

## IYANNOUGH VILLAGE INFORMATION SHEET

*Foundations* Project-based MRVP Supportive Housing Initiative

A program of Housing Assistance Corporation

460 West Main Street, Hyannis, MA 02601

Phone: 508-771-5400 Fax: 508-775-7434

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Thank you for your interest in *Foundations* Project-based MRVP Supportive Housing Initiative. Participation in this program requires that applicants meet certain qualifying standards established by the government and the managing agent and owner, Housing Assistance Corporation. Please read the following information prior to submitting your application.

Participation in the program is limited to those households having incomes under the income limits listed below. In addition to standard wages, income includes monies received from many sources such as alimony, child support, pensions, and social security. Rents are controlled by regulation. The maximum allowable incomes (by household size) are as follows:

### INCOME LIMITS EFFECTIVE March, 2013

Household Size	Max Income
2 Persons	\$31,020
3 Persons	\$39,060
4 Persons	\$47,100

Assets are limited to one and one half times the applicant's gross household income or \$15,000, whichever is greater.

Maximum occupancy limits in *Foundations* units are set at two people per bedroom. All information on income provided by applicants must be verified before occupancy. This qualification and certification process must also be completed annually upon renewal.

There are no fees to obtain or submit a rental application. The security deposit and rent will be determined based on income and other factors. The security deposit is based on one month's full contract rent.

Applications will be accepted for 30 days from date of initial posting at HAC's family shelters, February 20, 2013. **The application deadline is March 22, 2013.** All applications will be stamped upon receipt. *Incomplete applications will not be eligible.*

### HOW TO APPLY

Applicants can pick up an application package for the *Iyannough Village* unit during regular business hours at:

Housing Assistance Corporation  
460 West Main Street  
Hyannis, MA 02601

Applications are also available at shelter locations. Shelter residents should contact staff for an



application. Applications can also be downloaded and printed from [www.haconcapecod.org](http://www.haconcapecod.org).

All applicants must submit a written application. Assistance is available for applicants who might have difficulty completing the application. All adults (18 years or older) in the household must sign the completed application. Completed applications can be delivered either in person or by mail to Housing Assistance Corporation at the address above. *Incomplete applications will not be eligible.*

### **SCREENING PROCEDURES AND DETERMINING QUALIFICATION**

When an applicant's name is selected through the lottery for an available unit, the owner/agent will complete the qualification procedure and determine if the applicant is suitable as a tenant for the unit. Sources of information regarding suitability for tenancy will include the content of the application and other documents as required.

To qualify, all applicants, including victims of domestic violence, dating violence or stalking, must, at a minimum:

- Be income eligible;
- Submit a record of prior criminal history. An owner or its agents may obtain the Criminal Offender Record Information (CORI) reports as part of the tenant selection process, but access and use of the CORI reports are subject to the provisions of 803 CMR 5 et seq. An owner or its agent should ensure that none of the information it obtains is collected in violation of the law. However, the Agent may not consider criminal activity directly relating to domestic violence, sexual violence, dating violence or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse;
- Have no outstanding debt to previous landlord; unless it is directly related to domestic violence, sexual violence, dating violence, or stalking the safety of the applicant or the applicant's children has been at risk.
- Meet all other qualification criteria set forth in this Tenant Selection Plan.

The Agent will consider the following factors:

#### **Safety and Security**

An application will be rejected if qualifying procedure indicates that any member of the applicant household:

- Was evicted from federally assisted housing by reason of drug-related criminal activity within the past five years;
- Is currently engaged in the illegal use of drugs;
- Illegally uses or shows a pattern of illegal use of a drug that may threaten the health, safety, or right to peaceful enjoyment of other residents;



- Abuses or shows a pattern of abuse of alcohol that may threaten the health, safety, or right to peaceful enjoyment of other residents;
- Engaged in any violent behavior, violent criminal activity, drug-related criminal activity, or any other criminal activity that would adversely affect the health, safety, or right to peaceful enjoyment of other residents, the owner's employees, the agent's employees, or persons residing in the immediate vicinity of the development. This criminal activity includes but is not limited to a felony conviction, a violent crime against another person or a crime that included the use of a deadly weapon;
- Is subject to a lifetime registration requirement under a state sex offender registration program;
- Has been convicted of a felony in the last 7 years.

