

HOUSING NANTUCKET OKORWAW AVE - 3BR / 2.5 BATH RENTAL APPLICATION EQUAL HOUSING OPPORTUNITY

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.

Available October 15, 2022. Affordable rental housing opportunity for year-round households of low and moderate income. Three bedroom, 2.5 bath home soon to be completed through the House-Recycling Program. Amenities include a large yard, washer/dryer, rooftop solar panels, and a full basement. Rent is \$2,350 per month, including a utility allowance. Tenants will be selected by lottery.

The table below shows qualifying income based on household size. If your household size and income falls within the eligible range and you submit a complete application, your household will be placed in the lottery for this rental home. You may not own real estate of any kind to be considered for this affordable housing opportunity.

Household size	3 Person	4 Person	5 Person	6 Person
Eligible Income	\$73,980-	\$82,200-	\$88,800-	\$95,400-
60-80% of AMI	\$84,750	\$94,150	\$101,700	\$109,250

Lottery to be held on or before Oct 7, 2022. First & last month's rent with one month security deposit due on lease signing. Payment plan available for last month's rent if requested.

Completed applications must be returned to Housing Nantucket prior to **4pm on Tuesday Oct. 4, 2022**.

Return application to: Housing Nantucket P.O. Box 3149, 75 Old South Road Nantucket, MA 02554

Phone # - 508-228-4422 Email: info@housingnantucket.org FAX # - 508-228-4915

Date

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Name:		Phone:		
Address:				
Email Address:				
			and a second by Charles and	4.5 a da ved 4 avves 1
Race: (Optional Section: Information v	vill be used for fair h	ousing programs o	only, as required by State and	l Federal Laws.)
[] American Indian/Alaskan Native	[] Asian o	or Pacific Islander		
[] Black (not of Hispanic origin)	[] Hispanic	[] \	White (not of Hispanic origin)	
Does any member of the household had development or alternate ways we nee			•	nges in a unit o
Present Mortgage/Rental Cost Per Mo	nth \$ Inc	luding Utilities?	[] Yes [] No	
How Long Have You Lived at Present A What are the reasons for moving?	ddress? M	onths/Years (Circle	One)	

Note: Please fill in all sections completely. Please contact Housing Nantucket if you need help completing this application.

FAMILY COMPOSITION - List ALL those who will occupy the housing unit - INCLUDE YOURSELF

Name	Relation to Head of Household	Social Security Number	Age	Sex	Full time Student?
1.	Head of Household				Y/N
2.					Y/N
3.					Y/N
4.					Y/N
5.					Y/N
6.					Y / N

INCOME AND ASSETS - Please complete the Income Table on the following two pages. As part of this application, you will be asked to provide supporting documentation in the form of the five most recent consecutive pay stubs and/or income statements for all sources of income, W-2 statements and the THREE most recent federal income tax returns (including all attachments and amendments) for each member of the household. For seasonal employment, you must indicate the average monthly income you expect to earn over the next 12 months.

Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income. For self-employed applicants- include the name of your business in the space provided. You will be directed to all the additional documentation you will need to submit in Section 2. "Interest Income" refers to any amount that you receive from any asset except for amounts drawn down from a retirement account or 401K as those go on the lines for "pension" or "retirement funds".

INCOME

Household Member Name	Source of Income	Gross Monthly Income (for seasonal jobs, put the total annual income earned divided by 12)
	Employer (name)	
	Seasonal Employer (name)	
	Seasonal Employer (name)	
	Seasonal Employer (name)	
	Seasonal Employer (name)	
	Seasonal Employer (name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Child Support/Alimony	

SSDI	
SSDI	
Pension (list source)	
Pension (list source)	
Retirement Funds	

Household Member Name	Source of Income	Gross Monthly Income (for seasonal jobs, put the total annual income earned divided by 12)
	Unemployment Compensation	
	Workman's Compensation	
	Severance Pay	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Periodic payments from family/friends & Recurring Gifts (i.e. monthly/weekly money from family/friends)	

Interest Income (source)	
Interest Income (source)	
Other Income (name/source)	
Other Income (name/source)	
Gross Monthly Household Income (GMHI)	\$/month

GMHI x 12 = Gross Annual Household Income \$ /year ASSETS

If a section doesn't apply, cross out or write NA. In the next section you will be directed to submit detailed bank/balance statements for EVERY ASSET listed here. If any household member has divested themselves of an asset for less than full and fair present cash value of the asset within two years prior to this application, the full and fair cash value of the asset at the time of its disposition must be listed below.

