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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@HOU SINGAU THORITYMV. ORG

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## **Carl Widdiss Way Apartments, Aquinnah Rental Application & Information Packet**



The **Dukes County Regional Housing Authority**, on behalf of the **Town of Aquinnah** and its developer, the **Island Housing Trust**, is accepting applications for the **Carl Widdiss Way Apartments**. With two 1-bedroom apts. and two 2-bedroom apts. being offered for households at two income levels.

The **Carl Widdiss Way Apartments** monthly rents for the four apartments (not including utility costs):  
**One-bedroom @ \$1,707; one-bedroom, @ \$2,174; two-bedroom @ \$1,934 two-bedroom @ \$2,463**

Applications in English and Portuguese are available at the Housing Authority, 21 Mechanic St, Vineyard Haven, on-line at [www.aquinnah-ma.gov](http://www.aquinnah-ma.gov), [www.ihtmv.org](http://www.ihtmv.org) and [www.dcrha.org](http://www.dcrha.org) and by phone request to the Housing Authority at 508-693-4419 and TTY/TTD at 711.

**Information Meetings: Wednesday, March 20, 2024, 5:30 pm, and Saturday, March 30 at 11:00 am,**  
At the Aquinnah Town Hall, 955 State Road, Aquinnah, MA

Income-qualified applicants will be selected by a lottery determining the order of final review and offer.  
Reasonable accommodations available by applicant request.

Applications must be postmarked to DCRHA, P.O. 4538, Vineyard Haven, MA 02568, or received at the Housing Authority office at 21 Mechanic Street, VH no later than **5:00 pm, Friday, April 12, 2024**



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. 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 offer.

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**Carl Widdiss Way Apartments - Information & Application**

This packet contains information on the application and selection process for rental of four new apartments at Carl Widdiss Way developed by the Town of Aquinnah and the Island Housing Trust. A 1-bedroom unit and a 2-bedroom unit are available for households earning **80% or less of the Area Median Income**. A 1-bedroom unit & a 2-bedroom unit are available for households earning **100% or less of the Area Median Income**. Please see chart.

**Carl Widdiss Way** (CWW) was designed to be energy-efficient, with super-insulated walls, efficient heat & hot water systems, and triple-pane windows that provide lots of daylight and further minimize utilities costs. First floor entry to all units with no-step walkways onto central decks and exterior stairways between floors providing increased accessibility to all apartments, addressing a range of physical abilities. The 1-bedroom units are 712 sq' feet, and the 2-bedroom units are 868 sq' feet and all include a range of appliances.

Completed applications, including all forms as a single hard copy submission, must be postmarked to Dukes County Regional Housing Authority, P.O. Box 4538, Vineyard Haven, MA, 02568, or otherwise received as one hard copy at the Housing Authority office, 21 Mechanic Street, Vineyard Haven, no later than **5:00 pm on Friday, April 12, 2024**. Faxed or emailed applications cannot be accepted.

Household Size	80% AMI Income Maximum
1	\$70,150
2	\$80,150
3	\$90,150
4	\$100,150
Household Size	100% AMI Income Maximum
1	\$87,450
2	\$99,950
3	\$112,450
4	\$124,900

Housing Authority review of each application for entry into the lottery is the **first of two steps** towards possible offer of tenancy. At the close of review, each applicant will receive notification of their eligibility status, and confirmation of the date and time of the lottery. Please notify DCRHA of any questions about your lottery status.

The **lottery** will consist of applicants drawn for **three apartments** first from **Local Preference Pools** (applicants currently residing in Aquinnah or employed by the Town or a business primarily located in Town) and secondly from **Open Pools** for all other qualified applicants. The 2-bedroom units also have initial household-size minimums of two persons. The fourth unit, a 1-bedroom at 80% maximum income, will be selected from an **Open Pool** which also will include those applicants with local preference for the first 1-bedroom unit selection.

Applications qualified as **eligible** will be entered into the lottery to determine the order in which a second stage of review is completed for potential offers of lease. Applicants determined **ineligible**, or who **question their lottery-pool placement**, will be given an **opportunity to appeal** such determinations. Please note that **any application determined to be an incomplete or late submission will not have access to an appeals process**.

The order that applicants are drawn in the lottery determines the order of the **second stage of review** of additional information and verification forms. When the second stage of review with the first-chosen applicant is completed, the apartment is shown, and a lease is offered. Should the applicant choose or not be able to lease, the next lottery-chosen applicant (the first alternate) undergoes the second stage of review, and so on, until a lease for each apartment is signed with an applicant household.

