

# Harbor Hill

## Year Round Market Rate Rental Housing



Harbor Hill will create new year-round rental housing for the Provincetown community. The Trust is acquiring a former timeshare resort with 26 existing units and will be creating 2 new accessible units. There are 1, 2 & 3 bedroom units targeting various income levels. The acquisition is pending as it works through the bankruptcy court. Below is our estimated timeline for acquisition, renovations, and the beginning of rental occupancy.

August 7 <sup>th</sup> 5:30 pm	Info session at VMCC*
August 11 <sup>th</sup> 10:00 am	Info session at VMCC*
August 2018	Acquisition complete
September 2018	Renovation begins
September 27, 2018	Tenant applications due
November 2, 2018 +/-	Lottery
December 2018	Rent-up begins!

\*VMCC: Veterans Memorial Community Center, 2 Mayflower Street, Provincetown

It should be noted that all of the Harbor Hill units are for year round sole domicile use. Tenants of Harbor Hill must certify that this is their sole domicile. Any co-habitant must be part of this application. No short-term sublet is ever allowed such as “airbnb” or “homeaway.”

Timely complete applications are critical for consideration. Following initial review, applicants that appear eligible will be entered into the lottery.

### Community Housing Specialist

Michelle Jarusiewicz  
508/487-7087  
mjarusiewicz@provincetown-ma.gov

**APPLICATION**  
**Community Housing Opportunity**  
**Harbor Hill**  
**3, 4, & 8 Harbor Hill Rd. & 37 Bradford St. Ext.**  
**Provincetown**  
**Year Round Rental Units**



**1, 2 & 3**  
**Bedroom Units**  
**Various Rent Levels**  
**Tenant Selection will be by**  
**Lottery**

Eligibility Income Limits and Asset Guidelines apply  
(Income Limits are based on Barnstable County median income as defined by US Department of HUD, Revised in 2018 and as further defined by MHP & CPA

Guidelines) Household income includes earned and unearned income received by all members of your household who are 18 and older. Documentation required.

**Primary and Sole Domicile**

Certification is required that the home will be the primary and sole residence of the household. Second homes are not permitted.

**Application Deadline: September 27, 2018**  
**Information Sessions at the Veterans Memorial Community Center, 2 Mayflower Street, Provincetown**  
**Tuesday, August 7, at 5:30 pm and**  
**Saturday, August 11, 2018 at 10:00 am**

**Questions? Contact Community Housing Specialist**  
**Michelle Jarusiewicz 508.487.7087 or email**  
[mjarusiewicz@provincetown-ma.gov](mailto:mjarusiewicz@provincetown-ma.gov)



*Discrimination on the basis of race, creed, color, sex, age, disability, marital status, familial status, veterans status, sexual orientation, national origin and/or public assistance recipiency, or any other basis prohibited by law is specifically prohibited in the selection of applicants for this housing opportunity. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to apply for, use and enjoy the housing.*

Office use only:  
Date application was received: \_\_\_\_\_  
Received by: \_\_\_\_\_

## Housing Application Harbor Hill

(Faxed or e-mailed applications cannot be accepted)  
**Return completed signed original form to:**  
**Housing Specialist Michelle Jarusiewicz**  
**260 Commercial Street, Provincetown, MA 02657**  
For Information: Telephone 508-487-7087  
e-mail: [mjarusiewicz@provincetown-ma.gov](mailto:mjarusiewicz@provincetown-ma.gov)

**Applications Due: September 27, 2018 no later than 4:00 pm**



*Applicants are selected without regard to race, sex, national origin, color, creed, military status, marital status, familial status, sexual orientation, disability or handicap, genetic information, ancestry, children or public assistance reciprocity.*

**Tenants of Harbor Hill must certify that this is their sole domicile. Any co-habitant must be part of this application. No short-term sublet is ever allowed such as "airbnb" or "homeaway." Any such sublet will be grounds for immediate lease termination and eviction.**

**Applicant/Co-applicant Information**

Today's Date \_\_\_\_\_

**This application is to be filled out jointly by ALL Adult Members of Household, 18 years old and over. If there are more than two adult members of household who are not full-time students, please request an additional application.**

**Applicant #1** \_\_\_\_\_ SS# \_ \_ - \_ - \_ - \_ - \_ -

Other Name(s) You Have Used \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ *phone* \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

E-mail address \_\_\_\_\_ Length of Time at Present address \_\_\_\_\_

**Applicant #2** \_\_\_\_\_ SS# \_ \_ - \_ - \_ - \_ - \_ -

Other Name(s) You Have Used \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ *phone* \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

E-mail address \_\_\_\_\_ Length of Time at Present address \_\_\_\_\_

**Applicant #3** \_\_\_\_\_ SS# \_ \_ - \_ - \_ - \_ - \_ -

Other Name(s) You Have Used \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Current Address \_\_\_\_\_ *phone* \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

