**APPLICATION FOR HOUSING**

Affordable Housing

**Please Print Clearly**

|  |  |
| --- | --- |
| This is an application for housing at:   | **Project: Carriage House Apartments** |
| **Address: 939 Mary Dunn Rd** |
|  **Barnstable, MA02601** |
|  **508-524-6850** |
| Please complete this application and return to:(Mail Only), No visits Please.  | **Name: Keller Company, Inc** |
| **1436 Iyanough Rd** |
| **Hyannis, MA 02601** |
| **Fax – 508-375-9301** |
| **Email- susan@carriagehousecapecod.com** |

 Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

**A. GENERAL INFORMATION**

Applicant Name(s):

 Address:

Street Apt.# City State ZIP

 Daytime Phone: Evening Phone:

 RACE: (Optional Section: In formation will be used for fair housing programs only, as required by State and Federal Laws.)

*American Indian/Alaskan Native* *Asian or Pacific Islander* *Other (not white or Hispanic)*

 *Black (not of Hispanic origin)* *Hispanic*  *White(not of Hispanic origin)*

 Do you need a wheelchair accessible unit? YES NO

No. of BR’s in

 current unit: Do you ⁪ RENT or ⁪ OWN (check one)

 Amount of current monthly rental or mortgage payment: $

 Check utilities paid by you**:** Heat Electricity

**1**

ALL UNITS ARE 2 BEDROOMS WITH A MAXIMUM OCCUPANY OF 4 PERSONS

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **B. HOUSEHOLD COMPOSITION**  |  |
|   | **Name**  |  | **Relationship to head**  | **Birth Date**  | **Age** (optional)  |  **SS# (last 4 digits)**  | **Student** **Y/N**  |
| Head  |   |  |   |   |   |   |   |
| Co-T  |   |  |   |   |   |   |   |
| 3.  |   |  |   |   |   |   |   |
| 4.  |   |  |   |   |   |   |   |
| Have there been any changes in household composition in the last twelve months?Yes No  |
| ***If yes, explain:***  |
| Do you anticipate any changes in household composition in the next twelve months? Yes No  |
| ***If yes, explain:***  |
| Is there someone not listed above who would normally be living with the household? Yes No  |
| ***If yes, explain:***  |

|  |
| --- |
| Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?Yes No |

***IF YES, ANSWER THE FOLLOWING QUESTIONS:***

|  |  |  |
| --- | --- | --- |
| Are any full-time student(s) married and filing a joint tax return?  |  Yes  |  No  |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?  |  Yes  |  No  |
| Are any full-time student(s) a TANF or a title IV recipient?  |  Yes  |  No  |
| Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another’s tax return and whose children are not dependents of anyone other than a parent?  |  Yes  |  No  |
| Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?  |  Yes  |  No  |

**2**

|  |
| --- |
| **C. INCOME** List ALL sources of income as requested below. If a section doesn’t apply, cross out or write NA.  |
| **Household Member Name**  | **Source of Income**  | **Gross Monthly Amount**  |
|   | Social Security  | $  |
|   | Social Security  | $  |
|   |   | $  |
|   | SSI Benefits  | $  |
|   | SSI Benefits  | $  |
|   |   |   |
|   | Pension (list source)  | $  |
|   | Pension (list source)  | $  |
|   |   |   |
|   | Veteran’s Benefits (list claim #)  | $  |
|   | Veteran’s Benefits (list claim #)  | $  |
|   |   |   |
|   | Unemployment Compensation  | $  |
|   | Unemployment Compensation  | $  |
|   |   |   |
|   | Public Assistance (Title IV/TANF etc.)  | $  |
|   |   |   |
|   | Contributions to the Household (monetary or not)  | $  |
|   |   |   |
|   | Full-Time Student Income (18 & Over Only)  | $  |
|   | Financial Aid (excluding loans)  | $  |
|   |  |   |
|   | Annuities (list sources)  | $  |
|   |   | $  |
|   |   |   |
|   | Long Term Medical Care Insurance Payments in excess of $180/day  | $  |
|   |   |   |
|   | Scheduled Payments from Investments  | $  |

