Affordable Rental Lottery Application

Barnstable Flats, located at 199 Barnstable Road, is situated in the heart of Hyannis. It is also a short walk or drive to all of life's everyday amenities, including local grocery stores, pharmacies, medical offices, hospitals, social services agencies, and recreational areas and public transportation.

The Property Offers:

- Brand new units
- In-unit laundry
- 1 off-street parking space per unit
- All electric appliances/utilities
- Pet-friendly community

Information Session Held Via Zoom:

Wednesday, October 14th at 6PM

Sign up on our website: www.haconcapecod.org

Application Deadline:

Friday, November 13th at 5PM

Applications can be submitted through the following method:

Must be postmarked by November 13, 2026

Mail/Drop off:

Main Office: 255 Independence Drive
Hyannis, MA 02601

Lower Cape Office: 78 Route 6A,
Orleans, MA 02653

Free language assistance and reasonable accommodations are available. For assistance and more information, please call Housing Assistance Corporation (HAC) 508-771-5400 or email lotteries@haconcapecod.org.

Este documento é importante, por favor, tê-lo traduzido
Este documento es importante, por favor, haz que se tradujo

HAC does not discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance recipiency, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

Barnstable Flats, Hyannis, MA 02601

Information Overview

Area Median Income	Units Available	Unit Size	Monthly Rent w/o utilities	Household Size	Minimum Income *Does not apply to voucher holders	Maximum Gross Yearly Income
65%	5	1-bed	$1,470	1 person	$44,100	$64,265
				2 person		$73,450
** Area Median Income is based on the 2026 HUD Income for Barnstable County MA.						

Lottery Applicant Qualifications:

1. Household income must be within the maximum and minimum gross allowable income limits (tables above), however**, if an applicant is below the minimum but can substantiate the ability to pay the rent, they are encouraged to apply.** Income limits do not apply to subsidy holders.
2. When assets total $5,000 or less, the actual income received is included in the annual income as income from assets. When assets exceed $5,000, annual income includes the greater of actual income from assets or a .04% imputed income calculation.
3. In addition to income and asset eligibility the applicant will also be subject to a Tenant Selection screening by the project and determined eligible. This may include passing reviews on credit scores, tenant history, CORI, & SORI checks.
4. Households cannot own a home, including homes in a trust.

Are there household size preferences?

ALL UNITS IN THIS LOTTERY ARE 1-BEDROOM UNITS WITH A MAXIMUM OCCUPANCY OF 2-PERSONS PURSUANT TO STATE SANITARY CODES.

DO NOT APPLY TO THIS LOTTERY IF YOUR HOUSEHOLD IS MORE THAN 2-PERSONS.

No lottery selection preference will be given to applicants based on household size.

Timeline Overview

Step 1: Apply by November 13, 2026

Step 2: The Lottery – within 30 days of the application close date.

Step 3: Notification of Lottery results – 30 Days after November 13, 2026

Step 4: Tenant Selection – The lottery list is established at the time of the lottery and given to Property Management to begin the tenant selection process.

Step 5: Waitlist- The "as drawn" lottery list turns into the waiting list.

Application Instructions:

1. This application must be filled out entirely in order for your application to be processed. Every space given to initial must be initialed, even if you answer N/A. LEAVE NOTHING BLANK.
2. Late or incomplete applications will not be accepted for the lottery.
3. Signatures and applicable documentation are required for all household members 18 years or older.

Lottery Process

1. The Application window will be open from September 14, 2026 – November 13, 2026, at 5PM
2. Once all the required information has been received, qualified applicants will be assigned a lottery number. **Only applicants who meet the applicable eligibility requirements shall be entered into the lottery.**
3. All applicants will be notified of the lottery date and their lottery number.
    a. The lottery is expected to be held within 30 days of the application close date.
    b. Households do not need to be present for the Lottery drawings, but all are welcome to attend.
4. Lottery numbers for all eligible applicants are pulled at random from all pools for which they are eligible.
5. Housing Assistance Corporation will send emails or letters to each applicant with the results of the lottery. The results will also be posted on HAC's website.

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Barnstable Flats

Hyannis, MA 02601

Lottery Application
Deadline: November 13, 2026

How did you hear about this housing opportunity?

- ☐ Social Media (fb, insta, twitter, etc.)
- ☐ Newspaper ads
- ☐ Case Manager
- ☐ Other_____

I. APPLICANT INFORMATION:

Please provide <u>all</u> the following contact information for the Head Applicant ***(please print clearly).***
We communicate through email, if you do not furnish one, we will communicate via postal mail.

Full Name: _____
First *Last* *M.I.*

Mailing Address _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____@_____

<u>HOUSEHOLD SIZE</u> Information: How many people are in your household?
<u>(DO NOT apply is your household is more than 2-persons.)</u>

- ☐ 1-Person
- ☐ 2-Person

<u>RENTAL ASSISTANCE:</u> Do you have a mobile Section 8, MRVP, or other Housing Voucher? (The lottery agent does not discriminate based on source of income. This question is asked for the sole purpose of determining ability to pay rent.

