
DUKES COUNTY REGIONAL HOUSING AUTHORITY

PO BOX 4538, VINEYARD HAVEN MA 02568 PH. 508-693-4419 FAX 508-693-5710
DCRHA@HOUSINGAUTHORITYMV.ORG

16 Old Courthouse Rd Apartments, West Tisbury Rental Application & Information Packet



The **Dukes County Regional Housing Authority (DCRHA)**, on behalf of the **Island Housing Trust**, a private non-profit corporation working in conjunction with the **Town of West Tisbury** and its **Affordable Housing Committee**, is currently accepting applications for **16 Old Courthouse Rd Apartments**.

16 Old Courthouse Rd includes two apartments: with income maximums and monthly rents set at:

1-Bedroom Apartment (income maximum 80% AMI): **\$1469** (excluding utilities)

2-Bedroom Apartment (income maximum 100% AMI): **\$2315** (excluding utilities)

Applications are available at DCRHA, 21 Mechanic St, Vineyard Haven,
on-line at www.ihtmv.org and <https://housingauthoritymarthasvineyard.org/>
or by phone request at 508-693-4419 or TTY/TTD at 711

Information Meetings:

(1) **Wednesday, March 16 at 6:00 pm:** *Join (a) by web browser:* <https://bit.ly/old-courthouse> *(b) or by Zoom app:* Meeting ID# 835 0773 5711 *(c) or by phone:* 1-929-205-6099, Meeting ID# 835 0773 5711

Income qualified applicants will be selected by lottery.

Reasonable accommodations/modifications by request.

Language assistance and information packets and applications in Portuguese are available

Applications must be postmarked to the DCRHA, P.O. 4538, Vineyard Haven, MA 02568
or received at 21 Mechanics Street, Vineyard Haven
no later than **Friday, April 1st, 2022**

Best of luck!



DUKES COUNTY REGIONAL HOUSING AUTHORITY

PO BOX 4538, VINEYARD HAVEN MA 02568 PH. 508-693-4419 FAX 508-693-5710
DCRHA@HOUSINGAUTHORITYMV.ORG

16 Old Courthouse Rd. Rental Application & Tenant Selection Process

This packet contains specific information on the application process to rent one of two apartments at the 16 Old Courthouse Rd. Apartments, West Tisbury – one 1-bedroom offered to households earning up to 80% AMI (Area Median Income) and one 2-bedroom offered to households earning up to 100% AMI.

Household Size	80% Income Maximum (1-BR Apt)	100% Income Maximum (2-BR Apt)
1	\$59,200	N/A
2	\$67,650	\$84,600
3	N/A	\$95,150
4	N/A	\$104,700

The 1-bedroom apartment is 711 square feet in size, and the 2-bedroom apartment is 993 square feet. Both include full kitchens, bathrooms and washer and dryer hook-ups. See attached site and floor plans. The 1-bedroom apartment is designated physically accessible under Group II, AAB. On-site parking is available as is year-round public transportation on State Road.

Your completed application must be postmarked to the Dukes County Regional Housing Authority (DCRHA) at P.O. 4538, Vineyard Haven, MA, 02568 or received at the office, 21 Mechanics Street, Vineyard Haven, by 5:00 pm, **Friday, April 1st, 2022**. Your application will be reviewed for entry into the **qualifying lottery**, the first of two steps towards tenancy. You will receive notification of the results of the review, as well as information on the date and time of the lottery. The qualifying lottery will consist of separate drawings for the two apartments. The 1-bedroom apartment, suitable for individuals and couples, will have a first pool for applicants who require the mobility accommodations provided and a second, open pool for all other applicants. The 2-bedroom apartment, suitable for households numbering two to four individuals depending on household make-up, will have a first pool for applicants who qualify for local preference as West Tisbury residents or employees of a business located in West Tisbury (see Rental Application Checklist) and a second, open pool for all other applicants. A minimum household size of two is also in effect for the 2-bedroom apartment.

