

Brackett Landing

17 Dory Lane, Eastham, MA

**Affordable 1 bedroom rental-Handicap Accessible-
Brand New Unit/Anticipated completion: Spring 2015
Year Round Only-\$877 (includes heat, electricity, hot water)**

Be sure to read the directions for completing the application very carefully! Do not leave blanks. If not applicable, write "n/a" or "0". **Incomplete applications or those that do not include all necessary documentation will not be processed. It is the applicants responsibility to provide a complete application.** Please check the Income Table to be sure that your household income is within the guidelines. Household income includes earned and unearned income received by members of your household who are 18 and older.

HAVE HOUSEHOLD INCOME AT OR BELOW 80% AMI

MAXIMUM COMBINED INCOME:

1 Person= \$44,750--2 Person=\$51,150

MINIMUM COMBINED INCOME:

\$26,300

MONTHLY RENT \$877

(includes heat, electricity, hot water)

A lottery to determine the order in which eligible applications are reviewed, it will be held at the CDP conference room at 3 Main Street Mercantile, unit 8, Eastham, MA on Wednesday, March 18th, 2015 at 10 am. Applicants need not attend.

You can contact us at 508-240-7873, ext 17 or send an email to housinglottery@capecdp.org for more information

The application deadline is Feb. 16th, 2015-3:00 PM

Property owned by Eastham Affordable Housing Trust.

17 Dory Lane-Information Sessions + Open House

Wednesday, Jan. 14th, 2015: 5:00-6:00 pm

AND

Saturday, Jan. 17th, 2015: 10:00-11:00 AM

We will discuss the application process, the rental rates and income and asset verification, and review applications and view homes.

Start Location: CDP Conference Room, 3 Main Street Mercantile, Unit 8, Eastham, MA 02642

(across from the Fairway Restaurant)

other requirements may apply, please be sure and read through the lottery description

For information or questions call 508-240-7873 ext 17 or email: housinglottery@capecdp.org or www.capecdp.org

Please Return Applications to CDP, 3 Main Street Mercantile, Unit 7, Eastham, MA 02642

Discrimination on the basis of race, creed, color, sex, age, disability, marital status, familial status, veterans status, sexual orientation, national origin and/or public assistance recipiency, 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.

This property is owned by the Eastham Affordable Housing Trust



Rental
Housing Application
17 Dory, Brackett Landing, Eastham

Office use only:
Date application was received: _____
Received by: _____

(Faxed or e-mailed applications cannot be accepted)
Return completed signed original form to:
Community Development Partnership
3 Main Street Mercantile, Unit 7, Eastham, MA 02642
For Information: Telephone 508-240-7873 extension 17
e-mail: housinglottery@capecdp.org



Applicants are selected without regard to race, sex, national origin, color, creed, military status, marital status, familial status, sexual orientation, disability or handicap, genetic information, ancestry, children or public assistance reciprocity.

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. If there are more than two adult members of household who are not full-time students, please request an additional application.

Applicant #1 _____ SS# _ _ - _ - _ - _ _

Other Name(s) You Have Used _____ Date Of Birth _____
(optional)

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 _____
(optional)

Current Address _____ *phone* _____

Mailing Address (if different) _____

E-mail address _____ Length of Time at Present Address _____

Applicant #3 _____ SS# _ _ - _ - _ - _ _

Other Name(s) You Have Used _____ Date Of Birth _____
(optional)

Current Address _____ *phone* _____

Mailing Address (if different) _____

E-mail address _____ Length Of Time At Present Address _____

How many people in your household (include everybody; all adults, all children)? _____



List all other people who are expected to reside in the unit:

| Name | Social Security # | Age | Relationship to Head of Household | Full Time Student y/n |
|------|-------------------|-----|-----------------------------------|-----------------------|
| | | | | |
| | | | | |

| Name | Social Security # | Age | Relationship to Head of Household | Full Time Student y/n |
|------|-------------------|-----|-----------------------------------|-----------------------|
| | | | | |
| | | | | |

REASONABLE ACCOMMODATION QUESTION

Does your household require a reasonable accommodation? Yes ____ No ____

If yes, please explain: _____

AFFIRMATIVE MARKETING

Please complete the following section to assist us in fulfilling affirmative marketing requirements. Optional, but responses will assist us in fulfilling our requirements.