If an application is rejected for reasons of safety and criminal history, the agent may consider admitting an applicant despite the presence of one of the concerns above, based on mitigating factors that indicate a reasonable probability of future favorable conduct, including the nature and seriousness of the conduct, the length of time since the conduct occurred, evidence of rehabilitation, and whether or not the culpable household member continues to live with the household.

#### Rental History

- Past rental history will be examined to determine that the applicant will not damage the unit or the common areas of the development, disturb the neighbors, interfere with management or fail to comply with the terms of the lease, the house rules, or the rules of the financing programs for the development.
- Applicants who owe their present or previous landlord a balance from a present or prior occupancy will not be considered for admission until the account is paid in full.
- Applicants who owe funds or judgment debts to any utility company or cannot obtain utility connections will be rejected.

#### Credit History

The agent will examine the applicant's credit history to determine if there is a history of deficiencies in overall credit in the past 60 months. In applying this criteria, the agent will consider such factors as whether the applicant's credit report and other verification indicates a consistent, severe, recent, or repeated history of non-payment of housing related costs, the age, size and number of debts, whether the credit history resulted from disability, illness or high rent burdens, or other factors that indicate the applicant is likely to pay rent and occupancy-related charges in the future. Applicant will not be responsible for payment of the cost of a credit report.

If an applicant is denied admission based on a credit report, the written notification of denial will be in accordance with the Fair Credit Reporting Act.



### Verification

All factors affecting eligibility must be verified. In general, only third party verification is acceptable. In circumstances where verification is unavailable after two weeks, the agent may accept alternative forms of documentation, including copies of original documents and the self-declaration of the applicant.

### **APPROVAL OR REJECTION FOR OCCUPANCY**

#### Approval

If an applicant is selected for admission at the conclusion of the application process, the household will be assigned to a unit based on occupancy standards and the household's need for a unit with accessibility features, if any. An applicant must accept any unit offered within 5 days of the postmarked date of the unit offer letter.

Upon acceptance of the unit the applicant must move into the unit no later than 30 days after the date the lease is signed.

#### Security Deposits

An applicant must pay a security deposit in the amount one full month's contract rent. The security deposit will be held by the agent in a manner that conforms to all applicable federal, state and local laws.

#### Rejected Applications

If an application is rejected, the applicant will be notified in writing of the reasons for rejection. The notice will offer the family an opportunity for a conference with the owner/agent

### **SUPPORTIVE SERVICES**

The family residing in the Iyannough Village MRVP Supportive Housing Initiative unit will be required to participate in case management/supportive services.

Once a family has been determined eligible for and has accepted the supported unit, they will meet with a HAC case manager to do an assessment and develop an individual service plan. Using the HomeBASE Provider and Assessment and Disposition Form, the HomeBASE Program Participation Agreement and the HomeBASE Service Plan as templates, HAC will assess the needs and goals of each family member. Parents will be assisted in arranging for appropriate programs for their children, including signing them up for school or participation in the Headstart program, or helping them to coordinate appropriate child care so parents can seek employment. Adults will be helped to assess their employment options based on their skill set, location and available opportunities. They will be offered the opportunity to participate in educational and personal development workshops that are offered through various HAC programs. The case manager will also be able to direct tenants to programs and assistance offered by a variety of agencies across Cape Cod and the state. A participant can take workshops on how to be a good tenant, budgeting, goal-setting and planning, self-esteem



development, parenting, and how to fix bad credit, to name a few.

Tenants will be required to meet with a case manager least once a month to assess and document their progress, and determine areas that need further support. Tenants will be provided with regular reports on their progress.

**LIMITED ENGLISH PROFICIENCY**

HAC will incorporate United States Census Language Identification “I Speak” Cards in our corporate and project offices. These cards allow HAC to quickly determine the specific language needs of potential and current residents. If a family needs an application in a language in a different language, they may complete the DHCD Universal Application which has been translated into six languages (Spanish, Haitian Creole, Portuguese, Chinese, Russian and Vietnamese). These applications are available upon request.