E-mail address \_\_\_\_\_ Length of Time at Present address \_\_\_\_\_

How many people in your household (include everybody: all adults, all children)? \_\_\_\_\_

**List *all* other people who are expected to reside in the unit:**

Name	Social Security #	Age	Relationship to Head of Household	Full Time Student y/n

**REASONABLE ACCOMMODATION QUESTION**

Does your household require a reasonable accommodation? Yes \_\_\_ No \_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Do you own a pet or pets? \_\_\_\_\_

If yes, please note specific number, type and size

\_\_\_\_\_

\_\_\_\_\_

**Employment History:** (cover last five years; use additional page if needed)

Current Employers	Mailing Address	Phone Number	Dates of Employment

Previous Employers	Mailing Address	Phone Number	Dates of Employment

**Personal References** (give three persons who are not family members):

Name	Mailing Address	Phone Number	e-mail address

**In Case Of Emergency Notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Have you and/or any member of your household ever been convicted of or evicted due to the manufacturing, selling, using, distributing, or possessing a controlled substance?  Yes  No  
 If yes, when did this occur? \_\_\_\_\_

Have you and/or any member of your household ever been evicted for engaging in a violent criminal activity? Including but not limited to murder, manslaughter, assault and battery, rape or other sexual offense, robbery, burglary, arson, kidnapping, carrying a dangerous weapon  
 Yes  No

**HOUSEHOLD INCOME**

**INSTRUCTIONS FOR COMPLETING 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 (please include a current business income/ expense report)
- 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*)
- Please attach verification for each source of income to include copies of three consecutive months pay stubs, for salaried employed household members over 18, longer for seasonal and hourly workers. If you are self-employed, you have provided a current year-to-date Income & Expense report signed by the preparer. Statements and documents that indicate the payment amounts from all other sources of income of all members listed on the application, such as alimony and/or child support, Social Security benefits, all types of pensions, employment, unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income – on organization letterhead
- Copy of 2015, 2016, and 2017 Federal tax returns, as filed, with 2017 1099’s, W-2’s and schedules, for every current or future person living in the household over the age of 18
- **TOTAL ALL INCOME AND CONTINUE TO ASSET SECTION**

<b>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.</b>			
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 ADDITIONAL 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 COMPLETING THE FOLLOWING ASSET 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
- Provide proof of all assets including but not limited to checking, savings, IRA's, stocks, bonds and all other assets (ie. Copies of bank statements for checking, savings and certificates of deposits, IRA or other retirement account statements- on organization letterhead). All statements must reflect current balances.

**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 ASSETS</b>				

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

	Applicant #1	Applicant #2	Applicant #3	Combined Gross Annual Income
<b>TOTAL EMPLOYMENT INCOME</b>				
<b>TOTAL ADDITIONAL 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*

**REAL ESTATE**

Do you or anyone on this application, own any property or have owned property in the past 3 years?	Yes	No
Are you or anyone on this application, entitled to receive any amount of money	Yes	No

from the sale of a property? (currently or through an upcoming court settlement)	
<i>If yes, to either question, type of property:</i>	
Location of Property:	
Appraised Market Value	\$
Mortgage or outstanding loan balance due:	\$

**INCOME/ ASSET ELIGIBILITY QUESTION**

1. Are the yearly income amounts listed in the total income section greater than the allowable income limits for a household of your size as specified for this program?

Yes       No

2. Is the sum total of all your assets listed in assets section more than \$150,000?

Yes       No

**LOCAL PREFERENCE: Provincetown Residency, Employment, or Child in School:**

Provincetown Residency and Employment receives some consideration under the Local Preference policy. If members of your household live or work in Provincetown, or if you have children in the Provincetown School System, please complete this section. You **MUST** attach documentation which may include Town Census data, utility bill, pay stubs, proof of enrollment, etc. The Town may require additional documentation.

**Name:**

**Check all that apply:**

\_\_\_\_\_  Live in PTown     Work in PTown       Child in PTown Schools  
 \_\_\_\_\_  Live in PTown     Work in PTown       Child in PTown Schools  
 \_\_\_\_\_  Live in PTown     Work in PTown       Child in PTown Schools

**TO BE SIGNED BY ALL HOUSEHOLD MEMBERS OVER 18 YEARS OLD**

I understand that a false statement or misrepresentation will result in the withdrawal of my application for housing. I certify that the information I have given in this application is true, complete and correct.

**Signed under the pains and penalties of perjury:**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**AFFIRMATIVE MARKETING**

Please complete the following section to assist us in fulfilling affirmative marketing requirements. Optional, but responses will assist us in fulfilling our requirements.



