

STANDARD APPLICATION FOR RENTAL HOUSING

Dukes County Regional Housing Authority
P.O. Box 4538
Vineyard Haven, MA 02568
508-693-4419 FAX: 508-693-5710 TTY: 711
www. DCRHA@Vineyard.net



PLEASE PRINT all application answers. Incomplete applications cannot be processed. Complete all information requested on the application form. If a question is not applicable, please write N/A. Make sure that you sign the last page.

If you need additional space to provide an answer, you may attach an additional sheet(s).

Completed applications can be mailed to Dukes Country Regional Housing Authority (DCRHA) at the address above or hand-delivered to the DCRHA Office at 346 Mechanic Street in Vineyard Haven, MA. Office Hours are Monday-Friday: 9am to 5pm.

1. Name of Applicant _____
Street _____ Apt. No. _____
City/Town _____ State _____ Zip _____
Home Telephone _____ Work Telephone _____
Mailing Address _____
E-Mail and Cellphone _____

(Please indicate the best telephone number to reach you.)

2. Type of Housing Needed (check one or more):

Elderly/Accessible Rental Rental Assistance Family Rental

3. Number of Bedrooms Needed (circle one): 1 2 3 4

4. Special Housing Needs (e.g. wheel chair accessible/other):

Please specify: _____

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.



5. Members of Household to live in unit including the Head of Household

First, Middle & Last Name	Relationship to Head of Household	*Racial Designation (below)	*Ethnic Designation (below)	Social Security Number	Sex	Date of Birth	Occupation • Employed • At Home • Student - grade
1.	Head of household						
2.							
3.							
4.							
5.							
6.							

**Optional: You are not required to answer these questions.*

Racial Designation: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (specify)

Ethnic Designation: Hispanic/Latina or Not Hispanic/Latino

6. Is a change in the household composition expected? (circle one) Yes No

If yes, what type of change? _____ When? _____

7. INCOME BEFORE DEDUCTIONS:

Estimate the gross Income (before taxes) anticipated for **ALL** household members from all sources for the next 12 months. Specify all sources.

Household Member #	Type of Income	Name & Address of Employer or Source of Income	Gross Income for next 12 months
1.	Salaries, wages, including overtime/tips		
2.	Salaries, wages, including overtime/tips		
	V.A. Disability Income		
	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		
	TAFDC or Public Assistance		
	Regular alimony, child support payments, gifts		
	Other income		

TOTAL INCOME _____



8. CURRENT EXPENSES:

Rent and Utilities	
Secondary Education/Child Support Payments	
Expense for Care of Children or sick/ Incapacitated Family Member	
Unreimbursed Medical Expenses	
Health Insurance	
Other	

TOTAL EXPENSES _____

9. ASSETS: List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. **Do not** include clothing, furniture or cars.

Household Member	Description of Assets	Value of Asset
	Bank & Checking Acct. #	
	Bank & Savings Acct. #	
	IRA, Stocks, Bonds:	
	Real Estate (owned or sold within past 2 years)	
	Other	

TOTAL ASSETS: _____

10. Personal References: List two references. These should not be relatives or household members.

(1) Name: _____ # of years you have known this person _____
 Address: _____ Telephone: _____
 (2) Name: _____ # of years you have known this person _____
 Address: _____ Telephone: _____

11. Housing History: List addresses for each adult household member for at least the **last 5 years** in reverse order; please list primary leaseholder, if other than you.

(1) **Current** Address: _____ Years _____
 Name of Landlord (owner) _____ Telephone _____
 Address of Landlord _____
 (2) Address: _____ Years _____
 Name of Landlord (owner) _____ Telephone _____
 Address of Landlord _____



(11. Housing History – continued)

(3) Address: _____ Years _____

Name of Landlord (owner) _____ Telephone _____

Address of Landlord _____

(4) Address: _____ Years _____

Name of Landlord (owner) _____ Telephone _____

Address of Landlord _____

12. Housing Assistance: Are you, or any member of your household, currently receiving housing assistance, including Public Housing, MRVP, Section 8, etc. **(circle one) Yes No**

If yes, please, please explain: _____

13. Relationship to DCRHA: Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of DCRHA? (If so, this will not necessarily disqualify your application) **(circle one) Yes No**

If yes, please explain: _____

14. Do you have any pets? (circle one) Yes No

Please describe: _____

15. Emergency Reference: Name of relative or friend not planning to live with you. We will contact this person if we are not able to reach you in case of an emergency.

Name _____ Relationship _____

Address _____ Telephone _____

16. Criminal Record:

- Have you or any member of your household who will live in the unit ever been convicted of a crime? **(circle one) Yes No**

If yes, please explain: _____

- Do you or any member of your household who will live in the unit have any criminal matters pending? **(circle one) Yes No**

If yes, please explain: _____

- Are you or anyone in your household a life-time registered Sex Offender **(circle one) Yes No**

Name of member(s): _____

Applicant's Certification

I understand that this application is not an offer of housing. I understand I should not make any plans to move or end my present tenancy until I have received an offer of housing from DCRHA, based on this application and the additional materials needed to complete the application process.

I understand that any false statement, misrepresentation and/or nondisclosure of information, and failure to provide complete and accurate information in this application may result in denial of my application.

I understand that it is my responsibility to inform DCRHA in writing of any change of address, income or household composition. I authorize DCRHA to make inquiries to verify the information provided in this application.

I certify that the information I have given in this application is true and correct. I understand that DCRHA may request a Criminal Offender Record Information Report from the Criminal History Systems Board and/or perform credit checks and Internet searches for all adult members of the household.

Sign under the pains and penalties of perjury.

Applicant's Signature _____ Date _____



Dukes County Regional Housing Authority
Fair Information Act - Statement of Rights

Dukes County Regional Housing Authority (DCRHA) will collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy on information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by DCRHA staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by DCRHA to provide information. However, failure to permit DCRHA to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards to the information collected about you.

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from DCRHA about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. Any such objection and/or subsequent investigation will be duly noted and made part of your file.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference.

Signature _____ Date _____

Print Name _____

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.



Dukes County Regional Housing Authority
Notice of Right to
Reasonable Accommodation/Modification

If you have a disability and as a result of your disability you need . . .

- a change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in Dukes County Regional Housing Authority (DCRHA) programs (if applicable) on site;
- a change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in DCRHA programs (if applicable) on site;
- a change or repair to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in DCRHA programs (if applicable) on site; and/or,
- a change in the way we communicate with you or give you information, you may ask for this kind of change, which is called a **REASONABLE ACCOMMODATION**.

If you can show that you have a disability and if your request is reasonable (**does not pose “an undue financial or administrative burden”**), we will try to make the changes you request.

If you need assistance in filling out a REASONABLE ACCOMMODATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REASONABLE ACCOMMODATION REQUEST FORM at the Dukes County Regional Housing Authority office or by calling 508-693-4419 or Massachusetts Relay at 711.

All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and the common areas.

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.

