



CAPE COD
COMMISSION



Regional Ready Renter Lottery Application

Housing Assistance Corporation is conducting a lottery for the Cape Cod Commission’s Regional Ready Renter Wait List. This list currently covers the Towns of BARNSTABLE, DENNIS, and YARMOUTH (more towns may be added later). This is a list used when there are available rentals in smaller rental developments or accessory apartments. Getting on this list does not guarantee you housing, but it does mean that when there is availability, you may be called. IF you are called, you will then have an opportunity to view the unit and decide if you want to rent it. At this point, you will need to submit a final application and documentation for certification of income eligibility prior to leasing.

Please come to one of the information sessions:

Wednesday: October 23, 2013 5:30 pm Housing Assistance Corporation, 460 W. Main St. Hyannis

Saturday, October 26, 2013 at noon Yarmouth Senior Center, 528 Forest Road, W. Yarmouth

Rental Rates and Income Qualification will vary depending on projects; all rents will be affordable; some maximum eligible incomes listed below, different projects may be targeted to different income levels:

| 2013 Barnstable MSA Income Limits; see www.huduser.org | | | | | | | | |
|---|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Household size | 1 person | 2 persons | 3 persons | 4 persons | 5 persons | 6 persons | 7 persons | 8 persons |
| 80% Income Limits | \$45,100 | \$51,500 | \$58,000 | \$64,400 | \$69,600 | \$74,750 | \$79,900 | \$85,050 |

Application deadline is Friday, December 6, 2013

Discrimination on the basis of race, creed, color, sex, age, disability, marital status, familial status, veterans status, sexual orientation, national origin and/or receipt of public assistance or any other basis prohibited by law is specifically prohibited in the selection of applicants for this housing opportunity. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to apply for, use and enjoy the housing



- 1) A complete initial application must be submitted to be further considered
- 2) Copies of the following must be submitted with this application:
 - Two (2) most recent pay stubs for all members of the household over 18.
 - Copy of your most recent tax return.
 - If you are self-employed, please submit a copy of your most recent tax return and most recent profit and loss statement.
 - One copy of the most recent statement for ALL savings, checking, retirement and other asset accounts.
 - Copy of evidence of Section 8 Voucher or other rental voucher, if applicable.
- 3) Once all the relevant information is received and clarified, the documentation will be processed to determine income eligibility and you will be notified.
- 4) Please note that prior to your accepting a unit, you will need to submit a full application and documentation for your income eligibility to be certified before a lease can be signed.
- 5) We are available to assist individuals in the completion of their application and are able to accommodate households with disabilities that may impede their ability to complete the application. We can also arrange for assistance for households that have limited English proficiency. Applicants have the right to request a reasonable accommodation(s), which may include a change to a policy, procedure or practice to afford a person with a disability an equal opportunity to participate fully in the housing program or to use and enjoy the housing. Applicants may also be entitled to a reasonable modification(s) of the housing, when such modifications are necessary to afford a person with a disability an equal opportunity to use and enjoy the housing.

If you have questions, need assistance filling out this form, or if you need a translator, please contact Gael at (508) 771-5400, ext. 284 or gkelleher@haconcapecod.org.

**Please Return Applications to:
Ready Renter
Housing Assistance Corporation
460 W. Main Street
Hyannis, MA 02601**





**LOTTERY APPLICATION
APPLICATION DEADLINE IS DECEMBER 6, 2013**

Applicant _____ Co-Applicant _____

Street or PO Box _____ Town _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

E-Mail Address _____

Do you have a Section 8 Certificate or other rental voucher? ____ Yes ____ No (If yes, please provide a copy of your eligibility letter)

Total Number of People in Household _____

Non-English Speaking Applicant (optional)? ____ Yes ____ No
Language Preference (optional) _____

How did you hear about the program? _____

Are any household members employed by the Cape Cod Commission? ____ Yes ____ No

Are you an immediate family member (spouse, parent, sibling, child) of a Cape Cod Commission employee? ____ Yes ____ No

Does any household member currently own a residential property? If yes, please explain _____.

