



community development partnership

Three Main Street Mercantile Unit # 7 Eastham, MA 02642
Tel: 508-240-7873 or 800-220-6202 *TDD #1-800-439-0183 Fax: 508-240-5085



A. For Office Use ONLY
Name: _____
Unit Size: 1B/1BH/2B/3B
App. Rec'd: _____ Time: _____
Income: Very Low/Low
Mgr. Signature



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 \$ _____

Check utilities paid by you: Heat _____ Gas _____ Electricity _____ Other _____

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)

	Name	Relationship	Birth-date	Age	Social Security #
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				

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

Name(s) _____

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

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

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)

TYPE OF ASSET	ACCOUNT NUMBER	BANK	BALANCE
Checking Account(s)			
Savings Account(s)			
Trust Accounts			
Certificates			
Credit Union			
Savings Bonds			
Maturity Date		Value	
Maturity Date		Value	
Whole Life Insurance			
Policy #		Face Value	
		Cash Value of Life Insurance Policy	

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

- | | |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <p>1. Name _____
 Address _____
 City/State/Zip _____
 Phone _____</p> | <p>2. Name _____
 Address _____
 City/State/Zip _____
 Phone _____</p> |
|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|

H. PERSONAL NON-RELATED REFERENCES

1. Name _____ Address _____
 Phone _____
2. Name _____ Address _____
 Phone _____
3. Name _____ Address _____
 Phone _____

In Case of Emergency Notify _____
 Address _____
 Phone _____

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.)

Type of vehicle _____ Year/Make _____ Color _____
License Plate # _____ Driver's License # _____

Type of vehicle _____ Year/Make _____ Color _____
License Plate # _____ Driver's License # _____

PETS: Do you own any pets? Yes _____ No _____

If Yes, describe _____

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:

TENANT CO-TENANT

Dated _____ Dated _____

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:

TENANT CO-TENANT

Dated _____ Dated _____

**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.”

I do not wish to furnish this information _____			
Ethnicity:	Hispanic or Latino	_____	Gender: Female _____ Male _____
	Not Hispanic or Latino	_____	
Race/National Origin:			
_____	American Indian or Alaskan Native	_____	
_____	Asian	_____	
_____	Black or African American		
_____	Native Hawaiian/ Other Pacific Islander		
_____	White		
_____	Other (specify)	_____	

“ In accordance 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).”

ORLEANS HOUSING AUTHORITY
94 HOPKINS LANE
ORLEANS, MA 02653
TEL: (508) 255-0064 ~ FAX: (508) 255-0068

ORLHA
G

CORI REQUEST FORM

Orleans Housing Authority has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for CDP, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT /EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY # *ID Theft Index PIN
(Requested, not required) (if applicable)

MOTHER'S MAIDEN NAME

CURRENT & FORMER ADDRESSES: _____

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

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

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

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**

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