If an application is received after the application closing date and is found eligible, it will be placed on a waitlist following applicants ranked in the lottery, in the order it was received, for possible later use, as needed.

**A rental application on file at the Housing Authority is not an application for the initial rent-up of Carl Widdiss Way. The rent-up application in this packet must be completed and submitted.**

**Important:** The Housing Authority is unable to guarantee review of applications in advance of the deadline, or to provide early notice of incompleteness. We encourage each applicant to review with a friend or associate before submitting a single and complete application document including all forms and supporting materials.

**No applications or materials will be accepted for the initial lottery after April 12 at 5:00 pm.**

Housing Authority staff will be available to answer questions on the Carl Widdiss Way application and process at the two **Information Meetings** at the **Aquinnah Town Hall** on **March 20** and **March 30**, by email at [dcrha@housingauthoritymv.org](mailto:dcrha@housingauthoritymv.org), by phone at (508) 693-4419 and TTY/TTD at 711, and at our office, 21 Mechanic St. Vineyard Haven, MA off State Rd (across from Little House Cafe)

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**APPLICATION Carl Widdiss Way Information & Application**

Complete applications with all forms  
must be postmarked or received by the DCRHA  
no later than **5:00 pm, Friday, April 12, 2024**

*FOR OFFICE USE ONLY*

Date of Receipt: \_\_\_\_\_

Control No. \_\_\_\_\_

**PLEASE PRINT:**

**Name of Applicant(s)** \_\_\_\_\_

Street \_\_\_\_\_ Email Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Mailing Address \_\_\_\_\_

**HOUSEHOLD\* INFORMATION** - All members of household including minors.

First, Middle, Last Name of each Household Member *	Relationship	Gender	Date of Birth	Employed	Social Security #
1.				Yes / No	
2.				Yes / No	
3.				Yes / No	
4.				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

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. \_\_\_\_\_

The four apartments at Carl Widdis Way have first floor entry doors on shared decks with pathways with no steps and low incline ensuring that individuals with a range of physical abilities can utilize the units. If you wish to note any impairment or need for discussion, please indicate below and see the Preferences and Affirmative Fair Housing page for further information  Yes  No

Description \_\_\_\_\_

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**INCOME INFORMATION Carl Widdiss Way Information & Application**

Gross Income is the combined pre-tax income for everyone in the household, including 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 all household members **ages 18 and over** 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 the next 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, V.A. Disability		
	AFDC or Public Assistance		
	Full-Time Student Income (18 and over only)		
	Other Income:		

**Total Household Gross Income** \_\_\_\_\_

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**ASSET INFORMATION Carl Widdiss Way Information & Application**

List below the assets of each household member, including all bank account totals, real estate holdings 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 #:	
	Any Real Estate Holdings:	
	<u>Any Regular Payments</u> : Stocks, Bonds, Mutual Funds	
	<u>Any Regular Payments</u> : 401k, IRA, Keogh	
Other:		

Household Member	Type of Asset	Totals
	Checking Account #:	
	Savings Account #:	
	Any Real Estate Holdings:	
	<u>Any Regulars Payments</u> : Stocks, Bonds, Mutual Funds:	
	<u>Any Regular Payments</u> : 401k, IRA, Keogh	
Other:		

Household Member	Type of Asset	Totals
	Checking Account #:	
	Savings Account #:	
	Any Real Estate Holdings:	
	<u>Any Regulars Payments</u> : Stocks, Bonds, Mutual Funds:	
	<u>Any Regular Payments</u> : 401k, IRA, Keogh	
Other:		

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

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**Preferences and Affirmative Fair Housing Carl Widdiss Way Information & Application**

**1. Local Preference, Two Categories:**

The Town of Aquinnah is represented by Local Preference in three of the four, unit selections, including both 2-bedroom units and the 1-bedroom unit at 100% AMI.

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

**2. Affirmative Fair Housing:**

The following section is optional but may help with an applicant's inclusion in a local preference pool should there not be representation of race or ethnicity equal to the current percentage of the Island's population, i.e., 21.2% or two households per ten applicants in a local preference pool.

Household Race:

- Native American / Alaskan Native
- Black
- Asian/Pacific Islander / Native Hawaiian
- White

Ethnic Classification:

- Hispanic/Latino

**3. Accessibility/Impairment Information:**

- All four Carl Widdiss Way apartments have main entrances with low/no thresholds, no steps, and low-grade paths up to entry decks. Exterior doorways have 32" clearances, as do most interior doorways.
- Is there any reasonable accommodation based on an impairment that you might wish considered?  
 Yes  No

If yes, please specify the type of accommodations that may assist with your ability to utilize a unit.

