



## Asher's Path Apartments

1 Carleton Drive, #131 • Mashpee, MA 02649  
Tel: 508-477-6202 X-206 • Fax: 508-539-0003 • [www.mashpeehousing.org](http://www.mashpeehousing.org)

Thank you for your interest in Asher's Path Apartments! Enclosed are an application, instructions for filling out your application, and other documents needed to process your applications. **Please be sure to read the important instructions on the next page. Incomplete applications will be returned.** If you'd like to schedule an interview to review your application, please call the office, otherwise you can mail your application to the address listed below or drop it in the mail slot in our lobby at Asher's Path Apartments.

Asher's Path Apartments is managed by the Mashpee Housing Authority under the Low Income Housing Tax Credit Program (LIHTC). The property is located on the corner of Asher's Path, Carleton Drive, and Falmouth Road (Route 28) in Mashpee and contains 56 one bedroom apartments for residents 55 and older. The complex was built in the fall of 2007, is beautifully landscaped, and is composed of one two-story building housing with an elevator, a common area, laundry facilities, ample parking, state-of-the art security system, and on-site mailboxes. All apartments include a stove, refrigerator, dishwasher, and air conditioner sleeves. Heat and hot water are included in the rent. We are pet-friendly (one pet up to 40lbs). Asher's Path is a **SMOKE FREE COMMUNITY**. However, there is one designated smoking area outside. No other smoking is allowed on the property (including inside apartments) or on the grounds (including inside cars). If you are a smoker, please keep this in mind.

The property is located just a short distance from Mashpee Commons, which offers pharmacies, grocery stores, banks, the town's library, and many other shopping opportunities. The site is on the CCRTA bus-line and the town's senior center provides bus services on an on-call basis. An office is located on-site and we offer 24-hour emergency maintenance service.

Eligibility is open to all households who fall within the income and program guidelines for the LIHTC. We have 50 apartments set aside for applicants with a gross annual income at or below 50 % of the Area Median Income (AMI). This rent is \$900/month including heat and hot water. We have 6 apartments are set aside for applicants with a gross annual income at or below 30 % of the AMI. This rent is \$525/month including heat and hot water. Exceptions to minimum income restrictions are in place for those who have Section 8 or MRVP vouchers

### Income ranges are as follows:

50% AMI:       \$21,600.00 - \$40,300 for one person  
                  \$21,600.00 - \$46,050 for two people

30% AMI:       \$18,900.00 - \$24,200 for one person  
                  \$18,900.00 - \$27,650 for two people

All members of the household must be at least 55 years old and no full-time students can apply. Applications submitted that do not meet qualifications will not be processed. After your application is accepted, you will receive written notification as to what number you are on the waiting list, and the approximate wait time.

Appointments for an application or for reasonable accommodations, including materials in alternate formats, may be made by contacting the office. **Section 8 and MRVP vouchers welcomed.**

Rev 3/2024



*Managed by Mashpee Housing Authority*

# IMPORTANT!!!!

When filling out your application, please:

- Be sure to use pen ---no pencil
- Please be sure that you use the same color ink throughout the whole application
- Be sure to answer **all** questions and fill in **all** sections. Write “N/A” if a question or section is not applicable to you
- Be sure all writing is clear and readable
- Be sure NOT to use any white out
- If you do make a mistake, simply use one line to cross out the error, write the correct information, and then initial the change
- Be sure to sign and date the application
- In addition to the application, please fill out, sign and return the other enclosed forms

If you have any questions, please call the office at 508-477-6202 X206. Telephones are answered Monday – Friday. The site office is open Monday, Tuesday, and Friday (unless closed for a holiday or off-site for training)

# APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

**Please Print Clearly**

This is an application for housing at:	<b>Project:</b> Asher's Path Apartments
	<b>Address:</b> One Carleton Drive Mashpee, MA 02649
Please complete this application and return to:	<b>Name:</b> Attn: Property Manager
	<b>Address:</b> One Carleton Drive #131 Mashpee, MA 02649
	ashers@mashpeehousing.org

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. Please note all units in this development are 1-Bedroom units.

## A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State ZIP

Current Phone: \_\_\_\_\_ Current Email: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  Yes  No (check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Does any member of the household have any accessibility or reasonable accommodation requests, or need changes in a unit or development, or alternative communication needs?

Yes  No If yes, please explain. \_\_\_\_\_

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.



**B. HOUSEHOLD COMPOSITION**

	<b>Name</b>	<b>Relationship to head</b>	<b>Birth Date</b>	<b>Age (optional)</b>	<b>SS# (last 4 digits)</b>	<b>Student Y/N</b>
Head		Self				
2.						
3.						

Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
Do you anticipate any changes in household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
Is there someone not listed above who would normally be living with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
		\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

Investment Property		Appraised Value \$
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Real Estate Property: <b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , Type of property:	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe the asset:	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , please list:	

<b>E. ADDITIONAL INFORMATION</b>		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes</i></b> , describe:		



Have you or any member of your family ever been evicted from any housing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>			
Have you ever filed for bankruptcy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>			
Are you or any household member required to register as a sex offender under state law?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, list the name of the persons and the registration requirements:</i>			

### F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		
Relationship:		Phone #:

Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

<b>G. VEHICLE AND PET INFORMATION (if applicable)</b>			
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?	Yes	No	
<i>If yes, describe:</i>			

**CERTIFICATION**

**NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.**

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 or other criminal background check may also be requested. I/We certify that I/We understand that false statements or information are punishable as 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.

I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All applicants must sign below.