- ☐ Yes
  - What type of voucher: _____
  - Who administers the voucher: _____
- ☐ No

Please fill out the chart below for <u>everyone</u> who will be occupying the unit- INCLUDE YOURSELF:

Name	Age	Head Applicant, Co-Applicant, or Dependent	Relationship to Head Applicant	Fulltime Student?
1.				Yes No
2.				Yes No

I certify that my household size is: _____ Initial**:** _____

II. HOUSEHOLD INCOME:

Income must be reported for all household members 18 years of age and older.
Total annual **gross (**before any deductions) income includes all income from all sources such as wages, salaries, tips, social security, SSI, SSDI, TAFDC, child support, alimony, VA Benefits, unemployment, pensions, retirement funds, etc.
Please note: Income is calculated for household members who are fulltime students, over the age of 18 years old, and/or dependents as $480/year (however, all such income must still be documented even if it is exempt from the household income calculation).

Employment Income by Household member: Write "N/A" if it does not apply to you. See attached checklist

Household Member Name: _____

Company Name: _____ Years Employed: _____

Company Address: _____ Current Gross Paycheck: $ _____

[ ] weekly [ ] biweekly [ ]monthly

Household Member Name: _____

Company Name: _____ Years Employed: _____

Company Address: _____ Current Gross Paycheck: $ _____

[ ] weekly [ ] biweekly [ ]monthly

Household Member Name: _____

Company Name: _____ Years Employed: _____

Company Address: _____ Current Gross Paycheck: $ _____

[ ] weekly [ ] biweekly [ ]monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all sources of income that apply to your household. If a source of income does not apply to you write "N/A."

Household Member Name	**Source of Income: (Circle and/or provide detail)**	**Gross Earnings: $_____per_____ (week, month, year)**
	SSI, SS, SSDI, TAFDC, VA Benefits	**$_____per_____ (week, month, year)**
	Unemployment Compensation, Workman's Compensation or Severance Pay	**$_____per_____ (week, month, year)**
	Child Support/ Alimony	**$_____per_____ (week, month, year)**
	Gifts received via cash (Venmo, Zelle, Paypal etc.)	**$_____per_____ (week, month, year)**
	Pension	**$_____per_____ (week, month, year)**
	Retirement Funds	**$_____per_____ (week, month, year)**
	OTHER	**$_____per_____ (week, month, year)**
	OTHER	**$_____per_____ (week, month, year)**

Does anyone in your household currently own a home?

- ☐ Yes
- ☐ No

<u>If yes,</u> what type of property: _____

Address of the property: _____

Approximate Market Value: _____

Mortgage or loan balance due: _____

**You must sell the property prior to leasing an affordable unit.

III. **HOUSEHOLD ASSETS:**

Assets are cash on hand, held in Savings & Checking Accounts, Stocks, Bonds, IRA's 401K's, cash value of Life Insurance Policy, Pension funds, and Real Estate owned.

When assets total $5,000 or less, the actual income received is included in the annual income as income from assets. When assets exceed $5,000, annual income includes the greater of actual income from assets or a .06% imputed income calculation.

Please list all the accounts for every member in the household. Supporting Documentation will be required after the lottery. See attached checklist. If an asset does not apply to you write "N/A"

Checking Accounts	**Bank Name**	**Last 4 Digits of Acct #**	**Amount**
			Balance $
			Balance $
			Balance $
			Balance $
			Balance $
Savings Accounts			**Balance $**
			Balance $
			Balance $
			Balance $
			Balance $
			Balance $
Certificates or CDs			**Balance $**
			Balance $
Trust Account			**Balance $**
			Balance $
Retirement Accts (104K, IRA, Pension etc.)	**Company Name:**		**Value $**
	Company Name:		**Value $**
	Company Name:		**Value $**
	Company Name:		**Value $**
Mutual Funds	**Name:**	**# of Shares:**	**Value $**
			Value $
			Value $
Stocks			**Value $**
OTHER			

REASONABLE ACCOMMODATION: Disabled persons are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to a household with disabilities an equal opportunity to use and enjoy the housing. That request must be made directly to the Owner/Developer.

Does any member of the household have any reasonable accommodation requests or alternative ways we need to communicate with you?

- ☐ Yes, _____
  - ☐ Mobility Impaired
  - ☐ Visually Impaired
  - ☐ Hearing Impaired
- ☐ No

EQUAL OPPORTUNITY/ FAIR HOUSING INFORMATION

The following information will be required by the Federal Government to monitor this owner/ management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

RACE/ ETHNICITY (OPTIONAL)

You are requested to complete the following optional section in order to assist with determining preference. Completing this section may qualify you for additional lottery pools. (please check all boxes that apply):

- ☐ Alaskan Native or Native American
- ☐ Black or African American (not of Hispanic origin)
- ☐ Hispanic or Latino
- ☐ Not mentioned above: _____
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ White (not of Hispanic origin)

CONFLICT OF INTEREST: Does the applicant have financial interest in the development, The Developer, or Housing Assistance Corporation? Individuals who have a financial interest in the development and their families shall not be eligible.