Checking Accounts	Bank Name	Last 4 Digits of Acct Number	Amount
			Balance \$
Savings			Balance \$
Accounts			Balance \$
			Balance \$
			Balance \$

Venmo/Payp			Balance \$		
al/ Cash-Apps			Balance \$		
Trust Account			Balance \$	Balance \$	
Certificates			Balance \$		
(or CDs)			Balance \$		
			Balance \$		
Savings Bonds	Maturity Date:		Value \$		
	Maturity Date:		Value \$		
401k, IRA,	Company Name:		Value \$		
Retirement Accounts	Company Name:		Value \$	Value \$	
(Net Cash Value)	Company Name:		Value \$	Value \$	
value)	Company Name:		Value \$	Value \$	
Mutual Funds	Name:	# of Shares:	Interest/ Dividends	Value	
			\$	\$	
			\$	\$	
Stocks			\$	\$	
			\$	\$	
			\$	\$	
Bonds			\$	\$	
			\$	\$	
Investment Prope	Investment Property		Appraised	Value \$	
Down-Payment Assistance (An anticipated one-time gift from family/friends to help with the mortgage down-payment)		\$			

REAL ESTATE

Do you, or anyone on this application, own any property or have owned property in the past 3 years?	☐ Yes ☐ No
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☐ Yes ☐ No
\$
\$
\$

Please fill out the chart below for everyone who will be occupying the unit:

		. 17 0	
NAME A.	AGE B.	HEAD OF HOUSEHOLD OR DEPENDENT C.	RELATIONSHIP TO APPLICANT LISTED AT THE TOP OF THIS PAGE D.

DATABASE INFORMATION

How did you find out about this workforce housing opportunity? (please be as specific as possible, if found "online" please provide web address)

INCO	ME	FROM	ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)	
		per	
		per	
		per	

(week, month, year)

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested. I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.					
Head of Household/Applicant	 Date	 Co-Applicant	 Date		

NHA Properties Inc. will not discriminate on the basis of race, color, creed, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, familial status, disability, military/veteran status, source of income, age, or other basis prohibited by local, state or federal law in any aspect of tenant selection or matters related to continued occupancy. See NHA Properties Tenant Selection Plan for more information.

You must <u>complete the application</u>, read and provide the documents requested, and <u>sign this form</u>. If you have questions please call 508-228-4422. Return this form to the Housing Nantucket, P.O. Box 3149 or return to 75 Old South Road. Incomplete forms will not be processed.





REQUIREMENTS for your application to be considered complete:

Income Verification:

- ☐ <u>Tax forms</u>: copies of the past three (3) years Federal Income Tax Returns with W2s, 1099s, and all schedules attached
- □ Pay Stubs: Five (5) most recent pay stubs
- □ <u>Employer Verification</u>: all employers listed will be contacted and will be asked to provide a verification of income
- Other Income: For any other listed income, verification of that income stream for the two (2) most recent months
- ☐ <u>Credit Check</u>: Once you are selected for housing, The NHA Properties Inc. will perform a credit check on all adult household members; explanations will be required for any

issues raised, and a poor or questionable credit rating will be grounds for disqualification.

Self-employed (if applicable):

□ Schedule C from Previous Year's Tax Return:

Note: If you are self-employed we MUST accept the figure from your previous year's Schedule C "Net Profit" line as your income from self-employment. We cannot accept estimations of current income from self-employment.

- Release of Information Form(s) for income verification, credit report, residency verification and landlord references
- ❖ Current and Previous Landlord References for all rentals in the previous five (5) years (the Housing Office will provide forms); poor or questionable references will be grounds for disqualification.
- Personal Interview with NHA Properties Inc. (includes review of income/assets and other relevant rental questions)

NHA Properties Inc. General Authorization for Release of Information

Name:			
Address			
Address			
Social Security Number:			
Date of Birth:			
Name:			
Address			
Address			
Social Security Number:			
Date of Birth:			
I/we, the above named individual(s) information which I/we have provide	·	•	•
Employer	Banks and Credit Bure		
Social Security	Retirement & Pension	=	
Department of Public Welfare Veteran's Administration	Department of Employment Security		
Trust Administrators Other:	Payor of Child Suppor Insurance Companies		
I/we hereby give permission to releathat it be kept confidential. I/we worrequested on the attached page to the I/we understand that a photocopy of for a period of one year from the data	uld appreciate your prompt he NHA Properties Inc. withi f this authorization is as vali	attention in supplyin n five (5) days of rece	g the information eipt of this request.
Thank you for your assistance and co	ooperation in this matter.		
Applicant Signature		Date	_
Applicant Signature		Date	_