 **3**

|  |  |  |
| --- | --- | --- |
| **Household Member Name**  | **Source of Income**  | **Monthly Amount**  |
|   | **Employment amount**  | $  |
| Employer:  |
| Position Held  |
| How long employed:  |
|   |
|   | **Employment amount**  | $  |
| Employer:  |
| Position Held  |
| How long employed:  |
|   |
|   | **Employment amount**  | $  |
| Employer:  |
| Position Held  |
| How long employed:  |
|   |
|   |
|   | **Alimony**  |   |
| Are you ***legally*** ***entitled*** to receive alimony?  |  Yes No  |
| If yes, list the amount you are ***entitled*** to receive.  | $  |
| Do you receive alimony?  |  Yes No  |
| If yes list amount you receive.  | $  |
|   |
|   | **Child Support**  |   |
| Are you ***legally*** ***entitled*** to receive child support?  |  Yes No  |
| If yes list the amount you are ***entitled*** to receive.  | $  |
| Do you receive child support?  |  Yes No  |
| If yes, list the amount you receive.  | $  |
|   |
|   | **Other Income**  | $  |
|   | **Other Income**  | $  |
| TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR  | $  |
| Do you anticipate any changes in this income in the next 12 months?  |  **Yes**  |  **No**  |
| Is any member of the household legally entitled to receive income assistance?  |  **Yes**  |  **No**  |
| Is any member of the household likely to receive income or assistance ***(monetary or not)*** from someone who is not a member of the household as listed on Page 2 etc)?  |  **Yes**  |  **No**  |
| **If yes to any of the above, explain:**  |  |
| Is the income received?  |  **Yes**  |  **No**  |

**4**

|  |
| --- |
| **D. ASSETS** If your assets are too numerous to list here, please request an additional form. If a section doesn’t apply, cross out or write NA.  |
| Checking Accounts   | #  | Bank  | Balance $  |
| #  | Bank  | Balance $  |
| #  | Bank  | Balance $  |
|   |
| Savings Accounts   | #  | Bank  | Balance $  |
| #  | Bank  | Balance $  |
| #  | Bank  | Balance $  |
|   |
| Trust Account  | #  | Bank  | Balance $  |
|   |   |   |   |
| Certificates of Deposit   | #  | Bank  | Balance $  |
| #  | Bank  | Balance $  |
| #  | Bank  | Balance $  |
| #  | Bank  | Balance $  |
|   |
| Money Market Accounts   | #  | Bank  | Balance $  |
| #  | Bank  | Balance $  |
|   |
| Savings Bonds   | #  | Maturity Date  | Value $  |
| #  | Maturity Date  | Value $  |
| Life Insurance Policy  |  #  | Cash Value $  |
| Life Insurance Policy  |  #  | Cash Value $  |
|   |
| Mutual Funds  |  Name:  | #Shares:  | Interest or Dividend $  | Value $  |
| Name:  | #Shares:  | Interest or Dividend $  | Value $  |
|   |
| Stocks    | Name:  | #Shares:  | Dividend Paid $  | Value $  |
| Name:  | #Shares:  | Dividend Paid $  | Value $  |
| Bonds  | Name:  | #Shares:  | Interest or Dividend $  | Value $  |
|   | Name:  | #Shares:  | Interest or Dividend $  | Value $  |
| Investment Property  |   | Appraised Value $  |

|  |  |  |
| --- | --- | --- |
|  Real Estate Property: ***Do you own any property?***  |  Yes  |  No |
| ***If yes,*** Type of property  |  |  |