Household Race: Caucasian African American/Black Asian/Pacific Islander/Native Hawaiian
 Native American / Alaskan Native Hispanic/Latino



HOUSEHOLD INCOME

INSTRUCTIONS FOR COMPLETEING THE FOLLOWING INCOME TABLE:

- List **ALL** sources of income as requested below for **ALL household members** over 18 years old.
- The gross income must include income for the next 12 months
- For self employed applicants- please put net-income in the gross annual income column (please include a current business income/ expense report)
- For periodic payments (like Social Security and child support) please include the amount received per week or per month (*ex: \$100/month*) in the space provided under “Source / type of Income”. Then provide under “Gross Annual Income” provide the annual amount (*ex: \$1200*)
- Please attach verification for each source of income to include copies of two consecutive months pay stubs, for salaried employed household members over 18. If you are self-employed, you have provided a current year-to-date Income & Expense report signed by the preparer. Statements and documents that indicate the payment amounts from all other sources of income of all members listed on the application, such as alimony and/or child support, Social Security benefits, all types of pensions, employment, unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income – on organization letterhead
- Copy of 2011, 2012 and 2013 Federal tax returns, as filed, with 2013 1099's, W-2's and schedules, for every current or future person living in the household over the age of 18
- **TOTAL ALL INCOME AND CONTINUE TO ASSET SECTION**

| EMPLOYMENT INCOME: List all household members who are employed. Include all employers for the next 12 months. For Gross Annual Income please write the anticipated gross income for the NEXT 12 months. Total all employment income. | | | |
|---|------------------|--------------------------|---------------------|
| Employed Household Member | Employer/Contact | Employer Address & Phone | Gross Annual Income |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL EMPLOYMENT INCOME | | | |

| ADDITIONAL INCOME: List all other sources of recurrent income, such as Social Security, SSI, pensions, annuities, military pay, disability, public assistance, TANF, regular monetary contributions from outside sources, unemployment benefits, grants/scholarships, additional financial assistance in excess of tuition, etc. | | | |
|---|-----------------------|-------------------|---------------------|
| Household Member Who Receives Income | Source/Type of Income | Address of Source | Gross Annual Income |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL ADDITIONAL INCOME | | | |

ALIMONY & CHILD SUPPORT



| | |
|--|--------------------|
| Are you legally entitled to receive alimony? If yes, list the amount you are entitled to receive: \$ | Yes _____ No _____ |
| Do you receive alimony? If yes, list the amount you receive: \$ | Yes _____ No _____ |
| Are you legally entitled to receive child support? If yes, list the amount you are entitled to receive: \$ | Yes _____ No _____ |
| Do you receive child support? If yes, list the amount you receive: \$ | Yes _____ No _____ |
| TOTAL ALIMONY and CHILD SUPPORT you are entitled to receive(annually) | |

OTHER INCOME: List all other income including, but not limited to, inheritances, capital gains, lottery winnings and settlements on insurance claims if received in periodic payments. If anyone outside your household gives you money, pays your bills, or gives you money to assist student household members for educational expenses, you must report it as a source of income:

| Household Member Who Receives Income | Source/Type of Income | Address of Source | Gross Annual Income |
|--------------------------------------|-----------------------|-------------------|---------------------|
| | | | |
| TOTAL OTHER INCOME | | | |

ASSET SECTION

INSTRUCTIONS FOR COMPLETEING THE FOLLOWING ASSEST TABLE:

- “Annual Income from assets” refers to any amount that you receive from any asset including amounts that you may be drawing down from a retirement account or 401K.
- Total the value of all assets and enter into “total value of all assets” for all household members
- Proof of all assets including but not limited to checking, savings, IRA's, stocks, bonds and all other assets (ie. Copies of bank statements for checking, savings and certificates of deposits, IRA or other retirement account statements- on organization letterhead). All statements must reflect current balances.

ASSETS – For all household members 18 years and older:

| Type | Account No. | Bank name | Cash Value | Annual Income from Assets |
|--|-------------|-----------|------------|---------------------------|
| Cash held in savings and checking accounts, safe deposit boxes, homes, etc. | | | | |
| Revocable Trusts | | | | |
| Equity in rental properties or other capital investments | | | | |
| Stocks, bonds, treasury bills, certificates of deposit, mutual funds and money market accounts | | | | |
| Retirement and Pension Funds | | | | |
| Cash value of life insurance policies available to the applicant before death | | | | |

| | | | | |
|---|--|--|--|--|
| Personal Property held as an investment | | | | |
| A mortgage or deed of trust held by the applicant | | | | |
| TOTAL VALUE OF ALL ASSETS | | | | |

