

Dear Potential Applicant,

Thank you for your interest in applying for year-round rental housing. Presently, there is a Wait List for our rental housing. The Wait List is used to fill vacancies as they occur at the following existing properties:

27A Conwell Street	Provincetown, MA
40A Nelson Avenue	Provincetown, MA
Old Ann Page Way	Provincetown, MA
83 Shank Painter Road	Provincetown, MA
Stable Path	Provincetown, MA
Sally's Way	Truro, MA
250 Gull Pond Road	Wellfleet, MA

Each of these properties and individual units have specific eligibility requirements.

Please complete the attached pre-application, return it as indicated, and you will be added to the end of the existing Wait List. After you have submitted your pre-application, it is your responsibility to update CHR in writing if there are any changes to your contact information, household composition, or financial status. If we are unable to reach you due to outdated contact information not provided to CHR, you will lose your Wait List status and a new application will have to be submitted.

CHR makes no representations as to the length of time an applicant will be on the Wait List before being reviewed for available rental housing.

When we reach your position on the Wait List, you will be contacted to determine if the available unit is suitable to your needs and if you meet the eligibility requirements. At that time, a full application with income documentation, references, and background checks will be required.

PLEASE NOTE: In accordance with the approved Tenant Selection Plans for each property, as filed with the Department of Housing and Community Development, all prior Wait Lists for all established properties are now considered expired. If you have applied with us before, and had a Wait List status at any CHR property, you must now submit this new application if you are interested in being on the Wait List.

CHR cannot provide assistance in filling out the pre-application. You will find a list of organizations that can assist you on the reverse side of this page.



If you need assistance with this Pre-Application, we suggest contacting one of the following organizations that assist with housing applications. CHR cannot provide assistance in filling out the application.

Homeless Prevention Council – (You do not need to identify as homeless to contact the Agency. They are a resource for anyone in search of housing)
14 Old Tote Rd, Orleans, MA 508.255.9667

H.O.W. Helping Our Women – Registered Clients Only
34 Conwell St, Provincetown, MA 508.487.4357

AIDS Support Group of Cape Cod – Registered Clients Only
96 Bradford St, Provincetown, MA 508.487.9445
428 South Street, Hyannis, MA 508.778.1954

Provincetown Council on Aging – Provincetown Seniors
2 Mayflower St, Provincetown, MA 508.487.7080

Truro Council on Aging – Truro Seniors
7 Standish Way, Truro, MA 508.413.9508

Wellfleet Council on Aging – Wellfleet Seniors
715 Old Kings Highway, Wellfleet, MA 508.349.2800

Vinfen – For the population served by its mission
45 Plant Rd. #119, Hyannis, MA 877.284.6336

Cape Organization for Rights of the Disabled – For the population served by its mission
106 Bassett Ln. #1, Hyannis, MA 508.775.8300

**PRELIMINARY APPLICATION TO BE ADDED TO THE ESTABLISHED WAIT LIST FOR
CHR RENTAL HOUSING (NOT INCLUDING NEW DEVELOPMENTS)**

COMPLETED PRE-APPLICATIONS SHOULD BE RETURNED

VIA US POSTAL SERVICE to

Community Housing Resource, Inc. PO Box 1015, Provincetown MA 02657

Or VIA E-MAIL TO INFO@CHRGROUP.NET, or

(Return Receipt Requested Recommended), or

Or HAND-DELIVERED TO Community Housing Resource, 36 Conwell Street, Provincetown, MA 02657

- PLEASE NOTE: Incomplete pre-applications, non-disclosure of incomes or assets, or false statements will be cause for disqualification. An individual may be part of only one application.
- PLEASE NOTE: A full application and required documentation, references, and background checks will be required at a later date.
- PLEASE NOTE: It is applicant responsibility to update CHR in writing if there are any changes to your contact information, household composition, or financial status. If we are unable to reach you due to outdated contact information not provided, you will lose your Wait List status and a new application will have to be submitted.

