



# HARWICH ECUMENICAL COUNCIL for HOUSING

HECH Rental Programs | The Children's Center Pre-School

## Household, Income and Asset Information. This application MUST BE FULLY COMPLETE

Management will provide help in reviewing this document. If necessary, persons with disabilities may ask for this application in large print type or other alternate formats. HECH will provide translation services upon request at no charge to the applicant.

Please Mail Completed Application to: HECH, P.O. Box 638, West Harwich, MA 02671 or email (must be pdf or jpg): [marcy@hech.org](mailto:marcy@hech.org)  
"Language assistance for Limited English Proficiency (LEP) applicants will be provided upon request."

**Applicant Name (this is you)** \_\_\_\_\_

Address: \_\_\_\_\_ City/ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Town: \_\_\_\_\_

**Co-Applicant (this is any other adult in the household)** \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Town: \_\_\_\_\_

How many people in your household (include all adults and all children)? \_\_\_\_\_ (Any person not listed will be required to process an additional application)

What bedroom size home are you applying for? \_\_\_\_\_ (Appropriate household size rules do apply, requests for extra bedrooms will not be granted)

List all household members including you (anyone who will live in the house, any age):

<u>Name</u>	<u>Date of Birth</u>	<u>Soc. Sec. #</u>	<u>Relationship to Applicant</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 in this section are VOLUNTARY.

1. Are you or a member of your household disabled?  YES  NO
2. Are you or a member of your household a veteran?  YES  NO
3. Do you need a wheelchair accessible unit, an adaptable unit, or a first-floor unit because of a disability?  YES  NO
4. Do you need another type of reasonable accommodation based on a disability?  
 YES  NO

Please specify: \_\_\_\_\_



**HOUSING INFORMATION**

Beginning with current address, list all landlords for the past FIVE (5) years for all adult household members

**Applicant name:** \_\_\_\_\_

Current Address: \_\_\_\_\_ Town: \_\_\_\_\_

Landlord's or manager's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupancy Dates: From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_ Rent amount: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Applicant name:** \_\_\_\_\_

Current Address: \_\_\_\_\_ Town: \_\_\_\_\_

Landlord's or manager's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupancy Dates: From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_ Rent amount: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Applicant name:** \_\_\_\_\_

Current Address: \_\_\_\_\_ Town: \_\_\_\_\_

Landlord's or manager's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupancy Dates: From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_ Rent amount: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Applicant name:** \_\_\_\_\_

Current Address: \_\_\_\_\_ Town: \_\_\_\_\_

Landlord's or manager's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupancy Dates: From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_ Rent amount: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Applicant name:** \_\_\_\_\_

Current Address: \_\_\_\_\_ Town: \_\_\_\_\_

Landlord's or manager's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupancy Dates: From (month/year): \_\_\_\_\_ To (month/year): \_\_\_\_\_ Rent amount: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been evicted or brought to court by a landlord? \_\_\_\_\_ What year: \_\_\_\_\_

If so please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Do you have a housing voucher? Yes No

If yes, who is the administrating agency? \_\_\_\_\_

If not, do you need a housing voucher? Yes No  
(please note HECH does not administer housing vouchers)

Do you expect any changes in your household composition in the next twelve months? Yes \_\_\_ No \_\_\_

If yes, please explain:

\_\_\_\_\_

Does anyone live with you who are not listed in the application above? Yes \_\_\_ No \_\_\_

If yes, please explain:-

\_\_\_\_\_

Are you or any members of your household related to any HECH Board or Staff members? Yes \_\_\_ No \_\_\_

If yes, please list who and how you are related. \_\_\_\_\_

Have you or any member of your household ever been convicted of drug-related activity, a violent crime or any felony?

Yes \_\_\_ No \_\_\_

If yes, please describe dates and details of convictions:

\_\_\_\_\_

Have you any member of your household ever been on parole or are now on parole?

Yes \_\_\_ No \_\_\_

If yes, please describe dates and details:

\_\_\_\_\_

Have you or any member of your household currently or in the past used illegal drugs?

Yes \_\_\_ No \_\_\_

If yes, please describe dates and details:

\_\_\_\_\_

Are you or any member of your household subject to registration under a State sex offender registration program?

Yes \_\_\_ No \_\_\_

If yes, please describe:

\_\_\_\_\_

Are you currently homeless? Yes \_\_\_ No \_\_\_

If yes, please provide the name of the shelter you currently reside at \_\_\_\_\_

Are you currently paying more than 50% of income for household expenses? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

Are you or a member of your household victims of domestic abuse? Yes \_\_\_ No \_\_\_

If yes, please explain your current housing situation and your current need:

\_\_\_\_\_

Please list 3 references not related to you including, one personal, one neighbor and one work or business:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ How long have you known them: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_



Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ How long have you known them: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ How long have you known them: \_\_\_\_\_

**INCOME SECTION- This section must be complete to qualify**

**INSTRUCTIONS FOR COMPLETEING THE FOLLOWING INCOME TABLE:**

- List ALL sources of income as requested below for ALL household members over 18 years old.
- The gross income must include income for the next 12 months
- For self-employed applicants- please put net-income in the gross annual income column
- For periodic payments (like Social Security and child support) please include the amount received per week or per month (ex: \$100/month) in the space provided under "Source / type of Income". Then provide under "Gross Annual Income" provide the annual amount (ex: \$1200)
- TOTAL ALL INCOME AND CONTINUE TO ASSET SECTION

**EMPLOYMENT INCOME:** List all household members who are employed. Include all employers for the next 12 months. For Gross Annual Income please write the anticipated gross income for the NEXT 12 months. Total all employment income.

