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; construction 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, utilities included. 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 60-80% of AMI	$73,980-$84,750	$82,200-$94,150	$88,800-$101,700	$95,400-$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.

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 _____

Completed applications must be returned to Housing Nantucket prior to lottery deadline:

4pm Tuesday Oct. 4, 2022

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

Name: _____**Phone:**_____

Current Address:_____**Email Address:**_____

Race: (Optional Section: Information will be for fair housing purposes only, as required by State and Federal Laws.)
[ ] American Indian/Alaskan Native [ ] Asian or Pacific Islander [ ] Black (not of Hispanic origin)
[ ] Hispanic [ ] White (not of Hispanic origin) [ ] Other _____

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain.
_____

Present Mortgage/Rental Cost Per Month $_____ Including Utilities? [ ] Yes [ ] No

How Long Have You Lived at Present Address? _____ Months/Years (Circle One)

What are the reasons for moving? _____

How did you hear about this opportunity? Please be as specific as possible _____

FAMILY COMPOSITION - List **ALL** those who will occupy the apartment - **INCLUDE YOURSELF**

Name	Relation to Head of Household	Last 4 dig. Of SSN	Age	Gender	Full time Student?
1.	Head of Household				Y / N
2.					Y / N
3.					Y / N
4.					Y / N
5.					Y / N
6.					Y / N

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number listed above.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER :

Member #_____
Name of Present Employer_____ Telephone _____
Address_____

Years Employed _____ Position _____ Current Salary $_____
[ ] weekly [ ] bi-weekly [ ] monthly

Member #_____
Name of Present Employer_____ Telephone _____
Address_____

Years Employed _____ Position _____ Current Salary $_____
[ ] weekly [ ] bi-weekly [ ] monthly

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER (CONTINUED):

Member #_____
Name of Present Employer_____ Telephone _____
Address_____

Years Employed _____ Position _____ Current Salary $_____
[ ] weekly [ ] bi-weekly [ ] monthly

OTHER INCOME:
Please complete all sections. If the category does not apply to your household, please indicate "N/A"

Household Member	**Source of Income (provide description)**	**Gross Earnings:** $_____per_____ (week, month, year)
	Seasonal Employment	$_____per_____
	Seasonal Employment	$_____per_____
	Full-Time Student Income (18 & Over Only)	$_____per_____
	Periodic payments from family/friends & recurring Gifts *(i.e. monthly/weekly money from family/friends)*	$_____per_____
	Child Support/Alimony	$_____per_____
	Unemployment Compensation	$_____per_____
	Workman's Compensation, Severance Pay	$_____per_____
	Severance Pay	$_____per_____
	Interest Income (list sources)	$_____per_____
	Retirement Funds	$_____per_____
	SSDI	$_____per_____
	Pension (list source)	$_____per_____
	Other Income (name/source)	$_____per_____
	Other Income (name/source)	$_____per_____

ASSETS:

Please complete all sections. If the category does not apply to your household, please indicate "N/A". Please submit detailed bank/balance statements for EVERY ASSET listed here.

Checking Accounts	Bank Name	Last 4 Digits of Acct #	Amount	
			Balance $	
			Balance $	
			Balance $	
			Balance $	
Savings Accounts			Balance $	
			Balance $	
			Balance $	
Venmo/Paypal/ Cash-Apps			Balance $	
			Balance $	
Trust Account			Balance $	
Certificates (or CDs)			Balance $	
			Balance $	
			Balance $	
Savings Bonds	Maturity Date:		Value $	
	Maturity Date:		Value $	
Retirement accts: 401k, IRA, etc. (net cash value)	Company Name:		Value $	
	Company Name:		Value $	
Mutual Funds	Name:	# of Shares:	Interest/ Dividends	Value
			$	$
			$	$
Stocks / Bonds			$	$
			$	$
			$	$
Other				

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 from the sale of any property? (currently or thru an upcoming court settlement)	□ Yes □ No
If yes to either question, type of property:	
Location of property:	
Appraised Market Value:	$
Mortgage or outstanding loans balance due:	$

REQUIREMENTS *for your application to be considered:* Please submit the following documentation for all household members 18 years and older, except for full time students under 25 years of age.

