To Whom It May Concern:

Thank you for your interest in affordable housing opportunities on the Lower Cape. Although there are no current openings, enclosed are the income qualifications and an application for our subsidized apartments in Wellfleet.

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 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
Wellfleet Apartments
Fred Bell Way, Wellfleet, MA

Wellfleet Apartments, sponsored by the Wellfleet Housing Authority and developed and operated by the Lower Cape Cod Community Development Corporation is a 12-unit community consisting of one, two and three bedroom apartments designed for family households.

Wellfleet Apartments are currently fully occupied; however, a waiting list has been established. Applications are accepted on a first come, first served basis. Wellfleet Apartments are subsidized by the U.S. Department of Agriculture’s Rural Housing Service, Barnstable County HOME Funds and MA Department of Housing and Community Development HOME funds. Residents pay a designated percentage of their income for rent. As of 2021, the limits are:

The first priority for occupancy is provided to eligible household applicants whose family income is 50% or less of the established median family income for the area:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Income Limits</th>
<th>Household Size</th>
<th>Income Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>$34,050</td>
<td>4 persons</td>
<td>$48,600</td>
</tr>
<tr>
<td>2 persons</td>
<td>$38,900</td>
<td>5 persons</td>
<td>$52,500</td>
</tr>
<tr>
<td>3 persons</td>
<td>$43,750</td>
<td>6 persons</td>
<td>$56,400</td>
</tr>
</tbody>
</table>

If there are an insufficient number of eligible household applicants whose income is 50% 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:

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Income Limits</th>
<th>Household Size</th>
<th>Income Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>$54,450</td>
<td>4 persons</td>
<td>$77,750</td>
</tr>
<tr>
<td>2 persons</td>
<td>$62,200</td>
<td>5 persons</td>
<td>$84,000</td>
</tr>
<tr>
<td>3 persons</td>
<td>$70,000</td>
<td>6 persons</td>
<td>$90,200</td>
</tr>
</tbody>
</table>

For applications and information, contact:

Community Development Partnership
3 Main Street Unit # 7
Eastham, MA 02642
508-240-7873/1-800-220-6202 ext 12
WELLFLEET APARTMENTS
HOUSING APPLICATION
PLEASE PRINT

This is an application for housing for Wellfleet Apartments located in Wellfleet, MA. Please complete this application and return to the address listed at the bottom of this page. Complete applications are placed on the wait list in order of date and time received. An applicant may be interviewed for an available unit only after CDP receives the complete tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____________________________________________

Address: _____________________________________________________

Street Apt. # City/State Zip

Mailing Address (if different): ___________________________________

Telephone # __________________________ No. of Bedrooms in current unit _________

Do you own _____ or rent______? Amount of current monthly rent $___________

Email address: ________________________________________________

Approximate amount in utilities paid by you (excluding phone & cable TV): $______.

Bedroom Size Requested: _____1 BR _____2 BR _____3 BR _____ Handicap Accessible Unit

CDP and Wellfleet Apartments is an Equal Housing Opportunity Company, with projects in compliance with 504 and Fair Housing Regulations. CDP accommodates any applicants who need assistance in filling out this application.

Return completed application to:
Community Development Partnership
3 Main Street Unit #7
Eastham, MA 02642
The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, USDA Rural Development, Washington, DC 20250.

List ALL persons who will live in the apartment. (List Head of Household First)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Birth-date</th>
<th>Age</th>
<th>Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Is anyone in this household a full time student: Yes ______ No _____

