

## Kuehn's Way Apartments, Vineyard Haven Rental Application & Information Packet



The **Dukes County Regional Housing Authority (DCRHA)**, on behalf of the **Island Housing Trust**, a private non-profit corporation working with the support of the **Town of Tisbury**, **MassHousing**, and the **Department of Housing and Community Development**, is currently accepting applications for **Kuehn's Way Apartments**.

**Kuehn's Way Apartments** include twenty apartments  
(three 1-bedrooms, fourteen 2-bedrooms, and three 3-bedrooms)  
with rents for 18 apartments set at 80% of Area Median Income (not including utilities).  
**1-bedroom @ \$1,469; 2-bedroom @ \$1,769; 3-bedroom @ \$2,043**  
and two 1-bedroom apartments supported with Mass Rental Vouchers  
for incomes up to 30% of the Area Median Income.

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

**Information Meetings** are scheduled for  
Wednesday, May 11, 2022, at 5:30 pm (<https://bit.ly/kw-apts>) & Thursday, May 26 at 12:00 pm.  
Income qualified applicants will be selected by lottery for further review.

Reasonable accommodations/modifications by request

Portuguese language assistance, information packets, and applications 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, June 17, 2022 at 5:00 pm.**

Best of luck!



**Kuehn's Way Apartments Rental Application & Tenant Selection Process**

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## DUKES COUNTY REGIONAL HOUSING AUTHORITY

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

DCRHA@HOUSINGAUTHORITYMV.ORG

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### Kuehn's Way Apartments Rental Application & Tenant Selection Process

This packet contains specific information on the application process to rent one of eighteen apartments (one 1-bedroom, fourteen 2-bedroom, three 3-bedroom) being offered to households earning 80% or less of the area median income and two 1-bedroom apartments being offered to households earning 30% or less of the area median income at **Kuehn's Way Apartments**, located at 937 State Road in Vineyard Haven.

Kuehn's Way has energy-efficient, highly insulated, quiet apartments with tall, triple-pane windows, providing lots of daylight. Roofed entrance doorways and generous decks with integrated exterior bicycle sheds result in high physical accessibility throughout. Additionally, the three 1-bedroom apartments are fully accessible under AAB regulations. The 1-bedroom apartments are 700 square feet, the 2-bedroom apartments are 900 square feet, and the 3-bedroom apartments are 1,287 square feet. All apartments include hookups for laundry appliances; the 1-bedroom apartments also each include a washer and dryer. Kuehn's Way borders an ancient way and Land Bank property and will have a bus stop on State Road for school buses and VTA buses.

Completed applications must be postmarked to the Dukes County Regional Housing Authority (DCRHA) at P.O. 4538, Vineyard Haven, MA, 02568 or otherwise received at the office, 21 Mechanics Street, Vineyard Haven, by **5:00 pm on Friday, June 17, 2022**. Review of your application for entry into the **qualifying lottery** is the first of two steps towards possible tenancy. You will receive notification of the results of

the review, as well as confirmation of the date and time of the qualifying lottery. The qualifying lottery will consist of drawings from pools labeled Open/No Preference, Local Preference (residing in one of six Island towns or employed by an Island town), and Accessible (able to substantiate need for accessible features of a 1-bedroom apartment). Household Size Preference will apply to the 2-bedroom and 3-bedroom apartment selection and ranking process. (Please see the Application Checklist for details.)

If your application is determined **eligible**, you will be entered in the qualifying 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 one preference pool or another is incorrect, you will be given notice and an opportunity to appeal the determination.

The order that applicants are drawn in the lottery is the order that applicants will have additional application information verified, the second step needed for tenancy at Kuehn's Way Apartments. If the final review results in approval, you will be shown an apartment 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 applicants drawn in the lottery, in the order your completed application was received.

**If you have a rental application on file at the Housing Authority, please note that initial rent-up of Kuehn's Way Apartments requires submission of a separate application specific to this offer.**

The DCRHA encourages review of applications **no later than June 10**.

**No additional application materials will be accepted after June 17 at 5:00 pm.**

To schedule an appointment for review, please call 508-693-4419.

For more details on the rent-up of Kuehn's Way 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.

Household Size	80% Income Maximum
1	\$59,200
2	\$67,650
3	\$76,100
4	\$84,550
5	\$91,350
6	\$98,100
Household Size	30% Income Maximum
1	\$23,100
2	\$26,400

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DCRHA@HOUSINGAUTHORITYMV.ORG

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**APPLICATION – Kuehn’s Way Qualifying Lottery**

Applications must be received by the DCRHA  
no later than 5:00 pm, **Friday, June 17, 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	Social Security #
1.				Y/N	
2.				Y/N	
3.				Y/N	
4.				Y/N	
5.				Y/N	
6.				Y/N	

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

If yes, please list below and provide documentation of enrollment for students 18 years old or over.