**PLEASE DO NOT SUBMIT THE INFORMATION SHEET WITH YOUR APPLICATION.**

**Thank you.**





# Rental Application

*MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.*

**DATE OF APPLICATION:** \_\_\_\_\_

**PROPERTY NAME:**  
*1029 Iyannough Road, Unit 12, Hyannis, MA*

**OWNER CONTACT:**  
**Housing Assistance Corporation**  
**460 West Main Street**  
**Hyannis, MA 02601**  
Phone #: 508-771-5400  
FAX #: 508-771-5673

[www.haconcapecod.org](http://www.haconcapecod.org)



## APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

**Applicant:** \_\_\_\_\_ Telephone \_\_\_\_\_

Present Address \_\_\_\_\_  
street city state zip

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

American Indian/Alaskan Native  
 Black(not of Hispanic origin)

Asian or Pacific Islander  
 Hispanic

White(not of Hispanic origin)



**SIZE OF APARTMENT NEEDED:**

**UNIT TYPE REQUESTED: N/A**

1BR 2BR 3BR

[ ] [XX] [ ]

[ ]Market Rent

[ ]Basic Rent

[ ]Low Rent

Wheelchair Adapted Unit

[ ]Yes [ ]No

Hearing/Visual Adapted Unit

[ ]Yes [ ]No

Does any member of the household need reasonable accommodation? If yes, please explain.

\_\_\_\_\_

Present Housing Cost Per Month \$ \_\_\_\_\_ Including Utilities? [ ]Yes [ ]No

How Long Have You Lived at Present Address? \_\_\_\_\_ Years.

What are the reasons for moving? \_\_\_\_\_

\_\_\_\_\_

**FAMILY COMPOSITION - List all those who will occupy the apartment - INCLUDE YOURSELF**

Full Name of Each Person in Household	Relationship To Head of Household	Age	Sex	SSN	Student Y/N
	Head of household				

**REFERENCES - Full name and address of landlords or officials at other places you have lived over the last five years, including shelters.**

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_



**NOTE:** If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Please indicate the income received and assets held by each member of your household.**

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:**

**Household Member** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**Household Member** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**Household Member** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly





**OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:**

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

<b>Household Member</b>	<b>Type of Income</b>	<b>Gross Earnings (Before Taxes)</b>
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (week,month,year)

**INCOME FROM ASSETS:**

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

<b>Household Member</b>	<b>Type of Asset</b>	<b>Gross Earnings (Before Taxes)</b>
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____ (week,month,year)

**PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:**

1. Have you been displaced from your home? If so, please explain.

\_\_\_\_\_

2. Does your present apartment contain health code violations? If so, please describe:

\_\_\_\_\_

3. Is your present apartment too small for your family? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe: \_\_\_\_\_



5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details.

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I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries will be made to verify the statements herein. All information is regarded as confidential in nature.**

**By signing this form I/we understand that a credit check will be undertaken to determine my rental history and my ability to pay rent. In addition, I authorize any references I/we have listed within this application (i.e. prior landlords, employers, personal) to release personal information necessary to determine eligibility. A Criminal Offenders Record Information (CORI) report may also be requested.**

I/We certify that I/we understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

*Signed under the pains and penalties of perjury.*

\_\_\_\_\_  
Head of Household/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

**Housing Assistance Corporation** does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



**FOUNDATIONS PROJECT-BASED MRVP SUPPORTIVE HOUSING INITIATIVE**

A program of Housing Assistance Corporation

**FAIR HOUSING AND EQUAL OPPORTUNITY POLICIES**

**Nondiscrimination**

It is the policy of Housing Assistance Corporation to comply fully with all applicable federal, state and local non-discrimination laws, including Title VI of the Civil Rights Act of 1964 and the implementing regulations at 24 CFR Part 1; Section 3 of the Housing and Community Development Act of 1968, as amended; Executive Order 11063 on Equal Opportunity in Housing and the implementing regulations at 24 CFR Part 107; Section 504 of the Rehabilitation Act of 1973 and the implementing regulations at 24 CFR Part 8; the Age Discrimination Act of 1975 and the implementing regulations at 24 CFR Part 146; the Fair Housing Act as amended, the implementing regulations at 24 CFR Parts 100, *et seq*; the Americans with Disabilities Act and Massachusetts State Law Chapter 151B.

