STANDARD APPLICATION FOR RENTAL HOUSING

Dukes County Regional Housing Authority P.O. Box 4538 Vineyard Haven, MA 02568

508-693-4419 FAX: 508-693-5710 TTY: 711

dcrha@housingauthoritymv.org



PLEASE PRINT all application answers. Incomplete applications cannot be processed. Complete all information requested on the application form. If a question is not applicable, please write N/A.

Make sure that you sign the last page.

If you need additional space to provide an answer, you may attach an additional sheet(s).

Completed applications can be mailed to Dukes Country Regional Housing Authority (DCRHA) at the address above or hand-delivered to the DCRHA Office at 21 Mechanic Street in Vineyard Haven, MA.

Office Hours are Monday-Friday: 9am to 5pm.

1. Name of Applicant				
Street			Apt. No	
City/Town		State _	Zip	
Home Telephone	Work Telephone			
Mailing Address				
E-Mail and Cellphone				
(Please indicate	e the best telepho	ne number to	reach you.)	
2. Type of Housing Needed (check one	or more):			
[] Elderly/Accessible Rental	[] Rental Assi	stance	[] Family Rental	
3. Number of Bedrooms Needed (circle	one): 1 2	3	4	
4. Special Housing Needs (e.g. wheel c	hair accessible/ot	ner):		
Please specify:				

Dukes County Regional Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, marital status, veteran status, public assistance, disability, genetic information, gender identity or any other class protected by state, federal or local law, in the access or admission to its housing program(s), or employment, or any other of its programs, activities, functions or services.



5. Members of Household to live in unit including the Head of Household

First, Middle & Last Name	Relationship to Head of Household	*Racial Desig- nation (below)	*Ethnic Desig- nation (below)	Social Security Number	Sex	Date of Birth	Occupation
1.	Head of household						
2.							
3.							
4.							
5.							
6.							

*Optional: You are not required to answer these questions.

Racial Designation: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (specify)

Ethnic Designation: Hispanic/Latina or Not Hispanic/Lati	no	
6. Is a change in the household composition expected? (circle one)	Yes	No
If yes, what type of change?	_When?	
7. INCOME BEFORE DEDUCTIONS: Estimate the gross Income (hefere tayes) anticipated for ALL househ	old mom	share from all courses for

Estimate the gross Income (before taxes) anticipated for **ALL** household members from all sources for the next 12 months. <u>Specify all sources</u>.

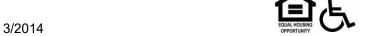
Household	Type of Income	Name & Address of Employer or Source of	Gross Income for
Member #		Income	next 12 months
1.	Salaries, wages, including overtime/tips		
2.	Salaries, wages, including overtime/tips		
	V.A. Disability Income		
	Net income from business or profession (Schedule C)		
	Trust income: Interest and Dividends		
	Pensions and annuities		
	Regular unemployment or disability compensation		
	Regular Social Security benefits and/or SSI		
	TAFDC or Public Assistance		
	Regular alimony, child support payments, gifts		
	Other income		

TOTAL INCOME	



8. CURRENT EXPENSES:

Rent and Utilities				
Secondary Education/Child Support Payments				
Expense for Care of Ch	nildren or sick/ Incapacitated F	amily Member		
Unreimbursed Medical	Expenses			
Health Insurance				
Other				
	the assets of everyone to live ents, real estate, etc. Do not in		nk accounts, stocks and	
Household Member	Description of Assets		Value of Asset	
Tiodoction Welliber	Bank & Checking Acct. #		value of 7 tooct	
	Bank & Savings Acct. #			
	IRA, Stocks, Bonds:			
	Real Estate (owned or sold	within past 2 years)		
	Other			
		TOTAL ASSETS:		
10. Personal Reference	es: List <u>two</u> references. These			
(1) Name:		# of years you have l	known this person	
(1) Name: Address:				
(2) Name:		<u> </u>		
• • •		Telephone	· ——	
	ist addresses <u>for each adult h</u> e list primary leaseholder, if o		least the <u>last 5 years</u> in	
(1) Current Address	::		Years	
	owner)			
Address of Landlord				
	Name of Landlord (owner)			
Address of Landlard				



(11. Housing History – continued)

(3) Address:	Years
Name of Landlord (owner)	Telephone
Address of Landlord	
	Years
Name of Landlord (owner)	Telephone
Address of Landlord	
	per of your household, currently receiving housing P, Section 8, etc. (circle one) Yes No
of an employee or Board Member of DCRHA application) (circle one) Yes	
If yes, please explain:	
14. Do you have any pets? (circle one) Yes	
Please describe:	
Emergency Reference: Name of relative o person if we are not able to reach you in cas	r friend not planning to live with you. We will contact this se of an emergency.
Name	Relationship
Address	Telephone
(circle one) Yes No If yes, please explain:	who will live in the unit ever been convicted of a crime? ho will live in the unit have any criminal matters pending?
 Are you or anyone in your household a life-ti (circle one) Yes No Name of member(s): 	•
Applicant's Certification I understand that this application is not an offer of	of housing. I understand I should not make any plans to eived <u>an offer</u> of housing from DCRHA, based on this
	sentation and/or nondisclosure of information, and failure this application may result in denial of my application.
	DCRHA in writing of any change of address, income or nake inquiries to verify the information provided in this
DCRHA may request a Criminal Offender Rec	nis application is true and correct. I understand that cord Information Report from the Criminal History and Internet searches for all adult members of the
Sign under the pains and penalties of perjury	<i>'</i> .
Annlicant's Signature	Date