**SIGNATURE (S):**

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Tenant)

\_\_\_\_\_  
Date





This is an important notice. Please have it translated.  
 Este é um aviso importante. Queira mandá-lo traduzir.  
 Este es un aviso importante. Sirvase mandarlo traducir.  
 ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG  
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY  
 Ceci est important. Veuillez faire traduire.  
 本通知很重要。請將之譯成中文。  
 នេះគឺជាជំណាច់សំខាន់ សូមមេត្តាបកប្រែជូនផង

ЭТО ОЧЕНЬ ВАЖНОЕ СООБЩЕНИЕ ОБЯЗАТЕЛЬНО ПЕРЕВЕДИТЕ

Massachusetts Department of Housing and Community  
 Development Resident Notice and Consent Form

Pursuant to state law, Chapter 334 of the Acts of 2006, the Department of Housing and Community Development (DHCD) must gather, compile, and report data in order to provide current, accurate, and detailed information on the number, location, and residents of assisted housing units (including privately owned housing with state subsidy or federal subsidy administered by the state). DHCD will also evaluate the data to ensure that housing choice and inclusive patterns of housing are available across the Commonwealth.

In response to the above cited law and the regulations at 760 CMR 61.00, DHCD and the quasi-public agencies Massachusetts Housing Partnership, MassHousing, and MassDevelopment are requiring development sponsors/owners or their delegates to collect and report certain resident household data to a web-based reporting system, including income level and the information requested below. DHCD will annually report to the state legislature on its data collection efforts. DHCD may also share information with the quasi-public agencies and provide reports to other interested parties in a manner consistent with privacy laws, including Massachusetts General Laws Chapter 66A. Massachusetts General Laws Chapter 66A also provides for the rights of data subjects: this includes your right to inspect and copy your personal data and to object to the collection, maintenance, dissemination, use, accuracy, completeness, or relevance of the personal data or type of information held about you.

Please respond to the following data questions:

1) What is the race of the head of household?

Circle all that apply:

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other (specify) \_\_\_\_\_

2) Is at least one adult member of the household a racial minority (Black or African American, Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or other minority) (yes or no)? \_\_\_\_\_

3) Is the head of household Hispanic/Latino (yes or no)? \_\_\_\_\_

4) Is at least one adult member of the household Hispanic/Latino (yes or no)? \_\_\_\_\_

5) What is the number of children under 6 years of age in the household that reside in the unit?  
\_\_\_\_\_

6) What is the number of children in the household that are 6 years of age or older but under 18 years of age that reside in the unit? \_\_\_\_\_

7) What is the household type?

Circle one of the following choices below:

- Single/non-Elderly
- Elderly
- Related/Single Parent (a single parent household with a dependent child or children)
- Related/Two parent (a two-parent household with a dependent child or children)
- Other (any household not included in the above four definitions, including two or more unrelated individuals)

In signing this consent form, you acknowledge that after reading this form you **voluntarily** provided the information above, that you understand that there are **no penalties** if you do not wish to provide the information, and that you have received a copy of this form for future reference.

Head of household signature

Date

\_\_\_\_\_

\_\_\_\_\_

# **READ CAREFULLY BEFORE SIGNING**

Don't risk your chances for affordable housing by providing false, incomplete, or inaccurate information on your application, during your interview, or on recertification forms.

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**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

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**Penalties for Committing Fraud** The United States government places a high priority on preventing fraud. If your application, interview, or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance

Your State and local governments may have other laws and penalties as well.

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**Asking Questions** When you sit down with the person who fills out your application/interview form, you should know what is expected of you. If you do not understand something, say so. That person can answer your questions or find out what the answer is.

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**Completing Application/interview** When you give your answers to application questions, you must include the following information:

**Income**

- All sources of money you and any member of your family receives (wages/earnings, welfare payments, alimony, social security, disability, unemployment, pension, regular gifts, etc.)
- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stocks, etc.)
- ***Any anticipated income*** (such as a bonus or pay raise you expect to receive or a job or benefit that you expect to start.) for the next 12 months.

**Assets**

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you
- Any business or asset you sold in the last 2 years for less than its full value, such as your home

**Family Members/Household**

- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign application and recertification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, computer matches of the income you report made be done with various Federal, State or private agencies to verify that it is correct.

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**Recertifications** You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of benefits, etc., for all adult family/household members
- Any family/household member who has moved in or out
- All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its value

PRINTED NAME: \_\_\_\_\_

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Signature

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Date

**READ CAREFULLY**

Lessee acknowledges that the premises are operated pursuant to the rules and regulations of Federal Low Income Housing Tax Credit Program. This program requires that all residents on the property be leased to "Qualified Households" as defined in section 42 of the Internal Revenue Code. At Asher's Path, Qualified Household must meet certain income limitations and an age restriction. You have been found to meet these criteria based on the information you provided in your application and interview appointment.

Lessee understands that (s)he has applied for housing at Asher's Path indicating an expected income for the next twelve (12) months to be \$\_\_\_\_\_.

Lessee acknowledges that their income for the next twelve (12) months must not substantially increase or go over \$\_\_\_\_\_. Lessee agrees to notify lessor immediately of any unexpected changes in income and Lessee understands they (s)he may be declared ineligible to continue to live at Asher's Path and will be evicted from their apartment.

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Signature

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Date

# AUTHORIZATION

I/We do authorize Asher's Path Apartments and its staff or authorized representative to contact any agencies, banks, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by the Mashpee Housing Authority. A COPY OR FASCIMILIE OF THIS FORM IS DEEMED AS GOOD AS ORIGINAL AND IS VALID FOR UP TO TWO YEARS FROM THE DATE OF SIGNATURE.

SIGNATURE(S):

\_\_\_\_\_  
Tenant/Applicant

\_\_\_\_\_  
Co-Tenant/Applicant

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Dated