Household Race:  Caucasian  African American/Black  Asian/Pacific Islander/Native Hawaiian  Native American / Alaskan Native  Hispanic/Latino  other: \_\_\_\_\_

## ACKNOWLEDGEMENTS

### Initials (Applicant/Co-Applicant)

\_\_\_\_\_/\_\_\_\_\_ 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 understand that an interview at my current residence may be required prior to a final acceptance of my application for residency.

\_\_\_\_\_/\_\_\_\_\_ 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 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 acknowledge that subletting the house is not permitted.

\_\_\_\_\_/\_\_\_\_\_ I am willing, if required, to attend training sessions to learn about my responsibilities as a resident of the property, including proper maintenance of the housing and common areas.

\_\_\_\_\_/\_\_\_\_\_ I/We certify that we are/will be year-round residents as the rental units are exclusively for year-round occupancy

\_\_\_\_\_/\_\_\_\_\_ I/We hereby authorize the 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. This authorization includes all information provided to the lender including, but not limited to credit reports, other loan applications, assets, employer information, etc.

\_\_\_\_\_/\_\_\_\_\_ I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process. If any program conflicts arise, 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 the development.

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

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

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

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

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

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

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

## **APPLICATION ATTACHMENT CHECKLIST**

Thank you for requesting an application for this year-round rental opportunity presented by the Provincetown Year Round Market Rater Rental Housing Trust. Your application will be handled with confidentiality and in conformance with all Fair Housing Laws. **Please retain a copy of this page for future reference.**

### **APPLICATION CHECKLIST**

Please read carefully to make sure that you submit a complete application with all the required attachments.

**Missing a step may disqualify your application.**

- You have completely filled out the application, paying careful attention to all instructions. You and all applicants over the age of 18 have signed the last page of the application.
- Copy of 2015, 2016 and 2017 Federal tax returns, as filed, with 2017 1099's, W-2's and schedules, for every current or future person living in the household over the age of 18
- Copy of three consecutive months pay stubs, for salaried employed household members over 18, longer for seasonal and hourly workers. If you are self-employed, you have provided a current year-to-date Income & Expense report signed by the preparer.
- Current statements and documents that indicate the payment amounts from all other sources of income of all members listed on the application, such as alimony and/or child support, Social Security benefits, all types of pensions, employment, Unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income – on organization letterhead
- You have attached one of the following documents to verify local preference status: a current driver's license, a current paystub, verification of school enrollment or a utility bill with the applicant's name.
- You have provided proof of all assets including but not limited to checking, savings, IRA's, stocks, bonds and all other assets (ie. Copies of bank statements for checking, savings and certificates of deposits, IRA or other retirement account statements- on organization letterhead). All statements must reflect current balances.
- Documentation regarding current interest in real estate, if applicable

**Mail the completed application and the required attachments to:**

Community Housing Specialist Michelle Jarusiewicz  
Provincetown Town Hall  
260 Commercial Street  
Provincetown, MA 02657

**THE APPLICATION MUST BE SUBMITTED NO LATER THAN**  
**September 27, 2018 BY 4:00 PM** Please note, you are responsible for  
**ensuring that the application is delivered by mail or in-hand to**  
**Provincetown Town Hall no later than this date & time.**

**LOTTERY DESCRIPTION**

- An application will be available on-line and sent to anyone interested in the lottery. Notice of the lottery will be advertised, and communicated widely through local, regional and state channels.
- Applications received will be date stamped, and then checked for completion of all required components. An application will be considered complete when all required items on the checklist have been provided.
- The applicant’s income will be verified and compared to the income and asset limits. The applicant household is required to be within the Area Median Income limits for the Barnstable County Area as published by HUD and established by the Trust. This includes all income prior to any deductions from all adult household members. The 2018 household income limits used for this development include:

Household Size	80% Income Limit Moderate HUD	100% Income Limit Median CPA	120% Income Limit	150% Income Limit Middle	160% Income Limit Middle	180% Income Limit Middle	200% Income Limit
1	<b>\$48,300</b>	\$60,340	\$72,408	\$90,510	\$96,544	\$108,612	\$120,680
2	<b>\$55,200</b>	\$68,960	\$82,752	\$103,440	\$110,336	\$124,128	\$137,920
3	<b>\$62,100</b>	\$77,580	\$93,096	\$116,370	\$124,128	\$139,644	\$155,160
4	<b>\$68,950</b>	\$86,200	\$103,440	\$129,300	\$137,920	\$155,160	\$172,400
5	<b>\$74,500</b>	\$93,096	\$111,715	\$139,644	\$148,954	\$167,573	\$186,192
6	<b>\$80,000</b>	\$99,992	\$119,990	\$149,988	\$159,987	\$179,986	\$199,984
7	<b>\$85,500</b>	\$106,888	\$128,266	\$160,332	\$171,021	\$192,398	\$213,776
8	<b>\$91,050</b>	\$113,784	\$136,541	\$170,676	\$182,054	\$204,811	\$227,568