Income Verification:

- Tax forms: copies of the past three (2) years Federal Income Tax Returns with W2s, 1099s, and all schedules attached
    - **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.
- Pay Stubs: Five (5) most recent pay stubs
- Employer Verification: all employers listed will be contacted and will be asked to provide a verification of income.
    - W-2 and 1099 earners, please submit a Verification of Employment form (page 10 of this application) from each employer.
    - Self-employed individuals, please submit a Self-Employment Income Affidavit (page 13 of this application)
- Other Income: For any other listed income, verification of that income stream for the two (2) most recent months
- Asset statements: Two (2) most recent statements from all accounts
- Credit Check: Once you are selected for housing, 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.
- **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 (pages 8-9 of this application); 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)

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, read and provide the documents requested, and 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 applications will not be processed.

EQUAL HOUSING
OPPORTUNITY

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), authorize the NHA Properties Inc. to verify the accuracy of the information which I/we have provided or to secure information from the following sources:

Employer
Social Security
Department of Public Welfare
Veteran's Administration
Trust Administrators
Banks and Credit Bureaus
Retirement & Pensions Systems
Department of Employment Security
Payor of Child Support
Insurance Companies
Other: _____

I/we hereby give permission to release this information to the NHA Properties Inc. subject to the condition that it be kept confidential. I/we would appreciate your prompt attention in supplying the information requested on the attached page to the NHA Properties Inc. within five (5) days of receipt of this request.

I/we understand that a photocopy of this authorization is as valid as the original. This authorization is valid for a period of one year from the date noted below.

Thank you for your assistance and cooperation in this matter.

_____ _____
Applicant Signature **Date**

_____ _____
Applicant Signature **Date**

NHA Properties Inc.
Verification of Employment
(for W-2 and 1099 earners)

PART I. APPLICANT INFORMATION (To be completed by Applicant)

Applicant: _____

Applicant Address: _____

Phone: _____SSN:_____

Signature: _____

PART II. EMPLOYER INFORMATION (To be completed by Applicant)

Name of Employer _____

Address of Employer _____

Phone: _____

PART III. EMPLOYMENT INFORMATION ***(To be completed by your 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 _____
   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
(for W-2 and 1099 earners)

PART I. APPLICANT INFORMATION (To be completed by Applicant)

Applicant: _____

Applicant Address: _____

Phone: _____SSN:_____

Signature: _____

PART II. EMPLOYER INFORMATION (To be completed by Applicant)

Name of Employer _____

Address of Employer _____

Phone: _____

PART III. EMPLOYMENT INFORMATION ***(To be completed by your 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 _____
   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: _____

Self-Employment Income Affidavit

Applicant: _____

Name of Business: _____

Business Address: _____

Type of Business: _____

Position Held: _____

Start Date: _____

Anticipated Gross Annual Income: $_____

Anticipated Annual Business Expenses: $_____

Anticipated Annual Net Income: $_____

Previous Year Net Income: $ _____

Do you file tax returns? YES [ ] Taxpayer ID# _____ **NO [ ]**

The above information is, to the best of my abilities, a true and accurate representation of my self-employment income and expenses for the period stated.

Signed: _____

Printed Name: _____ Date: _____

THE COMMONWEALTH OF MASSACHUSETTS

Nantucket County, ss. _____, 20___

On this _____day of _____ 2022, before me, the undersigned notary public, personally appeared _____, proved tome through satisfactory evidence of identification, which was [ ] photographic identification with signature issued by a federal or state governmental agency, [ ] oath or affirmation of a credible witness, [ ] personal knowledge of the undersigned, to be the person whose name is signed on the preceding document, and acknowledged to me that he/she signed it voluntarily, for its stated purpose.

_____

Notary Public

My commission expires: _____

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 household members covered by this tenancy history:

_____ _____

_____ _____

CURRENT RENTAL: We will not contact your current landlord until we have finished as many other verifications/references/checks as possible.

_____ _____ _____

move-in date move out date CURRENT rental address

_____

Please do not contact my current landlord CURRENT landlord's name

_____

CURRENT landlord's address

_____

CURRENT landlord's address

_____

CURRENT landlord's phone

PREVIOUS RENTALS:

_____ _____ _____

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

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. References must have known you for one (1) year or more and shall not be related to you.

Name of Character Reference _____ Telephone _____
Address _____

Name of Character Reference _____ Telephone _____
Address _____

_____ _____

Principal Applicant Date

_____ _____

Co-Applicant (If Applicable) Date