If your application is **eligible**, you will be entered in the rent-up lottery and ranked on a list based on lottery drawing results. If your application is reviewed and determined **ineligible**, or if you feel your placement in or exclusion from a particular pool is incorrect, you will be given notice and an opportunity to appeal the determination. You do not need to be present at the lottery.

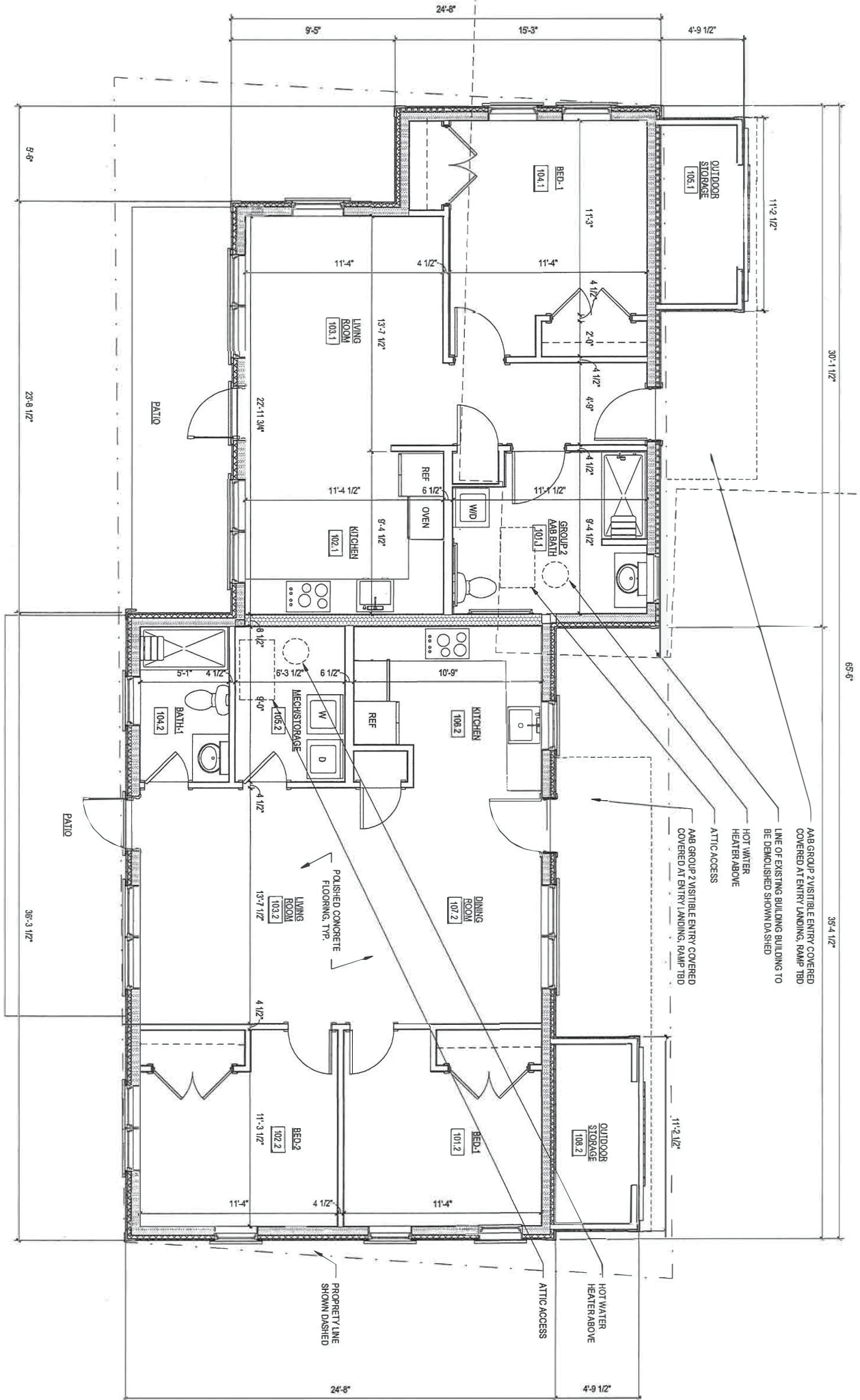
The order that applicants are drawn in the lottery is the order that an applicant's additional information needed for final review will be verified. Upon successful review, an applicant will be shown the unit and offered a one-year lease.