Please include a letter from your doctor regarding any impairment listed and addressing your specific request. The formal terms of Reasonable Accommodation will provide the basis of judgment.

3. Household Size Preference: The 2-bedroom apartments have an initial preference for two-person households that require a bedroom apiece, e.g. parent(s) and child, or two generations of adults.

**APPLICATION CHECKLIST Carl Widdiss Way Information & Application**

Before submitting this application, please make sure you have filled out all pages and attached the requested documentation below. Provide copies of your materials and do not attach originals. Your application is complete only when the forms and documentation listed below accompany your fully completed and signed application. Incomplete applications will not be included in the lottery selection. **Please see the important notices at the bottom of this page.**

- Completed and Signed Application
- Social Security Card copies for each household member
- Two most recent years Federal Tax Income Taxes (for all household members ages 18 and over)
- Most recent 5 weeks of Paystubs (for all *employed* household members ages 18 and over)
- Most Recent Social Security Statement (only if currently receiving Social Security benefits)
- Most recent 3 months of Bank Accounts: checking & savings accounts (for all household members ages 18 and over) including any/all accounts not formally designated as Investment or Retirement.
- Most recent 3 months of Investment & Retirement Accounts only if receiving regular payments.
- Copies of any Local Preference documentation (*if applicable*; see previous page)
- Signed Forms (complete all applicable attached forms and keep all other forms in your submission labeled NA for not applicable. This helps us confirm the completeness of your application 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 aged 18 or over)
- 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 aged 18 or over)
- Student Status Affidavit and student enrollment documentation (for any household member *enrolled in college full-time*).

Your entire **Application with 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. Housing Authority staff will not be able to make copies of your application materials or search for previous applications or materials.

**Important:** DCRHA staff are available to answer questions throughout the application period but **full review of applications before submission cannot be guaranteed**. Please make use of the Information Meetings and a trusted person for final review of your application for completeness before submission.

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**CERTIFICATION & ACKNOWLEDGEMENTS Carl Widdiss Way Information & Application**

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.

All household members ages 18 and over 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 Carl Widdiss Way Apartments.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



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. 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 offer.



# Dukes County Regional Housing Authority

## BANK ACCOUNT VERIFICATION

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

Project Name:		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,

Kay-Ann Fraser, DCRHA

\_\_\_\_\_  
Project Owner/Management Agent

RETURN THIS FORM TO:

Dukes County Regional Housing Authority

Fax 508 693 5710

Email: [Kay@housingauthoritymv.org](mailto:Kay@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

# Dukes County Regional Housing Authority

## EMPLOYMENT VERIFICATION

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

Project Name:	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,

**Kay-Ann Fraser, DCRHA**

\_\_\_\_\_  
Project Owner/Management Agent

RETURN THIS FORM TO:

**Dukes County Regional Housing Authority**  
Fax 508 693 5710  
Email: Kay@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 Year to Date Pay: \$ \_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ Through \_\_\_\_/\_\_\_\_/\_\_\_\_  
Number of pay periods included in the YTD earnings above: \_\_\_\_\_

Gross pay from prior year: \$ \_\_\_\_\_

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**

# Dukes County Regional Housing Authority

## 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

# Dukes County Regional Housing Authority

## 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 DCRHA Administrator)

\_\_\_\_\_  
Date

**Dukes County Regional Housing Authority**  
**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

# Dukes County Regional Housing Authority UNEMPLOYMENT INCOME VERIFICATION

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

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

### AGENCY PROVIDING BENEFITS

Agency Name:		Contact Name:	
Address:		Phone:	Fax:
City:	State:	Zip:	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,

RETURN THIS FORM TO:

Dukes County Regional Housing Authority  
Fax 508 693 5710  
Email: Kay@housingauthoritymv.org

Kay-Ann Fraser, DCRHA  
Project Owner/Management Agent

### 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: \_\_\_\_\_

\_\_\_\_\_  
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**

**Dukes County Regional Housing Authority**  
**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

# Dukes County Regional Housing Authority

## PENSION VERIFICATION

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

Project Name:		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,

Kay-Ann Fraser, DCRHA

\_\_\_\_\_  
Project Owner/Management Agent

RETURN THIS FORM TO:  
Dukes County Regional Housing Authority  
Fax 508 693 5710  
Email: Kay@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



**Dukes County Regional Housing Authority**  
**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 Applicant/Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of DCRHA Manager)