**5**

|  |  |
| --- | --- |
| Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?  |  Yes No  |
| ***If yes,*** describe:  |  |
|   |  |
| Do they have access to the asset(s)?  |  Yes No  |

|  |  |
| --- | --- |
| Have you sold/disposed of any property in the last 2 years?  |  Yes No  |
| ***If yes,*** Type of property:  |   |

|  |
| --- |
| 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 the asset:  |  |
| Date of disposition:  |  |
| Amount disposed  | $  |

|  |  |
| --- | --- |
| Do you have any other assets not listed above (excluding personal property)?  |  Yes No  |
| ***If yes,*** please list:  |   |  |
|   |  |

|  |  |  |
| --- | --- | --- |
| **E. ADDITIONAL INFORMATION**  |  |  |
| Are you or any member of your family currently using an illegal substance?  |  Yes  |  No  |
| Have you or any member of your family ever been convicted of a felony?  |  Yes  |  No  |
| ***If yes,*** describe:  |  |  |
|   |  |  |
| Have you or any member of your family ever been evicted from any housing?  |  Yes  |  No  |
| ***If yes,*** ***describe***  |  |  |
|   |  |  |
|  Have you ever filed for bankruptcy?  |  Yes  |  No  |
| ***If yes,*** ***describe***  |  |  |

**6**

**F. REFERENCE INFORMATION**

|  |  |  |
| --- | --- | --- |
|    Current Landlord  | Name:  |   |
| Address:  |   |
| Phone: |   |
| How Long?  |   |
|    Prior Landlord  | Name:  |   |
| Address:  |   |
| Phone: |   |
| How Long?  |   |
| Personal Reference #1:  |  |
| Address:  |  |
| Relationship:  | Phone #:  |
| Personal Reference #2:  |  |
| Address:  |  |
| Relationship:  | Phone #:  |
| Personal Reference #3:  |  |
| Address:  |  |
| Relationship:  | Phone #:  |

|  |  |
| --- | --- |
| In case of emergency notify:  |  |
| Address:  |  |
| Relationship:  | Phone #:  |

|  |
| --- |
| **G. VEHICLE AND PET INFORMATION** (if applicable) 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:  | License Plate #:  |
| Year/Make:  | Color:  |
| Type of Vehicle:  | License Plate #:  |
| Year/Make:  | Color:  |
| **Do you own any pets? Yes No**  |
| ***If yes, describe:***  |

**7**

 **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 permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s 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.

I herby authorize the Landlord to obtain a consumer credit report and a criminal background report.

 All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

*Signed under the pain and penalty of perjury:*

 (Signature of Tenant) Date

 (Signature of Co-Tenant) Date

 (Signature of Co-Tenant) Date

Keller Company, Inc. does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familiar status or [physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

Professionally Managed by :

Keller Company, Inc.

1436 Iyanough Rd

Hyannis, MA 02601

508-524-6850



**8**

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the above named individual, have authorized Carriage House Apartments to verify the accuracy of he information which I have provided to them from the following sources:

Child Care Expenses Veterans Benefits

Criminal Activity (CORI) Federal, State or Local Benefits

Courts Banks, Credit Unions

Family Composition IRA’s, CD, s,401K,403b

Law Enforcement Agency Interest, Dividends

Credit Bureau Financial Institutions, Brokerages

Employment Mutual Funds

Self Employment Alimony, Child Support

Unemployment Compensation Other Income- Regular Gifts or

Pensions, Annuities Allowances From Another Person

Social Security Commissions, Tips, Bonus

Supplemental Security Income Landlords, Rental History

State Welfare Agencies Indentity & Marital Status

State Employment Security Agency Handicapped Assistance Expense

Health & Accidental Insurance Medical Insurance Premiums

Workman’s Compensation Un-Reimbursed Medical Expenses

Character References School & College Tuition Fees

**I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO:**

Carriage House Apartments subjected to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is a valid as the original.

Thank you for your assistance and cooperation.

Signed under pain and penalty of perjury:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

**9**