If your application is received after the lottery date and is eligible, you will be placed on the waiting list after the names selected in the lottery and in the order your completed application was received.

If you currently have a DCRHA rental application on file, please note that initial rent-up of the Old Courthouse Road Apartments requires that a separate application specific to this offer be submitted.

For more details on the rent-up of Old Courthouse Rd Apartments, please see Island Housing Trust's Affirmative Fair Housing Marketing Plan or contact the DCRHA at (508) 693-4419 or TTY/TTD at 711

DCRHA staff encourages review of the application before deadline.



30'-1 1/2"

65'-6"

35'-4 1/2"

AAB GROUP 2 VISIBLE ENTRY COVERED AT ENTRY LANDING, RAMP TBD
LINE OF EXISTING BUILDING TO BE DEMOLISHED SHOWN DASHED
HOT WATER HEATER ABOVE
ATTIC ACCESS
AAB GROUP 2 VISIBLE ENTRY COVERED AT ENTRY LANDING, RAMP TBD

PROPERTY LINE SHOWN DASHED

ATTIC ACCESS

HOT WATER HEATER ABOVE

24'-8"

4'-9 1/2"

DUKES COUNTY REGIONAL HOUSING AUTHORITY
 PO BOX 4538, VINEYARD HAVEN MA 02568 PH. 508-693-4419 FAX 508-693-5710
 DCRHA@HOUSINGAUTHORITYMV.ORG

APPLICATION 16 Old Courthouse Rd Apartments Qualifying Lottery

Applications must be received by the DCRHA
 no later than 5:00 pm, **Friday April 1st, 2022**

FOR OFFICE USE ONLY

Date of Receipt: _____

Control No. _____

PLEASE PRINT:

Name of Applicant(s) _____

Street _____ Email Address _____

City/Town _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Mailing Address _____

HOUSEHOLD INFORMATION - All members of household including minors.

First, Middle, Last Name of all Household Members	Relationship	Sex	Date of Birth	Employed	SS#
1.	Primary Applicant			Y/N	
2.				Y/N	
3.				Y/N	
4.				Y/N	

Are any of the above listed household members full time students? Yes No

If yes, please list below: (for students 18 years old or over, documentation of enrollment will be required)

PLEASE NOTE: responses to the questions below are voluntary but may assist with appropriate unit offers.

- Do you need a wheelchair accessible apartment, an adaptable apartment, or a first-floor apartment because of a disability of any type? Yes No
- Do you need another type of reasonable accommodation based on an impairment? Yes No

Please specify: _____

* "A household shall mean two or more persons who will live regularly in the unit as their principal residence and who are related by blood, marriage, law or who have otherwise evidenced a stable interdependent relationship, or an individual." MassHousing, Affordability Monitoring, 2/4/22

INCOME INFORMATION 16 Old Courthouse Rd Apartments Qualifying Lottery

Gross Income is the combined pre-tax income for everyone in the household* which includes job earnings; benefit payments, support payments, and income from assets. If you are self-employed, please list your net income (after deducting businesses expenses).

Please list all income of any household member **over the age of 17** received from self-employment, wages/salaries, overtime pay, commissions, fees/tips, and bonus before taxes for the last 12 months. Applications must include two most recent Federal income tax returns, including all corresponding W2's and attached schedules. Please note: Income from student campus and summer jobs will not be included when verifying whether household income is within the eligible income range.

If you are self-employed (full or part-time), submit a year-to-date profit/loss statement AND the previous two years of federal income tax returns including all attached schedules.