NHA Properties Inc. Verification of Employment

ART I. APPLICANT INFORMATION (To be completed by Applicant)
pplicant:
pplicant Address:
hone:SSN:
ignature:
ART II. EMPLOYER INFORMATION (To be completed by Applicant)
ame of Employer
ddress of Employer
hone:
ART III. EMPLOYMENT INFORMATION <i>(To be completed by your Employer)</i>
1. Date of Employment Position/Occupation
2. Date of Termination (if applicable)
3. Current Rate of Regular Pay \$ per hour, week, month or year (circle one)
4. Current Rate of Overtime Pay \$ per hour, week, month or year (circle one)
5. Gross income for the last 8 weeks \$
6. Do you anticipate any change in the employee rate of pay in the near future? Yes No
If yes: Revised Rate \$ Effective Date:
7. Number of hours employee typically works per week: Weeks per year:
8. Do you anticipate any change in the number of hours the employee works? Yes No
If yes, please explain
9. Anticipated average amount of overtime per week
10. Gross annual earnings you anticipate for this employee for the next 12 months \$
11. Does the employee receive tips, bonuses, overtime, commissions? Yes No
Please indicate annual amount: Tips \$ Bonuses: \$ Overtime\$ Commissions \$
12. If the employee's work is seasonal or sporadic, indicate lay-off periods
13. Additional Comments:
Completed By (signature): Date:
Name and Title:

NHA Properties Inc. Verification of Employment

ART I. APPLICANT INFORMATION (To be completed by Applicant)
applicant:
Applicant Address:SSN:SSN:
ignature:
PART II. EMPLOYER INFORMATION (To be completed by Applicant) Jame of Employer Address of Employer Phone:
PART III. EMPLOYMENT INFORMATION (To be completed by Employer)
1. Date of Employment Position/Occupation
2. Date of Termination (if applicable)
3. Current Rate of Regular Pay \$ per hour, week, month or year (circle one)
4. Current Rate of Overtime Pay \$ per hour, week, month or year (circle one)
5. Gross income for the last 8 weeks \$
6. Do you anticipate any change in the employee rate of pay in the near future? Yes No If yes: Revised Rate \$ Effective Date:
7. Number of hours employee typically works per week: Weeks per year:
8. Do you anticipate any change in the number of hours the employee works? Yes No
9. Anticipated average amount of overtime per week
10. Gross annual earnings you anticipate for this employee for the next 12 months \$
11. Does the employee receive tips, bonuses, overtime, commissions? Yes No Please indicate annual amount: Tips \$ Bonuses: \$ Overtime\$ Commissions \$
12. If the employee's work is seasonal or sporadic, indicate lay-off periods
13. Additional Comments:
Completed By (signature): Date:

NHA PROPERTIES INC. RENTAL PROGRAM

TENANCY HISTORY

Please submit this form with your application. Please fill out the following tenancy information, starting with your most recent rental and covering five years' worth of rental history. If there are household members with different tenancy histories, please indicate in margin which household member the entry covers.

Please list all hous	sehold members covere	ed by this tenancy history:
	.: We will not contact y rences/checks as possib	our current landlord until we have finished as many other le.
move-in date	move out date	CURRENT rental address
Please do not contact my current landlord		CURRENT landlord's name
— my carren	r ianaiora	CURRENT landlord's address
		CURRENT landlord's address
		CURRENT landlord's phone
PREVIOUS RENTA	LS:	
move-in date	move out date	rental address
		landlord's name
		landlord's address
		landlord's phone

move-in date	move out date	rental address	,
		landlord's name	
		landlord's address	
		landlord's phone	
move-in date	move out date	rental address	
		landlord's name	
		landlord's address	
		landlord's phone	
move-in date	move out date	rental address	
		landlord's name	
		landlord's address	
		landlord's phone	
		llord or other housing reference, please furnish c e (1) year or more and shall not be related to you	
	er Reference	Telephone	
Name of Character ReferenceAddress		Telephone	
Principal Applio	cant	Date	
Co-Applicant (If Applicable)		Date	