TOTAL INCOME FROM ALL HOUSEHOLD APPLICANTS- Please fill in total for each box from the worksheet above. Include all household income.

| | Applicant #1 | Applicant #2 | Combined Gross Annual Income |
|------------------------------------|--------------|--------------|------------------------------|
| TOTAL EMPLOYMENT INCOME | | | |
| TOTAL ADDITIONAL INCOME | | | |
| TOTAL ALIMONY/CHILD SUPPORT | | | |
| TOTAL OTHER INCOME | | | |
| TOTAL Income from Assets | | | |
| TOTAL INCOME | | | |

Please be sure ALL household income from all sources including income from assets is entered into this table

INCOME/ ASSETT ELIGIBILTY QUESTION

1. Are the yearly income amounts listed in the total income section greater than the allowable income limits for a household of your size as specified for this program?

Yes No

PREFFERENCES:

1. Are you or any other applicant over the age of 60? Yes No
If yes, attach copy of Driver's License.
2. Are you or any other applicant a resident of Eastham or enrolled in an Eastham school? Yes No
If yes, provide proof of residency or school enrollment.
3. Are you or any other applicant handicap? Yes No
If yes, attach letter of disability from doctor.

TO BE SIGNED BY ALL HOUSEHOLD MEMBERS OVER 18 YEARS OLD

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 _____

Co-Applicant's Signature _____ Date _____



ACKNOWLEDGEMENTS

Initials (Applicant/Co-Applicant)

_____/_____ I/We 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/We 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 understand all my household income and assets will be verified by a 3rd party source.

_____/_____ I/We acknowledge that occupancy of the housing is limited to the individuals named in this application

_____/_____ I/We hereby authorize the Developer, Eastham Affordable Housing Trust, or their agent Community Developer Partnership, Monitoring Agent and the Municipality to inquire of credit agencies, employer, banking institutions and lending institutions to allow and assist them to determine my/our determination of eligibility of an affordable home.

_____/_____ I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by the project-monitoring agent, is final.

_____/_____ I/we certify that no member of our family has a financial interest in the development.

_____/_____ I/We understand that I/we must be qualified and eligible under any and all applicable laws, regulations, guidelines, and any other rules and requirements. I further understand that that the unit will be my principal residence.

_____/_____ I/We understand that we must meet the maximum and minimum income amounts to be eligible for the lottery.

Your signature(s) below gives consent to the lottery agent or its designee to verify information

Applicant Name (please print): _____

Applicant Signature: _____ Date: _____

Co- Applicant Name (please print): _____

Co-Applicant Signature: _____ Date: _____



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 through the Criminal History Systems Board and through First Advantage Safe Rent 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 through the Criminal History Systems Board and through First Advantage Safe Rent 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 _____



APPLICATION ATTACHMENT CHECKLIST

Thank you for requesting an application for the home ownership opportunity presented by Community Development Partnership. Your application will be handled with confidentiality and in conformance with all Fair Housing Laws. **Please retain a copy of this page for future reference.**

APPLICATION CHECKLIST

Please read carefully to make sure that you submit a complete application with all the required attachments.

Missing a step may disqualify your application.

- ✓ You have completely filled out the application, paying careful attention to all instructions. You and all applicants over the age of 18 have signed the last page of the application.
- ✓ Copy of 2012 and 2013 Federal tax returns, as filed, with 2013 1099's, W-2's and schedules, for every current or future person living in the household over the age of 18
- ✓ Copy of two consecutive months pay stubs, for salaried employed household members over 18, longer for seasonal and hourly workers. If you are self-employed, you have provided a current year-to-date Income & Expense report signed by the preparer.
- ✓ Current statements and documents that indicate the payment amounts from all other sources of income of all members listed on the application, such as alimony and/or child support, Social Security benefits, all types of pensions, employment, Unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income – on organization letterhead
- ✓ You have attached one of the following documents to verify local preference status: a current driver's license, a current paystub, verification of school enrollment or a utility bill with the applicant's name.
- ✓ You have provided proof of all assets including but not limited to checking, savings, IRA's, stocks, bonds and all other assets (ie. Copies of bank statements for checking, savings and certificates of deposits, IRA or other retirement account statements- on organization letterhead). All statements must reflect current balances.
- ✓ Documentation regarding current interest in real estate, if applicable

Mail the completed application and the required attachments to:
CDP, 3 Main Street Mercantile, Unit 7, Eastham, Ma 02642

This property is owned by the Eastham Affordable Housing Trust.