Household Member	Type of Income	Name & Address of Employer or Source of Income	Gross Income for last 12 Months
1.	Salaries, wages, including overtime/tips		
2.	Salaries, wages, including overtime/tips		
3.	Salaries, wages, including overtime/tips		
	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 or V.A. Disability		
	AFDC or Public Assistance		
	Full Time Student Income (18 & over only)		
	Other Income:		
		TOTAL GROSS INCOME:	

ASSET INFORMATION 16 Old Courthouse Rd Apartments Qualifying Lottery

List below the assets of everyone to live in the house including, but not limited to: all bank accounts, stocks and bonds, trust agreements, real estate, 410k, Keogh, etc. **Do not** include the value of personal property such as clothing, furniture, or cars.

Household Member	Type of Asset	Cash Value
	Checking Account #:	
	Savings Account #:	
	Stocks, Bonds, Mutual Funds:	
	401k, IRA, Keogh:	
	Real Estate: (owned or sold within past 3 years)	
	Monetary Gift:	
Other:		

Household Member	Type of Asset	Cash Value
	Checking Account #:	
	Savings Account #:	
	Stocks, Bonds, Mutual Funds:	
	401k, IRA, Keogh:	
	Real Estate: (owned or sold within past 3 years)	
	Monetary Gift:	
Other:		

Total Household Assets _____

Local Preference Category Information:

Applicants are requested to provide information relative to the following for inclusion in the Local Preference pool.

- Current residents of West Tisbury: Please provide documentation of residency, such as rent receipts, utility bills, street listing or voter registration listing.
- Employees of a business located in West Tisbury. Please provide documentation of employment, current or contracted (pay stubs, employment contract, etc.) or verifiable offer of employment.

Affirmative Marketing: the following questions are optional but may help with possible inclusion in a local preference category.

Race:

- Asian/Pacific Islander
- Black or African American
- Native American / Alaskan Native
- White/Non-Minority
- Other Race/Ethnicity
- Disability
- Veteran

Ethnic Classification:

- Hispanic/Latino

CERTIFICATION & ACKNOWLEDGEMENTS – Old Courthouse Rd Qualifying Lottery

It is the policy of the Dukes County Regional Housing Authority to verify all information contained in this application. In acknowledgement of this policy, please sign your name(s) where indicated.

Anyone over the age of 18 or older who will be living in the home must sign below.

I/We certify the following:

- All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief. I/We are aware that any misrepresentation may result in cancellation of my application.
- Consent to Release Information: I/We authorize representatives of the Dukes County Regional Housing Authority to supply and receive information to/from my/our employer(s), my/our financial institution(s), other housing assistance programs, and/or other organizations (Criminal History Board, Credit Bureaus, etc.) to verify the information contained in this application and to confirm my eligibility for rental opportunities.
- I/We understand that completion of this application is for placement through lottery on a list to rent an affordable apartment at Old Courthouse Rd Apartments and does not guarantee my/our eligibility for the program and/or an offer of an apartment.

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____



The Dukes County Regional Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, gender identity, age, familial status, children, marital status, veteran status, or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services. The Dukes County Regional Housing Authority is committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program.

APPLICATION CHECKLIST- 16 Old Courthouse Rd Apartments Qualifying Lottery

Before submitting this application, please make sure you have filled out all pages and attached the requested documentation. IN ADDITION to completing and signing this application packet, you will need to attach the following documentation. PLEASE make photocopies - do not attach originals!

