation check list in the application.)
4. Be a single adult, 18 years or older.
5. Be willing and able to live in a house with shared facilities and responsibilities.
6. 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 a 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 commit to and follow an individual service/treatment plan, which would include active involvement in a 12-step recovery program and participation in an approved Relapse Prevention Treatment Program.
4. Be willing and able to abide by the Rules of the House.
5. Be willing to commit to working with Case Management at HPC.

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 interview with CH committee:
 - a. Homeless Prevention Council
 - b. Canal House Resident Manager
 - c. Kayla Property Management Manager
4. Acceptable CORI check done
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 \$595.00 Security Deposit for subsidized room. Full pay rooms range from \$595 to \$897 per month. First months rent and security is required for the full pay rooms.

Requirements during first 30 days:

1. Begin substance abuse counseling immediately – IOP, AfterCare or other counseling approved by the committee.
2. Agree to attend a set minimum number of 12 Step Meetings a week, get a signature at each meeting and turn in to House Manager at the weekly house meeting. Number of meetings per week to be determined with HPC Case Manager.
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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RULES OF CANAL HOUSE

In order for everyone to live safely in Canal House, it is necessary for rules to be established and for tenants to abide by them. Each tenant will comply with the following rules with the understanding that violation of these rules will be grounds for eviction from Canal House.

1. There will be absolutely no possession of alcohol, recreational marijuana, illegal non-prescription drugs, or prescription drugs, and/or drugs in the barbituate, opiate or benzodiazepine class, whether prescribed or not, by others than for whom they were prescribed. All prescription drugs must be documented by the prescribing physician. A "Release of Information" for prescribed medication will be required. All prescribed medications must be kept in an individual lock box provided by Canal House.
2. 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.
3. There will be absolutely no consumption or possession of alcohol 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 immediately.
4. If a resident is suspected of either using or being under the influence of alcohol, illegal drugs, or abuse of prescription drugs, or any of the drugs listed in 1. above, the following procedure will be implemented:
 - A. The individual will be questioned directly about possession or use of drugs or alcohol. Should he/she admit to possession or use, their tenancy will be re-evaluated immediately with CDP and Case Manager at HPC.
 - B. Should the individual deny drug or alcohol possession or use, that resident will be requested to submit to a breathalyzer and/or urine screen. (Note: The residents will be responsible for all costs associated with urine screening, except where the results are negative. Should the individual refuse to submit to the requested breathalyzer and/or urine screen, his/her tenancy will be terminated.
5. For the purpose of maintaining sobriety for all Canal House residents the Resident Manager will also randomly screen for alcohol and/or drug use. The following process will be implemented for random drug/alcohol screenings:
 - A. All residents will, at random, submit to a breathalyzer and/or urine screen at the request of the Resident Manager.
 - B. Should the individual refuse to submit to the requested breathalyzer and/or urine screen, his/her tenancy will be terminated.
6. The staff and residents may designate certain individuals as unwelcome in the house if they violate these rules.
7. Guests: You are not allowed to entertain guests anywhere inside or near the immediate premises of the Canal House. Failure to abide by this rule will result in immediate termination of tenancy. Any individuals picking up Canal House residents must remain in the driveway. At no time are

any individuals other than HPC or CDP staff or Canal House residents allowed in the Canal House unless in the presence and company of HPC, CDP staff. This rule will be strictly enforced for confidentiality and security reasons.

8. All residents will attend scheduled house meetings. ***They are mandatory.***
9. 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.
10. 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.
11. Physical violence, verbal abuse, harassment, or any other kind of violence is prohibited at Canal House. Violation of this rule will result in termination of tenancy.
12. The resident will not engage in any unlawful activity including, but not limited to:
 - using, distributing, or possessing illegal drugs
 - theft
 - illegal gambling
 - prostitutionViolation of this rule will result in termination of tenancy.
13. 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.
14. **There will be mandatory attendance at AA and/or NA meetings and other support groups as prescribed by the Case Management plan. Residents are responsible for fees related to attendance at groups and/or individual counseling.**
15. Residents are required to clean up after themselves, following use of the common room, bathroom or kitchen facilities, and to share in the cleaning of common areas through a rotating schedule of housekeeping chores. **Each Resident will be assigned a shelf in the fridge for their personal stock of food items. Food is not allowed to be Stored in your personal room. Personal items and personal property must not be stored in common areas.**

The resident will be required to clean his/her room and will agree to allow staff to conduct a monthly room inspection, with 24 hour notice, for basic cleanliness, fire and safety code compliance and maintenance needs.