1 \_\_\_\_\_

2 \_\_\_\_\_

If you need a wheelchair accessible apartment, an adaptable apartment, or a first-floor apartment because of an impairment of any type please indicate below and see the Preferences & Affirmative Fair Housing page for further information ☐ Yes ☐ No

\* “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

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<b>INCOME INFORMATION – Kuehn’s Way Qualifying Lottery</b>
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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 expected income for any household member **over the age of 17** from self-employment, wages/salaries, overtime pay, commissions, fees/tips, and bonus before taxes for the next 12 months. Applications must include each adult household member’s two most recent Federal income tax returns, including all corresponding W2’s and attached schedules.

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.

*Please note that the DCRHA is required to avoid rent burdening an applicant who would pay more than 30% of their gross income for rent and utilities.*

Household Member	Type of Income	Name & Address of Employer or Source of Income	Gross Income for <b>the next 12 Months</b>
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 Household Gross Income** \_\_\_\_\_

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DCRHA@HOUSINGAUTHORITYMV.ORG

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<b>ASSET INFORMATION – Kuehn’s Way Qualifying Lottery</b>
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List below the assets of everyone to live in the apartment including all bank account totals and any **regular payments** from stocks and bonds, trust agreements, real estate, 401k, Keogh, etc.

Household Member	Type of Asset	Totals
	Checking Account #:	
	Savings Account #:	
	Stocks, Bonds, Mutual Funds: <i>Only Regular Payments</i>	
	401k, IRA, Keogh: <i>Only Regular Payments</i>	
Other:		

Household Member	Type of Asset	Totals
	Checking Account #:	
	Savings Account #:	
	Stocks, Bonds, Mutual Funds: <i>Only Regular Payments</i>	
	401k, IRA, Keogh: <i>Only Regular Payments</i>	
Other:		

Household Member	Type of Asset	Totals
	Checking Account #:	
	Savings Account #:	
	Stocks, Bonds, Mutual Funds: <i>Only Regular Payments</i>	
	401k, IRA, Keogh: <i>Only Regular Payments</i>	
Other:		

**Total Household Assets** \_\_\_\_\_

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

4. Household Size Preference: The 2-bedroom apartments have an initial preference for two-person households, and the 3-bedroom apartments have an initial preference for three-person households.

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APPLICATION CHECKLIST– Kuehn’s Way Qualifying Lottery

Before submitting this application, please make sure you have filled out all pages and attached the requested documentation below. Make copies of your materials and do not attach originals. Your application is complete only when the forms and documentation listed below accompanies your completed and signed application. **Please see the Important Notice at the bottom of this page.**

- ☐ 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 (only if currently receiving)
- ☐ 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 keep other forms in your submission labeled NA for not applicable. This helps us affirm the completeness of your packet)

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/Gratuity 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 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*).

**Important Notice:**

Your entire Application and Supporting Docs must be presented as one complete physical copy. The Housing Authority cannot accept downloads, faxes, or emailed documents, except for release forms returned directly from banks, employers, pensions, and landlords.

DCRHA staff are not able to make copies of application materials  
or search for previous application materials to copy for this application.

An early review of your application by DCRHA staff is recommended. A meeting with staff is not required, but should you wish to meet, **reviews must be scheduled for no later than June 10.**

Application reviews are not possible in the last, very busy days of an application period.

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DCRHA@HOUSINGAUTHORITYMV.ORG

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**CERTIFICATION AND ACKNOWLEDGEMENTS – Kuehn’s Way 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), the Island Housing Trust, other housing assistance programs or regulatory bodies, and/or other organizations (Criminal History Board, 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 for further review and **does not guarantee** my/our eligibility for the program and/or of an offer to rent an affordable apartment at the Kuehn’s Way Apartments.

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.



## BANK ACCOUNT VERIFICATION

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

Project Name:	Kuehn's Way Apartments	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

### Bank Contact:

Bank Name:		Contact Person:	
Address:		Phone:	
City:		State:	
		Zip:	
		Fax:	
		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](mailto: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:	Kuehn's Way Apartments	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

### Employer Contact:

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

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](mailto: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

**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

Spectrum Enterprises 2015

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

- 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:	Kuehn's Way Apartments	Unit ID:		Date:	
Applicant/Tenant:		SSN:			

### AGENCY PROVIDING BENEFITS

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

**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

*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:	Kuehn's Way 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

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 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

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## **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@housingauthoritmva.org](mailto:dcrha@housingauthoritmva.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:

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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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**CORI REQUEST FORM**

**Dukes County Regional Housing Authority has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for DCRHA, 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.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
**APPLICANT INFORMATION (PLEASE PRINT)**

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
Maiden Name (if applicable)

\_\_\_\_\_  
NAME OF APPLICANT'S FATHER

\_\_\_\_\_  
NAME OF APPLICANT'S MOTHER (Mother's maiden name)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_-\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY NUMBER  
(Requested but not required)

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

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

**\*PHOTO ID IS REQUIRED\***

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

\_\_\_\_\_  
REQUESTED BY: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE



**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