- Household assets shall not exceed \$150,000 in net cash value. Assets include but are not limited to all cash, cash in savings accounts, checking accounts, certificates of deposit, bonds, stocks, value of real estate holdings and other capital investments. Include the value of the asset, with a deduction for the reasonable cost of selling the asset. The value of necessary personal property (furniture, vehicles) is excluded from asset values.
- Applicants will be notified for incomplete application packages by email and letter.
- Persons who have not submitted all the necessary information by the deadline will waive their rights to proceed. No faxed applications will be accepted. Late applications (applications mailed and/or received after the due date) and applications that are incomplete will not be accepted.
- All applicants will be screened for eligibility. Applicants who have been deemed ineligible will be notified in writing of the decision
- Once the Lottery Agent has preliminarily verified the information contained in the application and confirmed eligibility, a lottery number or numbers and lottery form will be issued, and the applicant will move forward to the lottery.

- A letter will be emailed or mailed to each applicant indicating the following information: You have been deemed (eligible/ineligible) based upon the information provided. Enclosed is your lottery number. You must contact the lottery agent in writing if you disagree with the determination you have qualified for. Failure to contact the lottery agent in writing will result in the waiving of your rights for further review.
- The lottery has two categories, the first being for local preference with the maximum allowed by law at 70%, and the second category is for all applicants. Prior to the lottery applications will be reviewed to determine local preference status.
- The lottery numbers will be pulled by an independent third party and witnessed by representatives of the Town of Provincetown in a public setting. All lottery numbers from the local preference pool will be assigned a number in the sequence in which they are drawn and recorded in the order of selection on the Lottery Drawing List. All lottery numbers from the general pool will be assigned a number in the sequence in which they are drawn and recorded in the order of selection on the Lottery Drawing List. The appropriate top number in each pool will move forward for consideration for offering of the appropriate unit. Appropriate is defined by appropriate household size and the maximum/minimum income levels for the unit. Disability status may take precedence for accessible units. The list of numbers drawn will be posted and letters will be mailed or emailed within three business days to the winners.
- The lottery coordinator shall maintain the Lottery Drawing List. In the event that any of the applicants withdraw for any reason, or do not comply with guidelines, the next appropriate qualified applicant will be offered that particular unit.
- Final qualification against all requirements will be verified before a rental lease is offered.
- The Fair Housing Act prohibits discrimination in housing because of Race or Color, National origin, Religion, Sex, Familial status (including children under the age of 18 living with parents or legal custodians; pregnant women and people securing custody of children under 18. An applicant who believes that they have been discriminated against in the selection process may contact: the Massachusetts Commission Against Discrimination (617) 994-6000; and/or the United States Department of Housing and Urban Development (617) 994-8300.

ALL HOUSEHOLD MEMBERS AGE 18 AND OVER ARE REQUIRED TO PROVIDE A SIGNED RELEASE FORM SO THAT CREDIT, EVICTION HISTORY, AND ARREST/CONVICTION RECORD CHECKS MAY BE CONDUCTED.

**Please provide any additional information you feel might be important to your application. If there are any issues that may reflect negatively upon your application, please explain any extenuating circumstances below.**

If you have had any landlord/tenant problems in the past, please explain them below:

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Have you ever been evicted? If so, please provide details \_\_\_\_\_

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Are there any incidents in your background that may show up in a criminal background check that you would like to tell us about?

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Other Comments/Concerns \_\_\_\_\_

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**To Be Signed by All Applicants**

I understand that a false statement or misrepresentation will result in the withdrawal of my application for housing. I certify that the information I have given in this application is true, complete and correct.

**Signed under the pains and penalties of perjury,**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

In consideration for being permitted to apply for this apartment or house, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, employees, or agents, both of Landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

Applicant Name  
(Print) \_\_\_\_\_

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

Social Security# \_\_\_\_\_ Date of Birth (*optional*) \_\_\_\_\_

Other Name(s) you have used \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Release Form

In consideration for being permitted to apply for this apartment or house, I, Co-Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. Co-Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. Co-Applicant authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Co-Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, employees, or agents, both of Landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

Co-Applicant Name (Print) \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

Social Security# \_\_\_\_\_ Date of Birth (*optional*) \_\_\_\_\_

Other Name(s) you have used \_\_\_\_\_ Date \_\_\_\_\_

**CORI REQUEST FORM**

As an applicant for the **rental housing at Harbor Hill in Provincetown**, 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/Employee Signature

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*APPLICANT /EMPLOYEE INFORMATION (PLEASE PRINT)*

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH SOCIAL SECURITY # \*ID Theft Index PIN  
(Requested, not required) (if applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

CURRENT & FORMER ADDRESSES: \_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ FT. \_\_\_\_\_ IN. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
(include state of issue)

\*\*\*THE ABOVE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request.