- ☐ Yes, please explain:
- ☐ No

Required Documentation for the Lottery Application:

_____**Identification**: e.g. Current valid driver's license, birth certificate

REQUIRED AFTER LOTTERY

_____**Documentation to prove local preference:** e.g. utility bills, driver's license, tax bills, rental agreements etc.

_____ **Identification**: Current valid driver's license, birth certificate, and social security card.

_____**Copies of two months of the most recent consecutive pay stubs, or 12 months if pay is inconsistent or seasonal pay.** (Weekly – 8 stubs, Bi-Weekly – 4 stubs, Monthly – 2 stubs) (For ALL working members of the household, 18 years and older)

_____**Verification of any other household income**: e.g. such as social security, SSI, SSDI, TAFDC, VA Benefits, unemployment, pensions, retirement funds, etc. We need official statement of monthly amount received for current year.

_____**Verification of child support or Alimony:** Copy of child support order, divorce decree, etc.

_____**6 Months of all Checking Account Statements** (Identification of all cash deposits over $100 into Checking Accounts (including Venmo, PayPal, Zelle etc. You must identify by highlighting or circling and provide source documents.)

_____**6 Months of all Savings Account Statements** (Identification of all cash deposits into Savings Accounts (including Venmo, PayPal, Zelle etc. You must identify and provide source documents.)

_____**Federal Tax Return (1040) & W2: Must be signed.** If you have not filed a tax return, please call 800-829-1040 and ask for a printout. Only federal taxes please, no state taxes.

I did not file taxes in year_____, Initial_____

_____**Verification of cash value of all assets:** Assets are generally non- cash items that can be converted to cash, such as stocks, Certificates of Deposit, IRA's retirement funds. This does not include car or furniture. A detailed list can be supplied upon request.

- **SELF EMPLOYMENT: People who are self-employed will need to submit ALL of the above applicable documentation plus the following:**

_____**Copies of Schedule C for the past two (2) years.**

_____A **Notarized Profit and Loss Statement** reflecting your earnings and expenses, to date for the current year. The name of the business must be on the Profit and Loss Statement. It must show quarterly or yearly profit and loss, include income and expenses and must be for the previous 12 months.

Please CAREFULLY read each item and initial below before you sign:

1. _____ I understand that this application will be considered incomplete if I do not sign and date this page and initial at all indicated points in the application and that failure to timely and/or fully supply information in accordance with the application may result in the denial of my application and loss of position on all waiting lists.
2. _____ I hereby declare under pain and penalty of perjury that the information provided on every page of this application is true and correct. I understand that if any sources of income or assets are not disclosed on this application, or any information provided herein is not true and accurate, this application may be removed immediately from further consideration, and I will no longer be allowed to reserve a unit.
3. _____ I understand that if my household is given the opportunity to lease an affordable unit, any changes to income at the same job or income source will need to be documented.
4. _____ The undersigned certify that the affordable unit will be undersigned's main residence and the undersigned cannot own a home or have one in trust while living in the unit.
5. _____ I understand that while previous year's tax transcripts and documentation are required, HAC does not use income reported on the previous years' tax documentation to calculate current annualized income.
6. _____ I understand that the lease or residency agreement for the units to be occupied through this affordable housing program may be subject to cancellation if any of the information above is not true or accurate.
7. _____ I understand this is a Lottery Application and the information provided does not guarantee housing. I also understand this is not the lease application used by the management company where the management company (not HAC) will use criteria such as credit score, tenant history, and criminal background screening (in addition to affordable housing eligibility) to determine eligibility for an affordable unit.
8. _____ I understand that any material changes in the income or assets of my household that occurs after the submission of this application may make me ineligible for affordable housing. I understand that any changes to income or assets may out my household into another income tier must be reported to HAC.
9. _____ Co-signers and Guarantors are not permitted unless they are co-tenants who will reside in the unit.
10. _____ I acknowledge that if my email address is provided in this application, HAC will correspond with me by email instead of postal mail unless I make a written request otherwise. I understand that any changes to my contact information or household composition must be reported to HAC.
11. _____ I acknowledge that the determination of eligibility by HAC is based upon the guidelines that govern the development and, as such, barring any confirmed error by HAC in applying the guidelines and/or calculating the decision is final and I further agree to hold harmless HAC from any claim (s) related to this application.
12. _____I understand that I may submit only one Lottery Application per household and that duplicate household applications will disqualify my household from the lottery.
13. _____Applications can be submitted as soon as they are complete but they must be received no later than Friday, November 13, 2026 at 5:00 PM. Applications can be mailed to Housing Assistance Corporation, 255 Independence Drive., Hyannis, MA 02601, faxed to 508-775-7434 or e-mailed to lotteries@haconcapecod.org.
14. _____ The undersigned give consent to the developer, management company, and Housing Assistance Corporation to verify the information provided in this application. I also understand the documentation will be given to the property management company after the lottery. *The undersigned authorize the release of information in determining income and assets from third-party references.*

Your signature confirms that you have read the above statements:

_____ _____

Applicant's Signature Date:

_____ _____

Applicant's Signature Date: