CAPE COD
COMMISSION

Regional Ready Renter Initial Application

(Revised 3/3/14)

The Cape Cod Commission is currently accepting initial applications for its Regional Ready Renter List. This list currently covers the Towns of BARNSTABLE, DENNIS, and YARMOUTH (more towns may be added later). It is a list used when there are available rentals in smaller rental developments, accessory apartments, "shop top housing" (rentals on top of retail stores) and other scattered availabilities. 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.

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:

2014 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	$44,750	$51,150	$57,550	$63,900	$69,050	$74,150	$79,250	$85,350

Applications Currently Being Accepted on a "Rolling Basis"

There is no rental assistance attached to these units.

Info/questions: call Michelle at (508) 744-1224 or e-mail mspringer@capecodcommission.org

Please Return Applications to:
Ready Renter
Cape Cod Commission
3225 Main St, Box 226
Barnstable, MA 02630-0226

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

EQUAL HOUSING OPPORTUNITY

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Cape Cod Commission
Regional Ready Renter Program
3225 Main Street, Box 226
Barnstable, MA 02630-0226

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 or benefits letter 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 Michelle Springer.
She can be reached at (508)362-3828 or
mspringer@capecodcommission.org

Cape Cod Commission
Regional Ready Renter Program
3225 Main Street, Box 226
Barnstable, MA 02630-0226

Applicant's Name _____

Current Address/PO Box_____
_____Zip_____

Telephone: Home _____ Work _____ Cell _____

E-Mail Address _____

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):
_____

EQUAL HOUSING OPPORTUNITY

HOUSEHOLD COMPOSITION Please list ALL person will live in your home:

	Name	Relation-ship to head	Age	School Attending and Town
Head				
2				
3				
4				
5				

EMPLOYMENT INCOME AND HISTORY

****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:

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OTHER INCOME

Please list ALL SOUCES of income as requested below. If a section does not apply, cross it out or write N/A.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT
	Social Security	
	Social Security	
	Social Security	
	Alimony	
	Child Support	
	Child Support	
	SSI Benefits	
	SSI Benefits	
	SSI Benefits	
	Pension – list source	
	Pension – list source	
	Veteran's Benefits	
	Veteran's Benefits	
	Unemployment Compensation	
	Unemployment Compensation	
	Title IV / TANF	
	Title IV / TANF	
	Interest Income (source)	

Do you anticipate any changes in income in the next 12 months?
_____Yes _____ No If yes, please explain: _____

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

EQUAL HOUSING OPPORTUNITY

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