



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
Three Main Street Mercantile, Unit # 7
Eastham, MA 02642**

For Information: Telephone 508-240-7873 x17 or 1-800-220-6202 x17
TDD # 1-800-439-0183 e-mail: alice@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 <i>Yes/No</i>

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 wheelchair 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 I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
- Unexpired Temporary Resident Card (INS Form I-688B)
- Unexpired Employment Authorization card (INS Form I-688A)
- Unexpired Reentry Permit (INS Form I-327)
- Unexpired Refugee Travel Document (INS Form I-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

Co 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 I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- ___ Alien Registration Receipt Card with photograph (INS Form I-151 or I-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 I-327)
- _____ Unexpired Refugee Travel Document (INS Form I-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	Co-Applicant	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				
Total				



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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) _____

What size unit is the voucher for? _____

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 ___ 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 ___	

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 ___	

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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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: _____



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Criminal Offender Record Information (CORI) Acknowledgement Form

Community Development Partnership is registered under the provisions of M.G.L. c. 6, 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, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the Massachusetts Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to Community Development Partnership to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Community Development Partnership with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER AND LICENSING PURPOSES ONLY: Community Development Partnership may conduct subsequent CORI related checks within one year of the date of this form was signed by me provided, however that Community Development Partnership must first provide me with written notice of this check.

By signing 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



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CORI Request Form

SUBJECT INFORMATION:

Last Name First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

Date of Birth

Place of Birth

Last Six Digits of Your Social Security Number _____ - _____

Sex: _____ Height: _____ft. _____in. Eye Color: _____ Race: _____

Drives License of ID Number: _____ Sate of Issue: _____

Mother's Full Maiden Name

Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip Code

Street Number & Name City/Town State Zip Code

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

Verified By: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee



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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).**"*