Name(s) __________________________________________

**B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW**

<table>
<thead>
<tr>
<th>FAMILY MEMBER</th>
<th>SOURCE OF INCOME</th>
<th>MONTHLY AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Social Security</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Security</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Pension</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pension</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Source of Pension(s) _________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Veterans Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Claim # __________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. SSI/SSDI Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SSI/SSDI Benefits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. Unemployment Comp</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unemployment Comp</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. AFDC/TAFDC/EADC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>g. Wages -- Gross</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employer: _________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Position held: ________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How Long? _________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>g. Wages -- Gross</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employer: _________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Position held: ________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How Long? _________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>h. Full Time Student Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Only Full Time Students 18 and over)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>h. Full Time Student Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Only Full Time Students 18 and over)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>i. Alimony</td>
<td></td>
</tr>
<tr>
<td></td>
<td>j. Child Support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>k. Interest Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>l. Other Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td>m. Long Term Care Insurance</td>
<td></td>
</tr>
</tbody>
</table>

2
TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply x 12) $___________
Do you anticipate any changes in this income in the next 12 months? Yes_____ No _____
If Yes, please explain:

__________________________
__________________________
__________________________
__________________________
__________________________
__________________________

C. ASSETS  (for checking, **average 6 month daily balance**—call your bank and ask)

<table>
<thead>
<tr>
<th>TYPE OF ASSET</th>
<th>ACCOUNT NUMBER</th>
<th>BANK</th>
<th>BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Savings Account(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust Accounts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit Union</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Savings Bonds</td>
<td>Maturity Date</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maturity Date</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>Whole Life Insurance</td>
<td>Policy #</td>
<td>Face Value</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cash Value of Life Insurance Policy</td>
<td></td>
</tr>
</tbody>
</table>
| Real Property: Do you own any property? Yes_____ No _____
If Yes, type of property ____________________________________________
Location __________________________________________________________
Appraised Market Value $__________________________
Mortgage or Outstanding Loans Balance Due $__________________________
Amount of Annual Insurance Premium $__________________________
Amount of Most Recent Tax Bill $__________________________
Have you Sold/Disposed of Any Property in the Last 2 Years? Yes_____ No _____
If Yes, type of property ____________________________________________
Market Value When Sold/Disposed of $__________________________
Amount Sold/Disposed of for $__________________________
Date of Transaction ________________

1. Have you disposed of any other Assets in the last 2 years (example: Given away money to relatives, set up Irrevocable Trust Accounts)? Yes_____ No _____
If Yes, Describe Asset ______________________________________________
Date of Disposition ________________
Amount Disposed $__________________________

2. Do you have any other Assets not listed above(excluding personal property)?
   Yes_____ No _____
   If Yes, list _________________________________________________________
D. MEDICAL/CHILDCARE/DISABLED ASSISTANCE EXPENSES

Medical Costs: Complete this part ONLY if Head of Household or Spouse is 62 or Older, Disabled or Handicapped.

1. Medicare Premiums
   - Monthly Amount $__________________
   - Monthly Amount $__________________

2. Medical Insurance Coverage-Name & Address of Insurance Company

   __________________________________________________________________________

   Monthly Amount $__________________

3. Anticipated Medical/Drug/Prescription/Non Prescription costs NOT covered by Insurance NOR reimbursed: Monthly Amount $__________________

4. Medical bills or outstanding costs you are making Monthly Payments for:
   - Balance due $__________________ Monthly Payments $__________________
   - Payable to__________________________

5. Medical related travel costs – Monthly cost $__________________

6. Projected costs NOT covered by Insurance NOR reimbursed for the next 12 months $__________________

7. Any other Medical expenses: List type and Amounts:
   - Type:__________________ Amount: $__________________
   - Type:__________________ Amount: $__________________

Childcare Costs: Complete ONLY for children 12 and younger:

1. Name(s) of Children cared for

   __________________________________________ Age_____
   __________________________________________ Age_____
   __________________________________________ Age_____
   __________________________________________ Age_____

2. Name & Address of person OR Agency caring for children

   __________________________________________

   __________________________________________

   __________________________________________

3. Weekly cost for Childcare Due to Employment $__________________

4. Weekly Cost for Childcare Due to Education $__________________

Disabled Assistance Expenses: Attendant care and/or apparatus expense that enables disabled applicants or others in the household to work. Complete ONLY if Disabled Expenses allow someone in the household to work.