- Completed and Signed Application
- Two most recent years Federal Tax Income Taxes (for all household members 18 yrs. or older)
- Most recent 5 weeks of Paystubs (for all *employed* household members 18 yrs. or older)
- Most recent Social Security Statement
- Most recent 3 months of Bank Accounts/Asset Accounts - checking, savings, investment accounts, retirement accounts, etc. (for all household members 18 yrs. or older)
- Copies of any Local Preference documentation (*if applicable*; see previous page)
- Signed Forms (complete all applicable attached forms and strike through others with large “N/A”)

Income verification:

- Bank Verification (complete a form for each bank where accounts are held)
- Employment Verification (complete a form for each *employed* household member 18 yrs. or older)
- Self-Employment Income Affidavit and supporting documentation (*if applicable*)
- Tip/Gratuuity Income Affidavit (*if applicable*)
- Seasonal Worker Affidavit (*if applicable*)
- Unemployment Income Verification (*if applicable*)
- Child Support / Alimony Income Verification (*if applicable*)
- Pension verification (*if applicable*)
- Certification of Zero Income (*if applicable*)

References:

- Landlord References: Two completed landlord reference forms required
- Personal References: Two completed personal reference forms required

Additional:

- CORI Acknowledgement (complete a form for each household member 18 yrs. or older)
- Student Status Affidavit and student enrollment documentation (for any household member *enrolled in college full-time*)

BANK ACCOUNT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	16 Old Courthouse Rd Apartments	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Bank Contact:

Bank Name:		Contact Person:	
Address:		Phone:	Fax:
City:	State:	Zip:	Email:

My Signature Authorizes Verification of My Bank Account Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Barbara Hoffman

Project Owner/Management Agent

RETURN THIS FORM TO:

Dukes County Regional Hsg Authority
PO Box 4538, Vineyard Haven, MA 02568
Fax 508 693 5710 or
email: Barbara@housingauthoritymv.org

THIS SECTION TO BE COMPLETED BY BANK

CHECKING Account Number	Avg 6 Month Balance	Interest Rate	Current Balance
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
SAVINGS Account Number	Current Balance	Interest Rate	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
OTHER Account (i.e. CD; Money Market; Debit, etc.)	Current Balance	Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	
	\$	%	
	\$	%	

If additional space is needed please attach a separate sheet with information, date and signature

Signature Date

Name and Title of Person Supplying the Information

Phone # Fax # E-Mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	16 Old Courthouse Rd Apartments	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Employer Contact:

Business Name:		Contact Person:			
Address:		Phone:		Fax:	
City:		State:		Zip:	
				Email:	

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Barbara Hoffman

Project Owner/Management Agent

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email: Barbara@housingauthoritymv.org

THIS SECTION TO BE COMPLETED BY EMPLOYER

- Please answer all questions fully leaving no blanks
- Please provide an employee pay history report when returning this completed form

Employee Name: _____ Job Title: _____

Presently Employed: Yes Date First Employed: ____/____/____ No Last Date of Employment: ____/____/____

Current Wages (check one) Hourly Salary \$ _____ Pay Frequency Weekly Bi-weekly Monthly Semi-monthly Yearly
Pay Method Cash Check Direct Deposit Other

Number of weeks worked per year: _____

Number of regular hours scheduled per week: _____
(If hours vary please list average anticipated)

Gross pay from prior year: \$ _____

Gross Year to Date Pay: \$ _____

From ____/____/____ Through ____/____/____
Number of pay periods included in the YTD earnings above: _____

Overtime Rate: \$ _____ per hour Average number of OT hours per week: _____

Shift Differential Rate: \$ _____ per hour Average number of shift differential hours per week: _____

Commissions, bonus, tips, other: \$ _____ Frequency Weekly Bi-weekly Monthly Semi-monthly Yearly Other _____

List the most recent change in the employee's rate of pay: \$ _____ % _____; Effective date: ____/____/____

List any anticipated change in the employee's rate of pay within the next 12 months: \$ _____ % _____; Effective date: ____/____/____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s) : _____

Is employee eligible for unemployment during the layoff? No Yes Does employee participate in a retirement plan i.e. 401k? No Yes

Additional Remarks: _____

Employer Signature

Employer Printed Name & Title

Date

Employer Name and Address

Phone #

Fax #

E-Mail

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SELF EMPLOYMENT INCOME AFFIDAVIT

Use this form for any applicant or resident who receives income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, etc.