APPLICANTS (SECTION 1)

Please provide the name of all adults (over the age of 18) applying for residency as a household:

Applicant #1 – (Head of Household) Name: _____

Mailing Address: _____

Residential Address: _____

Telephone: _____ Soc. Sec. # _____ Full-Time Student: Yes _____ No _____

I am willing and able to commit to a one year lease and year round occupancy of the home as my sole domicile. Yes _____ No _____

Date of Birth: _____ Male _____ Female _____

Applicant #2 - Name: _____ **Relationship to Head of Household:** _____

Mailing Address: _____

Residential Address: _____

Telephone: _____ Soc. Sec. # _____ Full-Time Student: Yes _____ No _____

I am willing and able to commit to a one year lease and year round occupancy of the home as my sole domicile. Yes _____ No _____

Date of Birth: _____ Male _____ Female _____

Applicant #3 - Name: _____ **Relationship to Head of Household:** _____

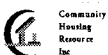
Mailing Address: _____

Residential Address: _____

Telephone: _____ Soc. Sec. # _____ Full-Time Student: Yes _____ No _____

I am willing and able to commit to a one year lease and year round occupancy of the home as my sole domicile. Yes _____ No _____

Date of Birth: _____ Male _____ Female _____



Applicant #4 - Name: _____ **Relationship to Head of Household:** _____

Mailing Address: _____

Residential Address: _____

Telephone: _____ **Soc. Sec. #** _____ **Full-Time Student:** Yes _____ No _____

I am willing and able to commit to a one year lease and year round occupancy of the home as my sole domicile. Yes _____ No _____

Date of Birth: _____ **Male** _____ **Female** _____

Applicant #5 - Name: _____ **Relationship to Head of Household:** _____

Mailing Address: _____

Residential Address: _____

Telephone: _____ **Soc. Sec. #** _____ **Full-Time Student:** Yes _____ No _____

I am willing and able to commit to a one year lease and year round occupancy of the home as my sole domicile. Yes _____ No _____

Date of Birth: _____ **Male** _____ **Female** _____

Applicant #6 - Name: _____ **Relationship to Head of Household:** _____

Mailing Address: _____

Residential Address: _____

Telephone: _____ **Soc. Sec. #** _____ **Full-Time Student:** Yes _____ No _____

I am willing and able to commit to a one year lease and year round occupancy of the home as my sole domicile. Yes _____ No _____

Date of Birth: _____ **Male** _____ **Female** _____

Please provide the following information for all persons under the age of 18 who will be part of your household:

Name	Date of Birth	Sex	Relationship	Soc. Sec. #	Full-Time Student	
					Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No

SELF IDENTIFICATION

The following information is requested by the property owner in order to assure that Federal Laws prohibiting discrimination against tenant application on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation, based on federal reporting requirements.

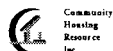
CHECK WHAT APPLIES TO YOU IN BOTH CATEGORIES, OR: I do not wish to provide this information

ETHNIC CATEGORIES

- Hispanic or Latino
- Non-Hispanic or Latino

RACIAL CATEGORIES

- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Other _____
- Asian
- White



HEAD OF HOUSEHOLD NAME: _____

HOUSEHOLD: How many years have the applicants listed on page 1-2 been together as a household? _____ years

Are there any members of your current household who are not included in this application? _____ If yes, please explain.

Do you expect any additions to the household (adults or children) within the next 12 months? Yes _____ No _____
If you have answered yes, please list name, relationship to the household, and an explanation.

Do you have a Section 8 voucher or other rental subsidy? Yes _____ No _____ If yes, what type? _____

Which Agency administers the rent subsidy? _____

SPECIAL NEEDS:

Does your household require wheelchair accessibility or other special accommodation?
Yes _____ No _____ If so, please explain.

Will any ADULT household member require a live-in care attendant who is not listed as a household member?
Yes _____ No _____ If so, please explain.

PLEASE NOTE: A care attendant is anyone that would not otherwise be living in the home to provide care. A partner/spouse/roommate/family member that lives in the household and also provides care must include their income in this application, as requested of all adult household members. Documentation and signed statements will be required regarding a live-in care attendant.

OTHER NEEDS:

Do you have any pets that will live with you? Yes _____ No _____ Is this a service animal? Yes _____ No _____
Please specify number, type and size: (2 pet maximum per household)

(1) _____ (2) _____



HEAD OF HOUSEHOLD NAME: _____

PRELIMINARY APPLICATION (SECTION 2)

PRELIMINARY DETERMINATION OF INCOME ELIGIBILITY / STATED INCOME

ADDITIONAL DETAILED DOCUMENTATION WILL BE REQUIRED WHEN YOUR ARE IN THE REVIEW PROCESS FOR AN AVAILABLE HOME.