The resident will not use extension cords, hot plates, toaster ovens, air conditioners in his/her room without prior written approval. The resident may not add any type of extension cord or appliances in the house without prior landlord approval in writing.

16. Smoking is prohibited inside Canal House. Smoking will only be permitted in designated areas outside of the house.
Pets are prohibited at Canal House.
17. 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.
18. Residents are required to keep Canal House as their primary residence. Primary residence is defined as spending the night at Canal House for seven (7) nights per week.
After the initial 45 days, any requests for an overnight must be presented to the House Manager 48 hours in advance. This shall include the date you requested, Contact information for the person with whom you will be staying with

19. All residents, their guests and staff of Canal House will treat each other courteously and with dignity and respect.
20. At no time are residents allowed to distribute either the original, or any copies, of the keys which they have been given in order to access Canal House.

21. Violation of any of these rules will be documented in a Canal House Incident Report. Resident will be required to sign this report.
22. **Violation of any two rules (or the same rule twice) may result in the termination of Canal House tenancy.**
23. **The Lower Cape Cod CDC and HPC reserve the right to amend these House Rules as needed in order to protect the safety and interests of the residents of Canal House.**

Residents who show they are unwilling or unable to comply with the rules of Canal House will have their tenancy terminated. The resident shall be provided with written notification of the reason(s) for discharge and/or termination.. This hearing and its findings shall not preclude the CDC'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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CANAL HOUSE

HOUSING APPLICATION

Name _____ Social Security # _____

Mailing Address _____

Present Address _____ Type of Dwelling _____

City/State/Zip _____ Telephone # _____

Email _____ (or place you can receive a message)

Date of Birth _____ Male/Female _____

Current Living Situation: (check one) homeless _____ other _____

(please describe) _____

How did you hear about this program? _____

Education _____

Occupation _____

1. FINANCIAL INFORMATION

INCOME (Indicate Amount)

Gross Monthly Income:

Do you have health insurance? _____

Wages \$ _____ SSI \$ _____ Medicare _____

VA \$ _____ SSDI \$ _____ Mass Health _____

Unemployment \$ _____ Food Stamps \$ _____ Other Health Ins. _____

EAEDC \$ _____ None _____ Other \$ _____

please explain: _____

ASSETS

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

Checking \$ _____ Name of Bank _____

Savings \$ _____ Name of Bank _____

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

Is it registered? Yes _____ No _____ # _____

Make _____ Year _____ Model _____

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

2. 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.)

3. SUBSTANCE USE TREATMENT HISTORY

Most Recent Treatment Program _____

Sobriety Date _____

Who will provide written corroboration of sobriety?

Name _____

Address _____

Telephone # _____ Email : _____

Name _____

Address _____

Telephone # _____ Email: _____

4. 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) / monthly amount \$ _____ Job Title _____

Supervisor _____

Reason for Leaving _____

Business Name _____ From _____ To _____

Business Address _____ Telephone # _____

Salary \$ _____ (annual) / monthly amount \$ _____ Job Title _____

Supervisor _____

Reason for Leaving _____

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

5. LEGAL HISTORY

Number of Convictions ____ Type of Offense _____

Are you required to register as a sex offender? _____

On Probation? Yes ____ No ____.

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, 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 _____

3. Name _____

Address _____

City, State, Zip _____

Phone # _____

Email _____

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

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 _____



*"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).**"*

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

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

- 1. Documentation of income, award letter for benefits checks or verification of any other source of income.
- 2. A letter from a substance abuse program verifying length of participation in a recovery house program or similar transitional program for substance abuse recovery or other documentation substantiating length of recovery and a release of information from the substance abuse program.
- 3. Proof of date of birth and copy of Social Security Card
- 4. Documentation of Homelessness (Required for the six rooms with subsidized rent. If not homeless, please indicate if applying for one of the unsubsidized rooms.)
- 5. List of current medications on prescribing physician’s letterhead.
- 6. 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:

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