

Application for (RAP) Rental Acquisition Program

Return to: Sandwich Housing Authority
 20 Tom's Way
 Sandwich, MA 02563

Office Use Only	
Date of Receipt	_____
Time of Receipt	_____
Control No.	_____
Preference	_____
Over62	Disabled
Minority	
Bedrooms	0 1 2 3 4 5

1. Name of Applicant _____
 Current Street Address _____ Apt. No. _____
 City/Town _____ State _____ Zip _____
 Mailing Address(if different) _____
 Home Telephone _____ Work Telephone _____
 Place of Employment _____

2. Total number of Household Members _____

3. Are you or any household member: 62 years old or older _____ Yes _____ No
 Disabled _____ Yes _____ No

4. RACE/ETHNICITY.....This information is Required by HUD to ensure non-discrimination in housing

CIRCLE ONE:

Native American Asian Black Hispanic Non-Hispanic White
 Other _____

5. Type of unit: (circle one) Studio 1 Bedm 2 Bedrm 3 Bedrm 4 Bedrm

6. Total income of the household per year (include ALL income sources)\$ _____

7. Please list ALL members of household, including Head:

Name	Soc. Sec. #	Date of Birth	Relationship to Head
1.			
2.			
3.			
4.			
5.			
6.			

Applicant's Certification:

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate unit. If I do not accept that offer, I will be dropped from the waitlist. Based on this application I understand that I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Housing Authority. I understand that it is my responsibility to notify the Housing Authority in writing of any change of address, income, or household composition. I understand that my participation is subject to my being eligible and in compliance with RAP regulations. I further understand that my participation is subject to a criminal history record check using CORI and must be in compliance with Sandwich Housing Authority policy. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application.

Signed under the pains and penalties of perjury.

11. All household members 18 years and older MUST sign and date below to authorize a CORI check:

12. _____
Applicant's Signature Date



Sandwich Housing Authority

20 Tom's Way · Sandwich, MA 02563
Tel: 508-833-4979 · Fax: 508-833-4993
E-mail: info@sandwichhousing.org

Sandwich Housing Authority Fair Information Practices Statement of Rights

The Sandwich Housing Authority collects information about applicants and tenants for its 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 of information submitted. When 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 housing authority 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 the housing authority to provide information, however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. 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 regard 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.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority 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. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and your right to appeal to the Department of Housing and Community Development.

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

Signature

Date

Detach and retain this copy