Applicant/Tenant: _____

Name of Business: _____

Business Address: _____

Type of Business: _____

Position Held: _____

Start Date: _____

Anticipated Gross Annual Income: \$ _____

Anticipated Annual Business Expenses: \$ _____

Anticipated Annual Profit: \$ _____

Previous Year Profit (or Loss): \$ _____

Cash Withdrawals from Business: \$ _____

Do you file tax returns? **YES** Taxpayer ID# _____ **NO**

If YES please submit tax returns with schedule C for past 3 years

If NO please state why: _____

- *If tax returns were not filed please submit a profit/loss report for each month since the business started*
- *Please include documents such as invoices, receipts, written business plan, or accountant statement of business income.*

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant Signature

Date

TIP / GRATUITY INCOME AFFIDAVIT

Applicant/Tenant: _____ **Unit #:** _____

Name of Employer: _____

Job Title: _____

1. Do you receive tips or gratuities at this job? YES NO

2. Please list the average amount of tips/gratuity received:

\$ _____ per day week other _____

3. Are all tips reported to the employer? YES NO

If **NO** please explain:

4. Please list the average amount of unreported tips/gratuity received:

\$ _____ per day week other _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Tenant)

Date

(Signature of Manager)

Date

SEASONAL WORKER AFFIDAVIT

Any adult applying to live in a tax credit unit who has a seasonal job should complete this form

Applicant/Tenant: _____ **Unit #:** _____

Name of Seasonal Employer: _____

Are you employed at this job for only a portion of the year?

YES **NO**

Please list the dates that you **do not** work at this job:

During your lay off period, please check the following as applicable:

- | | | |
|---|-------------------------------------|------------------------------------|
| 1. I will receive unemployment benefits | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. I have/will look for another job | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. I will receive gift income from friends/family/etc | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. I will remain with zero income status | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Other | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

- If **YES** to 1, 2 or 3 please list the amount of income expected to be received:

- If **OTHER** please explain:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Tenant)

Date

(Signature of Manager)

Date

UNEMPLOYMENT INCOME VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	16 Old Courthouse Rd Apartments	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

AGENCY PROVIDING BENEFITS

Agency Name:	Dept of Unemployment Assist	Contact Name:			
Address:	19 Staniford Street	Phone:		Fax:	
City:	Boston	State:	MA	Zip:	02114
				Email:	

My Signature Authorizes Verification of my Unemployment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Barbara Hoffman

Project Owner/Management Agent

RETURN THIS FORM TO:
Dukes County Regional Hsg Authority
PO Box 4538, Vineyard Haven, MA 02568
Fax 508 693 5710 or
email: Barbara @housingauthoritymv.org

THIS SECTION TO BE COMPLETED BY BENEFIT ADMINISTRATION

- PLEASE LIST ALL BENEFITS RECEIVED BY THE ABOVE NAMED APPLICANT/TENANT
- ATTACH A PAY HISTORY FOR PAST 12 MONTHS

Are benefits currently being paid? YES NO If NO, when did they end: _____

If YES, please list gross benefit amount: \$ _____ Weekly Biweekly Monthly Other: _____

When did payments begin: _____

When will payments end: _____

List any available extensions: _____

Is the individual required to actively seek employment? YES NO

Please list any expected changes: _____

Please list any helpful remarks: Please send a print out

Signature

Date

Name and Title of Person Supplying the Information

Phone #

Fax #

E-Mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

CHILD SUPPORT OR ALIMONY INCOME VERIFICATION

Send this form to the person providing child support or alimony payments. If the payments are made due to a formal court order please include the divorce decree in the tenant file.

Applicant/Tenant: _____ **Unit #:** _____

Name and Address of Contributor:

Name: _____ **Relationship:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____ **Email:** _____

I, _____, am contributing the following assistance to the above named individual.

Cash: \$ _____ Frequency: _____

This is CHILD SUPPORT or ALIMONY

These payments are made through a formal agreement or informal agreement

Will this assistance change in the next 12 months? YES NO

If YES please describe: _____

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Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud.