Employed Household Member	Employer/Contact	Employer Address & Phone	Gross Annual Income
<b>TOTAL EMPLOYMENT INCOME</b>			

**ADDITIONAL INCOME:** List all other sources of recurrent income, such as Social Security, SSI, pensions, annuities, military pay, disability, public assistance, TANF, regular monetary contributions from outside sources, unemployment benefits, grants/scholarships, additional financial assistance in excess of tuition, etc.

Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income
<b>TOTAL ADITIONAL INCOME</b>			

**ALIMONY & CHILD SUPPORT**

Are you legally entitled to receive alimony? If yes, list the amount you are entitled to receive: \$	Yes ____ No ____
Do you receive alimony? If yes, list the amount you receive: \$	Yes ____ No ____
Are you legally entitled to receive child support? If yes, list the amount you are entitled to receive: \$	Yes ____ No ____
Do you receive child support? If yes, list the amount you receive: \$	Yes ____ No ____
<b>TOTAL ALIMONY and CHILD SUPPORT you are entitled to receive(annually)</b>	



**OTHER INCOME:** List all other income including, but not limited to, inheritances, capital gains, lottery winnings and settlements on insurance claims if received in periodic payments. If anyone outside your household gives you money, pays your bills, or gives you money to assist student household members for educational expenses, you must report it as a source of income:

Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income
<b>TOTAL OTHER INCOME</b>			

**ASSETS SECTION: INSTRUCTIONS FOR COMPLETEING THE FOLLOWING ASSEST TABLE:**

- “Annual Income from assets” refers to any amount that you receive from any asset including amounts that you may be drawing down from a retirement account or 401K.
- Total the value of all assets and enter into “total value of all assets” for all household members

**ASSETS –** For all household members 18 years and older:

Type	Account No.	Bank name	Cash Value	Annual Income from Assets
Cash held in savings and checking accounts, safe deposit boxes, homes, etc.				
Revocable Trusts				
Equity in rental properties or other capital investments				
Stocks, bonds, treasury bills, certificates of deposit, mutual funds and money market accounts				
Retirement and Pension Funds				
Cash value of life insurance policies available to the applicant before death				
Personal Property held as an investment				
A mortgage or deed of trust held by the applicant				
<b>TOTAL VALUE OF ALL ASSESTS</b>				

**TOTAL INCOME FROM ALL HOUSEHOLD APPLIACANTS-** Please fill in total for each box from the worksheet above. Include all household income.

	Applicant #1	Applicant #2	Combined Gross Annual Income
<b>TOTAL EMPLOYMENT INCOME</b>			
<b>TOTAL ADITIONAL INCOME</b>			
<b>TOTAL ALIMONY/CHILD SUPPORT</b>			
<b>TOTAL OTHER INCOME</b>			
<b>TOTAL Income from Assets</b>			
<b>TOTAL INCOME</b>			

Please be sure ALL household income from all sources including income from assets is entered into this table



## ACKNOWLEDGEMENTS

**Initials (Applicant/Co-Applicant) - All items MUST be initialed and the application signed**

\_\_\_\_\_/\_\_\_\_ I/We hereby affirm that my answers to the questions on the application for residency are true and correct, and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably.

\_\_\_\_\_/\_\_\_\_ I/We understand that the development of this property has been supported by Town, County, State and other government funds and residency is subject to income eligibility and other requirements. I understand all my household income and assets will be verified by a 3<sup>rd</sup> party source.

\_\_\_\_\_/\_\_\_\_ I/We acknowledge that occupancy of the housing is limited to the individuals named in this application. If the members of the household will change, I will notify the owners of the property in advance, and will provide the required documentation.

\_\_\_\_\_/\_\_\_\_ I/We hereby authorize the Developer, HECH, Monitoring Agent and the Municipality to inquire of credit agencies, employer, banking institutions and lending institutions to allow and assist them to determine my/our determination of eligibility of an affordable home.

\_\_\_\_\_/\_\_\_\_ I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process. If any program conflicts arrive, I/we agree that any determination made by the project-monitoring agent, is final.

\_\_\_\_\_/\_\_\_\_ I/we certify that no member of our family has a financial interest in Harwich Ecumenical Council for the Homeless

Your signature(s) below gives consent to the housing agent or its designee to verify information

Applicant Name (please print): \_\_\_\_\_

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

Co- Applicant Name (please print): \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

I, the above named individual, have authorized Harwich Ecumenical Council for Housing, (HECH) to verify the accuracy of the information which I have provided to the Housing Authority from the following sources (specify):

- |                                    |  |
|------------------------------------|--|
| Courts                             | US Office of Personnel Management      |
| Criminal History Board             | US Department of Veteran’s Affairs     |
| Law Enforcement Agencies           | Banks, Stockbrokers                    |
| Employers: Past and Present        | Financial Institutions                 |
| Schools and Colleges               | Landlords: Past and Present            |
| US Department of Defense           | US Department of Immigration           |
| US Postal Service                  | Alimony Provider                       |
| Child Care Provider                | Educational Institutions/Financial Aid |
| State Employment Security Agencies | Social Security Administration         |
| Welfare Agencies                   | Handicapped Assistance Providers       |
| Annuity Providers                  | Pension Providers                      |
| Credit Reporting Bureaus           | Department of Revenue                  |
| Medical Care Providers             | Registry of Motor Vehicles             |

I hereby give you my permission to release this information to Harwich Ecumenical Council for the Homeless. I would appreciate your prompt attention in supplying the information requested on the attached page to the HECH within five (5) days of receipt of this request.

HECH  
P.O. Box 638  
West Harwich, MA 02671  
508-432-0015

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

\_\_\_\_\_  
Signature

Date Signed: \_\_\_\_\_

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.