\_\_\_\_\_  
Date

# DUKES COUNTY REGIONAL HOUSING AUTHORITY

346 State Road · P.O. Box 4538 · Vineyard Haven, MA 02568

Phone: (508) 693-4419 · Fax: (508) 693-5710 ·

Email: [dcrha@housingauthoritymv.org](mailto:dcrha@housingauthoritymv.org)

## LANDLORD REFERENCE VERIFICATION FORM

Applicant's Name \_\_\_\_\_

Current or Prior Address \_\_\_\_\_

Name of Landlord \_\_\_\_\_

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 \_\_\_\_\_ How Late? \_\_\_\_\_ How often? \_\_\_\_\_
- d. Have (had) you ever begun eviction proceedings for: nonpayment? \_\_\_\_\_ lease violations? \_\_\_\_\_
- 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 lease the apartment? Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_  
Please Explain: \_\_\_\_\_
- b. Has (had) the applicant damaged the unit it? \_\_\_\_\_  
Describe: \_\_\_\_\_
- c. Has (had) the applicant paid for the damage? \_\_\_\_\_
- d. Will (did) you keep any of the security deposit? \_\_\_\_\_

### **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 the person reside in your unit up to the lease expiration date? \_\_\_\_\_  
If currently under lease, please give expiration date and notice required: Date \_\_\_\_\_ Days' Notice \_\_\_\_\_
- 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? \_\_\_\_\_
- h. Has (had) the applicant given you any false information? \_\_\_\_\_ Describe \_\_\_\_\_
- i. Would you rent to this applicant again? \_\_\_\_\_ If not, why? \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

# DUKES COUNTY REGIONAL HOUSING AUTHORITY

346 State Road · P.O. Box 4538 · Vineyard Haven, MA 02568

Phone: (508) 693-4419 · Fax: (508) 693-5710 ·

Email: [dcrha@housingauthoritymv.org](mailto:dcrha@housingauthoritymv.org)

## LANDLORD REFERENCE VERIFICATION FORM

Applicant's Name \_\_\_\_\_

Current or Prior Address \_\_\_\_\_

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Signature: \_\_\_\_\_ Date \_\_\_\_\_

**DCRHA 2024/Spectrum 2013**

# 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](mailto:dcrha@housingauthoritymv.org)

## PERSONAL REFERENCE FORM

Applicant Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Address \_\_\_\_\_

Name of Personal Reference \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Reference \_\_\_\_\_

---

What is your relationship to the applicant (employer, friend, neighbor, etc.)? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

To your knowledge, does the applicant deal well with living in close proximity to others? Yes / No  
If no, please explain: \_\_\_\_\_

Would you say that the applicant is generally considerate of others? Yes / No  
If no, please explain: \_\_\_\_\_

Do you feel that this individual is respectful of the property of others? Yes / No  
If no, Please explain \_\_\_\_\_

Do you feel that this individual would be reasonably comfortable and safe living on their own? Yes / No  
If no, please explain: \_\_\_\_\_

To your knowledge, does the applicant and/or other household members smoke? Yes / No

Would you say that the applicant has relationships that could provide good support if needed? Yes / No  
If no, please explain: \_\_\_\_\_

To your knowledge, does this person have family members that live on the Vineyard? Yes / No

Would you say this person generally takes care of their appearance and hygiene needs? Yes / No  
If no, please explain: \_\_\_\_\_

Any additional comments? \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Date \_\_\_\_\_

**The Housing Authority appreciates your assistance with the applicant's effort to secure housing.**

---

# 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](mailto:dcrha@housingauthoritymv.org)

## PERSONAL REFERENCE FORM

Applicant Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Address \_\_\_\_\_

Name of Personal Reference \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Reference \_\_\_\_\_

---

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If no, please explain: \_\_\_\_\_

Any additional comments? \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Date \_\_\_\_\_

**The Housing Authority appreciates your assistance with the applicant's effort to secure housing.**

---



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services 200**  
Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**This form is not to be faxed. Please return form to organization.**

**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations conducting CORI checks for housing purposes.

\_\_\_\_\_ is registered under the  
(Organization)

provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening applicants for the rental or lease of housing. As an applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to

\_\_\_\_\_ (Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing \_\_\_\_\_

(Organization)

with written notice of my intent to withdraw consent to a CORI check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
*Signature of CORI Subject*

\_\_\_\_\_  
*Date*



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_  No Social Security Number

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**SUBJECT VERIFICATION**

The above information was verified by reviewing the following form(s) of government-issued identification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Verified by:

\_\_\_\_\_  
*Print Name of Verifying Employee*

\_\_\_\_\_  
*Signature of Verifying Employee*

\_\_\_\_\_  
*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

**STUDENT STATUS AFFIDAVIT**

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 dependents 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