



community development partnership

Providing a vibrant and diverse community on Lower Cape Cod

To Whom It May Concern:

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

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

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

Best of Luck!

Community Development Partnership



*Brewster · Chatham · Eastham · Harwich · Orleans · Provincetown · Truro · Wellfleet
260 Cranberry Highway – Unit 1, Orleans, MA 02653
Tel: 508-240-7873 or 1-800-220-6202 * TDD #1-800-439-0183 * Fax: 508-240-5085
E-mail: info@capecdp.org Website: www.capecdp.org*



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CDP Apartments Harwich to Provincetown, MA

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

Most Apartments are currently fully occupied; however, a waiting list has been established. Applications are accepted on a first come, first served basis. The rental rates range from \$1290 to \$1911, depending on the size of the unit needed. The properties are funded by Barnstable County HOME Funds and MA Department of Housing and Community Development HOME funds. Section 8 mobile vouchers are welcome. As of 2024, the maximum income limits are as follows:

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

<u>Household Size</u>	<u>Income Limits</u>	<u>Household Size</u>	<u>Income Limits</u>
1 person	\$53,160	4 persons	\$75,960
2 persons	\$60,780	5 persons	\$82,080
3 persons	\$68,340	6 persons	\$88,140

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

<u>Household Size</u>	<u>Income Limits</u>	<u>Household Size</u>	<u>Income Limits</u>
1 person	\$68,500	4 persons	\$97,800
2 persons	\$78,250	5 persons	\$105,650
3 persons	\$88,050	6 persons	\$113,450

For applications and information, contact:

**Community Development Partnership
260 Cranberry Highway Unit # 1
Orleans, MA 02653
508-240-7873 ext. 17**



*Brewster · Chatham · Eastham · Harwich · Orleans · Provincetown · Truro · Wellfleet
260 Cranberry Highway – Unit 1, Orleans, MA 02653
Tel: 508-240-7873 or 1-800-220-6202 * TDD #1-800-439-0183 * Fax: 508-240-5085
E-mail: info@capecdp.org Website: www.capecdp.org*



Date Received: _____
Time Received: _____
Last Name: _____

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Community Development Partnership Housing Application

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

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

**Property Management Department
Community Development Partnership
260 Cranberry Highway Unit # 1
Orleans, MA 02653
508-240-7873 ext. 17**

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

SECTION I: Applicant/Co-applicant Information

Today's Date _____

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

Applicant #1 _____ SS#

Other Name(s) You Have Used _____ Date of Birth _____

Current Address _____ phone _____

Mailing Address (if different) _____

E-mail address _____ Length of time at present address _____

Applicant #2 _____ SS#

Other Name(s) You Have Used _____ Date of Birth _____

Current Address _____ phone _____

Mailing Address (if different) _____

E-mail address _____ Length of time at present address _____

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



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

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

SECTION II: Current Living Situation

All selections must be verifiable.

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

Please Explain _____

___ Are you or a household member a victim of domestic abuse?

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

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

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

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

If yes, please explain: _____

Do you own a pet or pets? _____

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



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SECTION III: Applicant #1 (Co-Applicant see page 4)
 (Cover last five years; use additional page if needed)

Present Landlord's Name _____ Telephone _____

Present Landlord's Mailing Address _____

Present Rent \$ _____ Including What Utilities _____

Reason for Moving _____

Previous Address _____ Zip Code _____

Previous Landlord's Name _____ Telephone _____

Previous Landlord's Mailing Address _____

Length of Time There _____ Reason for Moving _____

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

Current Employers	Mailing Address	Phone Number	Dates of Employment

Previous Employers	Mailing Address	Phone Number	Dates of Employment

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

Name	Mailing Address	Phone Number	e-mail address

In Case of Emergency Notify:

Name _____ Relationship _____

Address _____ Phone _____



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

If yes, when did this occur? _____

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

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

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

Check which identification Applicant is submitting with application:

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

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

SECTION IV -- Co-Applicant

Present Address _____ Zip Code _____

Mailing Address (if different) _____

e-mail address _____ Length of Time At Present Address _____

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

Present Landlord's Name _____ Telephone _____

Present Landlord's Mailing Address _____

Present Rent \$ _____ Including What Utilities _____



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Reason for Moving _____

Previous Address _____ Zip Code _____

Previous Landlord's Name _____ Telephone _____

Previous Landlord's Mailing Address _____

Length of Time There _____ Reason for Moving _____

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

Current Employers	Mailing Address	Phone Number	Dates of Employment

Previous Employers	Mailing Address	Phone Number	Dates of Employment

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

Name	Mailing Address	Phone Number	e-mail address

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

If yes, when did this occur? _____

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

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

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

Check which identification Co-Applicant is submitting with application:

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

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

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

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

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

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



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SECTION VI - Rent Subsidy - for all household members

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

No _____ If so, please check which program:

___ Section 8 ___ MRVP ___ Shelter Plus Care ___ Other (please explain) _____

Name of Person receiving rental subsidy _____

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

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

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

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

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date



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

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

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

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? _____

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

Explain _____

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

Other Comments/Concerns _____

Signed by All Applicants

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

Signed under the pains and penalties of perjury,

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

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

Weekday _____ Time _____



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Applicant Release Form

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

Applicant Name (Print) _____

Applicant Signature _____

Social Security# _____ Date of Birth (optional) _____

Other Name(s) you have used _____ Date _____

Co-Applicant Release Form

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

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

Co-Applicant Signature _ _ _ _ _

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

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



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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
	Native Hawaiian/Other Pacific Islander	American Indian/Alaskan Native	American Indian/Alaskan Native and White
	American and White_	American Indian/Native Alaskan and Black/	African American_ Other (Multi-Racial)_
Sex:	Male	Female	
Check if applicable:	U.S. Veteran	Female Head of Household	Elderly (over60) Disabled

Ethnic Category:	Hispanic_	Non-Hispanic_	
Race:	White_ Black/African American	Asian	Asian and White
	Native Hawaiian/Other Pacific Islander	American Indian/Alaskan Native	American Indian/Alaskan Native and White
	American and White_	American Indian/Native Alaskan and Black/	African American_ Other (Multi-Racial)_
Sex:	Male	Female	
Check if applicable:	U.S. Veteran	Female Head of Household	Elderly (over60) Disabled

Ethnic Category:	Hispanic_	Non-Hispanic_	
Race:	White_ Black/African American	Asian	Asian and White_
	Native Hawaiian/Other Pacific Islander	American Indian/Alaskan Native	American Indian/Alaskan Native and White
	American and White_	American Indian/Native Alaskan and Black/	African American_ Other (Multi-
Sex:	Male	Female	
Check if applicable:	U.S. Veteran	Female Head of Household	Elderly (over60) Disabled



community development partnership ACKNOWLEDGEMENTS

Applicant Name: _____

Co-Applicant Name: _____

Initials (Applicant/Co-Applicant)

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

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

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

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

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

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____



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



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

Criminal Offender Record Information (CORI)
Acknowledgement Form

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

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

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

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

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

Signature of CORI Subject

Date



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



SUBJECT INFORMATION

Please complete this section using the information the person whose CORI you are requesting.
The fields marked with an asterisk(*) are required fields.

* First Name: _____ Middle Initial: _____

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

Former 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: _____

Mothers's Full Name: _____ Maiden Name: _____

Current Address: _____

Apt. # or Suite: _____ *City: _____ *State: ____ *Zip: _____

SUBJECT VERIFICATION

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

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date



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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 or other relief as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6),(7) and (8).** Violation of these provisions are cited as violations of 42 USC. Section **408 (a) (6), (7) and (8).**"*