*Income Eligibility is based on an **ANTICIPATION OF ALL COMBINED INCOME** from each adult member **IN THE INITIAL 12 MONTHS OF OCCUPANCY.***

Income includes gross wages, anticipation of future gross wages, net income from self employment, income received from assets and ALL other types of income including unemployment income, child support, alimony and net income from investment property. If the income includes grants or benefits ("unearned income"), it is counted as Gross Income for all household members including minors. Income earned by household members under 18 years of age is excluded (unless the individual under 18 is legally emancipated)

ANNUAL HOUSEHOLD INCOME

_____ \$0 - \$9,999	_____ \$10,000 - \$19,999	_____ \$20,000 - \$29,999
_____ \$30,000 - \$39,999	_____ \$40,000 - \$49,999	_____ \$50,000 - \$59,999
_____ \$60,000 - \$69,999	_____ \$70,000 - \$79,999	_____ \$80,000+

SOURCES OF ANNUAL INCOME AND AMOUNT(S) (Check and complete all the apply)

_____ Employment (Gross Income before Deductions)	\$ _____	/ANNUALLY
_____ Unemployment	\$ _____	/ANNUALLY
_____ Self-Employment Income (Net of Expenses)	\$ _____	/ANNUALLY
_____ Social Security (Before deductions)	\$ _____	/ANNUALLY
_____ SSI/SSDI	\$ _____	/ANNUALLY
_____ Pension	\$ _____	/ANNUALLY
_____ Child Support/Alimony	\$ _____	/ANNUALLY
_____ Veterans Benefits	\$ _____	/ANNUALLY
_____ AFDC/TAFDC/EADC	\$ _____	/ANNUALLY
_____ Long Term Care Insurance	\$ _____	/ANNUALLY
_____ Income from Assets	\$ _____	/ANNUALLY
_____ Financial Gifts from Others (Recurring)	\$ _____	/ANNUALLY
_____ Trust Beneficiary	\$ _____	/ANNUALLY
_____ Other, please specify _____	\$ _____	/ANNUALLY
TOTAL	\$ _____	/ANNUALLY



HEAD OF HOUSEHOLD NAME: _____

PRELIMINARY APPLICATION (SECTION 3)

ALL ADULT HOUSEHOLD MEMBERS MUST INITIAL EACH ACKNOWLEDGEMENT, AND SIGN AND DATE THE APPLICATION ON THE SIGNATURE LINES

- _____ I (We) understand that development of CHR property has been supported by public funds and residency is subject to income eligibility requirements based on household size for the available unit.
- _____ I (We) will be required to submit a full application and required documentation, references, and background checks will be at a later date, when being considered for available housing.
- _____ I (We) acknowledge that we will also be required to provide re-certification of household income annually.
- _____ I (We) acknowledge that occupancy of the housing is limited to the individuals named on page 1-2. Addition of adult members to the household in the first twelve (12) months of occupancy is not permitted. If the members of the household change after the first year, I (we) will request approval before such change and will provide documentation for re-certification of income eligibility.
- _____ I (We) acknowledge that subletting the housing is not permitted.
- _____ I (We) hereby affirm that answers to the questions on the preliminary application for residency are true and correct and that I (we) have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.
- _____ I (We) acknowledge that CHR, Inc. will conduct a home visit as part of the full application review process., at a later date.
- _____ I (We) acknowledge that Community Housing Resource, Inc. will conduct complete employment, personal, housing, credit, criminal background, sex offender and other reference checks as applicable during the full application process, at a later date.
- _____ I (We) acknowledge that _____ assisted in the filling out of this preliminary application. I (We) were not led in my/our responses to the questions. The responses are the applicants' only. (Preparer/Assistant Sign Below)
- _____ I (We) acknowledge that I/we am/are not related (by birth, marriage, or adoption) to any full- or part-time employee of Community Housing Resource, Inc., nor employed by Community Housing Resource, Inc. at the time of this application.
- _____ I (We) hereby affirm that no household member listed in this pre-application is part of another application in the process.

Applicant Signature: _____ Date: _____ email: _____

Applicant Signature: _____ Date: _____ email: _____

Applicant Signature: _____ Date: _____ email: _____

Applicant Signature: _____ Date: _____ email: _____

Applicant Signature: _____ Date: _____ email: _____

Applicant Signature: _____ Date: _____ email: _____

Preparer/Assistant Signature: _____ Phone: _____ email: _____

COMPLETED PRE-APPLICATIONS SHOULD BE SUBMITTED
POSTMARKED VIA US POSTAL SERVICE to
Community Housing Resource, Inc. PO Box 1015, Provincetown MA 02657
(Return Receipt Requested Recommended), or
VIA E-MAIL TO INFO@CHRGROUP.NET, or
HAND-DELIVERED TO Community Housing Resource, Inc. 36 Conwell Street, Provincetown, MA 02657

Please Note: Applications will undergo a thorough and objective review for eligibility and suitability in accordance with all Fair Housing and Anti-discrimination laws. Based on the review of the information provided in the application, if you are selected for an interview and further submission of documentation, you will be invited to schedule a convenient time. All applicants will be notified of the status of their application.