Housing Assistance Corporation will not, on the basis of race, color, national origin, sex, age, disability, religion, familial status, sexual orientation, military status, ancestry or marital status:

- Deny to any family the opportunity to apply for housing, nor deny to any qualified applicant the opportunity to lease housing suitable to its needs.
- Provide housing which is different from that provided others.
- Subject a person to segregation or disparate treatment.
- Restrict a person's access to any benefit enjoyed by others in connection with the housing program.
- Treat a person differently in determining eligibility or other requirements for admission.
- Deny a person access to the same level of services.
- Deny a person the opportunity to participate in a planning or advisory group which is an integral part of the housing program.

**Persons with Disabilities**

To assure compliance with Section 504 of the Rehabilitation Act ("Section 504"), the Fair Housing Act, the applicable provisions of the Americans with Disabilities Act (the "ADA"), and Massachusetts State Law Chapter 151B, the owner/Agent maintains a Section 504 Policy which describes policies for assuring:

- Accessible communications and other compliance requirements of Section 504. E.g. the hearing impaired.
- Procedures for making reasonable modifications in rules, policies, practices and services when necessary to afford a qualified individual applicant or resident with disabilities an equal opportunity to use and enjoy a dwelling and participate in the housing, programs and services available.<sup>1</sup>

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Signature of Applicant

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Date

1) Under state law, in the case of publicly assisted housing, multiple dwelling housing consisting of ten or more units, or contiguously located housing consisting of ten or more units (see M.G.L. c. 151B, § 1 for definitions), reasonable modification of existing premises shall *be at the expense of the owner* or other person having the right of ownership if necessary for the person with a disability to fully enjoy the premises. M.G.L. c. 151B, § 4(7A). See also 24 C.F.R. part 8 for Rehabilitation Act requirements of housing providers that receive federal financial assistance.

**FOUNDATIONS PROJECT-BASED MRVP SUPPORTIVE HOUSING INITIATIVE**

A program of Housing Assistance Corporation

Consent for Release of Information  
(For use with State Subsidized Programs)

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I, the above named individual, have authorized Housing Assistance Corporation to verify the accuracy of the information which I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to **Housing Assistance Corporation**, subject 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 as valid as the original.

Thank you for your assistance and cooperation in this matter.

*Signed under the pains and penalties of perjury.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**FOUNDATIONS PROJECT-BASED MRVP SUPPORTIVE HOUSING INITIATIVE**

A program of Housing Assistance Corporation

**COMMUNICATION PREFERENCE FORM**

Please complete the Communication Preference Form below. All individual information will be kept private. Please note that completing this form is voluntary. HOUSING ASSISTANCE CORPORATION (HAC) will use this information *only* to ensure meaningful access to programs and services. HAC is committed to providing translation and interpretation services for vital documents and interactions. However completing this form is not a guarantee of the provision of translation or interpretation services.

Name: \_\_\_\_\_ last 4 digits of SS# \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

1. Please place an X in the box which identifies the primary language spoken in your home.

- 0 English
- 0 Spanish
- 0 Portuguese
- 0 French Creole
- 0 Italian
- 0 Chinese
- 0 Mon-Khmer'/Cambodian
- 0 Vietnamese
- 0 Russian
- 0 Other (Please Specify) \_\_\_\_\_

2. If you prefer to receive written communications from HOUSING ASSISTANCE CORPORATION in a language other than English, please place an X in the box next to the language that you prefer.

- 0 English
- 0 Spanish
- 0 Portuguese
- 0 French Creole
- 0 Italian
- 0 Chinese
- 0 Mon-Khmer'/Cambodian
- 0 Vietnamese
- 0 Russian
- 0 Other (Please Specify) \_\_\_\_\_

3. Do you need interpretation/translation services when communicating with HAC? Yes / No

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date