List Type of Expenses, Weekly Amount, Paid to whom:

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

E. PROGRAM INFORMATION

1. Are you Applying for status as an “Elderly Household,” where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by Rural Development? Yes__ No __

   If “Yes” you will be eligible for a $400 deduction and Medical Expense deductions (eligibility must be verified.)

2. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit: Yes_____ No _____

   If so, would you like to request an adapted unit? Yes_____ No _____
3. Are you currently living in Subsidized Housing? Yes __ No __
4. Have you ever resided in Housing financed and/or Subsidized by the Government? Yes __ No __ If Yes, Name & Address _________________________________
5. Have you ever been evicted from Public Housing or any other Federal Housing Program? Yes __ No __
6. Have you ever been evicted from any other housing? Yes __ No __
7. Have you ever been convicted of a felony? Yes __ No __
8. Are you currently using illegal drugs? Yes __ No __
9. Have you ever been convicted of sale, distribution, or possession of illegal drugs? Yes __ No __
10. Are you now or will you become a part time or full time student prior to move-in? Yes __ No __
11. How did you hear about this housing? ______________________________
12. Will you take an Apartment when one is available? Yes __ No __
13. Briefly describe your reasons for applying ______________________________
_________________________________ ______________________________
14. Are you a smoker? Yes __ No __

F. REFERENCE INFORMATION
Current Landlord: Name ________________________________
Address ________________________________
Home Phone __________ Business Phone __________

Previous Rental Information:
Prior Landlord ________________________________
Address ________________________________
Home Phone __________ Business Phone __________

Prior Landlord ________________________________
Address ________________________________
Home Phone __________ Business Phone __________

G. CREDIT REFERENCES
1. Name ________________________________ Address ________________________________
City/State/Zip __________ Phone __________

2. Name ________________________________ Address ________________________________
City/State/Zip __________ Phone __________

H. PERSONAL NON-RELATED REFERENCES
1. Name ________________________________ Address ________________________________
Phone ________________________________

2. Name ________________________________ Address ________________________________
Phone ________________________________

3. Name ________________________________ Address ________________________________
Phone ________________________________

In Case of Emergency Notify ________________________________
Address ________________________________
I. OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

<table>
<thead>
<tr>
<th>Type of vehicle</th>
<th>Year/Make</th>
<th>Color</th>
<th>License Plate #</th>
<th>Driver’s License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of vehicle</td>
<td>Year/Make</td>
<td>Color</td>
<td>License Plate #</td>
<td>Driver’s License #</td>
</tr>
</tbody>
</table>

PETS: Do you own any pets? Yes____ No _____

If Yes, describe __________________________________________________________

***How did you hear about this program?____________________________________

J. CERTIFICATION/AUTHORIZATION

CERTIFICATION

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our primary residence. I/We understand I/we must pay a security deposit for this apartment. I/We understand that my/our eligibility for housing will be based on Rural Development or Section 8 income limits and by CDP selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE:

<table>
<thead>
<tr>
<th>TENANT</th>
<th>CO-TENANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dated</td>
<td>Dated</td>
</tr>
</tbody>
</table>

AUTHORIZATION

I/We do hereby authorize CDP and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by CDP. I/We further authorize CDP to verify all information listed on this application.

SIGNATURE:

<table>
<thead>
<tr>
<th>TENANT</th>
<th>CO-TENANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dated</td>
<td>Dated</td>
</tr>
</tbody>
</table>
FOR RURAL DEVELOPMENT 515 PROGRAM
APPLICANTS ONLY

FAMILY HOUSEHOLD COMPOSITION

“The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.”

<table>
<thead>
<tr>
<th>Ethnicity:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>Female</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Race/National Origin:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White
- Other (specify)____________________

“I believe with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).”
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 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.

______________________________ Date ____________________________
Signature of Applicant/Resident

______________________________ Date ____________________________
Signature of Witness

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). **