BEDROOM SIZE REQUESTED: ____ STUDIO ____ 1BR ____ 2 BR ____ 3BR ____ 4BR

ACCESSIBILITY REQUESTED (check all that apply):
____ Wheelchair accessible unit ____ Unit accessible for sensory impairments
____ Other/some accessible features (please explain):

Does any member of your household require a reasonable accommodation or modification based on a disability? If yes, please explain (responding to this question is optional): ____ Yes ____ No

Do you own any pets? ____ Yes ____ No If yes, describe: _____

Optional*: Do you or any member of your household classify yourself as any of the following? (This may include more than one group). Responses will help us track the diversity of the applicant pool.

- Asian/Native Hawaiian/Pacific Islander
- Black/African-/Caribbean-American
- Latino/a
- Native American
- White/Caucasian
- Another Race or Ethnicity (please specify): _____



HOUSEHOLD COMPOSITION (List the head of household and all members who will be living in the home you purchase. Give relationship of each member to the head of household.)

| Full Name: *List Head of Household first | Relationship to Head of Household | Age | Full time Student over 18 |
|---|---|-----|------------------------------|
| | HEAD | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ASSETS

If your assets are too numerous to list on this page, please request an additional form.

If a section does not apply, cross it out or write N/A.

**** Please attach to this application the most recent statements for each of the below:**

FINANCIAL INSTITUTIONS

| | | | |
|------------------------------------|---|------|------------|
| CHECKING | # | BANK | Balance \$ |
| CHECKING | # | BANK | Balance \$ |
| SAVINGS | # | BANK | Balance \$ |
| SAVINGS | # | BANK | Balance \$ |
| TRUST ACCOUNTS | # | BANK | Balance \$ |
| CERTIFICATES OF DEPOSITS (CD's) | # | BANK | Balance \$ |
| CREDIT UNION ACCOUNTS | # | BANK | Balance \$ |

ALL OTHER ASSETS

| | | | |
|--------------------------|----------|----------------|-------------------------|
| SAVINGS BONDS | # | Maturity Date | Face Value \$ |
| | | | |
| LIFE INSURANCE POLICY | # | Company/issuer | Cash Value |
| | | | |
| STOCKS | Name | # Shares | Div. Paid |
| | | | |
| BONDS | Name | # Shares | Interest or Dividend \$ |
| | | | |
| Investment Property | Location | Value | |



EMPLOYMENT INCOME

****Please attach to this your two most recent pay stubs for all members over the age of 18 who are working. If self-employed please attach a copy of your tax return and profit and loss statement. Attach additional sheets if needed.**

| HOUSEHOLD MEMBER NAME | SOURCE OF INCOME: |
|-----------------------|--------------------------------|
| | CURRENT EMPLOYER: |
| | ADDRESS: |
| | POSITION HELD: |
| | How long employed? Supervisor: |
| | Phone Number: |
| | Income/Pay Rate: |
| | CURRENT EMPLOYER: |
| | ADDRESS: |
| | POSITION HELD: |
| | How long employed? Supervisor: |
| | Phone Number: |
| | Income/Pay Rate: |

OTHER INCOME

| Source | Applicant | Co-Applicant | Other Household Members 18 & over | Total |
|---|-----------|--------------|-----------------------------------|-------|
| 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 | | | | |
| Total for each household member: | | | | |

TOTAL HOUSEHOLD INCOME \$ _____

Do you anticipate any changes in income in the next 12 months?

_____ Yes _____ No If yes, please explain: _____



PLEASE CHECK THE FOLLOWING AND SIGN BELOW:

- 1. Yes I/We certify that the information in this application and in support of this application is true and correct to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that perjury will result in disqualification from further consideration in this program.

- 2. Yes I/We understand that the use of this application is for placement on a Ready Renter List to rent an affordable unit in the Barnstable County Region, and does not guarantee an offer.

- 3. Yes I/We understand that the Local Program Administrator (the property owner or property manager of a specific unit) makes the final tenant selection determination and NOT the Ready Renter List Administrator.

- 4. Yes I/We _____ did not file taxes for years _____.

- 5. Yes I/We give permission to share the application and materials with relevant town staff and/or the designated monitoring agent.

Your signature(s) below gives consent to the Cape Cod Commission or its Designee to verify information provided in this application.

No applications will be considered complete unless signed and dated by the Applicant and Co-Applicant (if any).

| | |
|-------------------------|-------|
| _____ | _____ |
| Applicant Signature | Date |
| _____ | _____ |
| Co- Applicant Signature | Date |