(Signature of Contributor)

Date

PENSION VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:	16 Old Courthouse Rd Apartments	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

Pension Provider:

Company Name:		Contact Name:	
Address:		Phone:	Fax:
City:	State:	Zip:	Email:

My Signature Authorizes Verification of my Pension Account Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

Barbara Hoffman
Project Owner/Management Agent

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Fax 508 693 5710 or
email: Barbara @housingauthoritymv.org

THIS SECTION TO BE COMPLETED BY PENSION PROVIDER

Pension Account Number	Current Balance	Can Applicant/Tenant Convert to Cash?		Interest/Dividend*
	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ %
	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ %
	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ %
	\$	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$ %

* If earnings vary or cannot be predicted please list total interest/dividend from most recent quarter (even if reinvested)

Does the individual receive periodic payments from any account listed above: YES NO

If yes, please complete following:

Account Number	Gross Payment Amount	Payment Frequency	Fixed or Subject to Change?
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change
	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed <input type="checkbox"/> Subject to Change

Please list any expected changes: _____

Signature

Date

Name and Title of Person Supplying the Information

Phone #

Fax #

E-Mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction

CERTIFICATION OF ZERO INCOME

(To be completed by all adult household members with no reported income)

Applicant/Tenant: _____ **Unit #:** _____

1. I currently have no income of any kind and I do not expect this to change in the next 12 months [] YES [] NO

2. I have been living with zero income for _____ years and _____ months

3. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonus, etc.)
- b. Income from the operation of a business
- c. Rental income from real or personal property
- d. Interest or dividends from assets
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- f. Unemployment or disability payments
- g. Public assistance payments
- h. Periodic allowances such as alimony, child support, or gifts from persons not living in my household
- i. Sales from self employed resources (Avon, Mary Kay, etc.)
- j. Cash payments
- k. Any other source not named above

4. The reason I have no income is: _____

5. I will be using the following sources of funds to pay for:

Rent: _____
Utilities: _____
Food: _____
Clothing: _____
Transportation: _____
Internet/Cable/Phone: _____
Toiletries: _____
Credit cards/loans/bills: _____

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Tenant)

Date

(Signature of Manager)

Date

DUKES COUNTY REGIONAL HOUSING AUTHORITY

21 Mechanic Street · P.O. Box 4538 · Vineyard Haven, MA 02568

Phone: (508) 693-4419 · Fax: (508) 693-5710 · Email: dcrha@housingauthoritymv.org

*The mission of the DCRHA is to assist the 6 towns of Martha's Vineyard
with increasing the year-round housing opportunities for residents with low and moderate incomes.*

LANDLORD REFERENCE VERIFICATION FORM

Applicant's Name:

Current or Prior Address:

Name of Landlord or Manager:

Please circle: Current Landlord Previous Landlord Other: _____

Dates of Applicant's Tenancy: From _____ to _____

I. RENT PAYMENT

a. What is (was) the amount of rent?

b. Is (was) the applicant current in rent?

c. Has (had) he/she ever been late? If so, how late? If so, how often?

d. Have (had) you ever begun eviction proceedings?

For nonpayment? For lease violation?

e. Does the applicant still owe you money?

f. Was any portion of the rent subsidized?

II CARE OF THE UNIT

a. In what condition did the applicant leave the apartment? Excellent Good Fair Poor

Please explain:

b. Has (had) the applicant damaged the unit?

Describe:

c. Has (had) the applicant paid for the damage?

d. Will (did) you keep any of the security deposit?

- continued next page -

III GENERAL

a. Number of bedrooms: Number of adult occupants: Number of children:

b. Is (was) the applicant under a written lease?

If yes, did this person reside in your unit up to the lease expiration date?

If currently under lease, please give expiration date and notice required:

Lease Expiration Date:

Days of Notice Required:

c. Does (did) the applicant uphold the terms of the lease and obey the rules and regulations?

d. Does (did) the applicant maintain any pets?

e. Has (had) the applicant or family members damaged or vandalized the common areas?

Describe:

f. Were there any complaints from tenants or neighbors reported about the applicant or applicant's family or friends?

Describe:

g. Have the police been called to the unit by you or any neighbors? How often?

Comment:

h. Has (had) the applicant given you any false information?

Describe:

i. Would you rent to this applicant again?

If no, why not?

Signature:

Date:

DUKES COUNTY REGIONAL HOUSING AUTHORITY

21 Mechanic Street · P.O. Box 4538 · Vineyard Haven, MA 02568

Phone: (508) 693-4419 · Fax: (508) 693-5710 · Email: dcrha@housingauthoritymv.org

*The mission of the DCRHA is to assist the 6 towns of Martha's Vineyard
with increasing the year-round housing opportunities for residents with low and moderate incomes.*

LANDLORD REFERENCE VERIFICATION FORM

Applicant's Name:

Current or Prior Address:

Name of Landlord or Manager:

Please circle: Current Landlord Previous Landlord Other: _____

Dates of Applicant's Tenancy: From _____ to _____

I. RENT PAYMENT

a. What is (was) the amount of rent?

b. Is (was) the applicant current in rent?

c. Has (had) he/she ever been late? If so, how late? If so, how often?

d. Have (had) you ever begun eviction proceedings?

For nonpayment? For lease violation?

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PERSONAL REFERENCE FORM

Applicant Name

Phone:

Applicant Address

Name of Personal Reference

Phone:

Address of Reference

How long have you known the applicant? _____

What is your relationship to applicant (employer, friend, neighbor, clergy, etc.)?

To your knowledge, does the applicant have any problem/s living in close proximity to others?
Please explain.

Do you feel that this individual is respectful of the property of others? Please explain.

Do you feel that this person would be at risk for accidents if living alone? Please explain.

Does the applicant smoke? Please explain.

Do you feel that this person has a good support system? Please explain.

Does this person have family members that live on the Vineyard?

Is the applicant considerate of others? Please explain.

Does this person seem to have adequate personal hygiene? Please explain.

Additional Comments:

Signature of person completing this form:

Title:

Date:

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21 Mechanic Street · P.O. Box 4538 · Vineyard Haven, MA 02568

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Additional Comments:

Signature of person completing this form:

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Vineyard Haven, MA 02568

PHONE: (508) 693-4419. Fax: (508) 693-5710

*With
Picture ID*

CORI REQUEST FORM

Dukes County Regional Housing Authority has been certified by the Criminal Housing Systems Board for access to conviction and pending criminal case data. As an applicant/employee for Dukes County Regional Housing Authority, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Signature

Last Name

First Name

Middle Name

Maiden Name (if applicable)

Name of Father

Name of Mother (maiden name)

Date of Birth

Social Security Number

Current Address: _____

State Driver's License Number: _____

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

Requested By: _____

Affordable Rental & Homebuyer Assistance, Advocacy, Planning, & Referral

Vineyard Village Apts., Tisbury· Fisher Road Townhouses, Edgartown· Greenough House, Tisbury· Lagoon Pond Apts., Tisbury Halcyon Way & Sepiessa Point Apts., West Tisbury· Lake Street Apts., Tisbury· Franklin St. Apts, Tisbury· Lagoon Heights, Oak Bluffs

○ Recycled Content

STUDENT STATUS AFFIDAVIT
(LIHTC or Tax Exempt Bond Compliance Period)

Applicant/Tenant Name: _____
Address: _____

Completed For: (check one)

Move-in; effective date: _____
 Annual recertification; effective date: _____

Will all of the persons in your household be or have been full-time students during five calendar months of the certification year? Yes No

If YES, then is anyone in your household:

- A student and receiving AFDC/TANF? Yes No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? Yes No
- A student enrolled in a job training program under the Job Training Partnership Act (federal, state or local)? Yes No
- A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependants of another individual other than a parent? Yes No
- Married and file a joint return Yes No

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Manager)	_____ Date