



**2019 Application for Homes on Paul Hush Way, Brewster**

**HOUSEHOLD INFORMATION**

<b>Applicant's Name:</b>	<b>Co-Applicant's Name:</b>
<b>Date of Birth:</b> /     / <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	<b>Date of Birth:</b> /     / <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried
Present Address:	Present Address:
Mailing Address (if different from above):	Mailing Address (if different from above):
Home Phone #:	Home Phone #:
Work Phone #:	Work Phone #:
Cell Phone #:	Cell Phone #:
e-mail:	e-mail:

Include the names of any child or adults (other than the applicants) who will live with you in your Habitat home:

Name	Age	✓M	✓F	Name	Age	✓M	✓F

**PRESENT HOUSING CONDITION**

Number of bedrooms where you currently live:  1     2     3     4     5

Other rooms where you currently live:  kitchen     dining room     living room     bathrooms # \_\_\_\_\_

Are utilities included in your rent?  No     Yes    If yes:  heat     electric     cable     internet

Current Landlord Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have lived at your current address less than two years, previous landlord info:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you meet the resident preference definition requirement for the town for which you are applying?  
 (Live or work in the town, or child attends town public school?)     Yes     No

Will you, or a member of your family, require handicap access or modifications?     Yes     No  
 (If, due to a severe medical condition, a couple will require separate bedrooms, a statement and medical documentation from your physician are required to be submitted with this application.)

**A HOUSING NEED STATEMENT:** On a separate sheet of paper, clearly state why you need a Habitat home. See the applicant checklist for details about what you should include.

**INCOME INFORMATION**

Please include income from ALL household members age 18 or older who receive income.  
Any dependent household members between the ages of 18 and 25 who are students need to supply documentation of their full-time student status

	<b>Applicant Job (1)</b>	<b>Applicant Job (2)</b>	<b>Co-Applicant Job (1)</b>	<b>Co-Applicant Job (2)</b>
Gross Monthly Pay				
Net Monthly Pay				
Hours Regularly Worked Per Week				
Average Overtime Worked				
Year-round or Seasonal, Full-Time or Part-Time				
Your Position or Title				
Employer's Name and Address				
Phone Number				
Person and address to receive Verification of Employment Form				

If employed less than three years at primary job, add details of previous employment, including name/address/phone number of the contact person, on a separate sheet of paper.

**OTHER INCOME:** Indicate monthly income of any sources that apply to your family (for example: TAFDC, EAEDC, Workman's Compensation, Veteran's Benefits, Child Support, Alimony, Unemployment Compensation, Social Security Benefits, Pension Income, Disability Income, Investment Income, or other income (please specify)).

Source of Income	Monthly Amount:	Source of Income	Monthly Amount:
Child Support/Alimony:		Unemployment Compensation:	
Social Security Payments:		Pension Income:	
Disability Income:		Other (please specify):	
Interest and Dividends:		Other (please specify):	

I/We currently receive the following types and amounts of monthly assistance:

MassHealth:  Yes     No    Rental subsidy or voucher: \$ \_\_\_\_\_ Fuel Assistance: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_ Number of children eligible for free/reduced lunch program: \_\_\_\_\_

**Please include copies of completed and signed Federal IRS income tax statements for 2016, 2017, and 2018.**

**SOURCE OF CLOSING COSTS:**

Include a statement that explains how you will finance closing costs. See applicant checklist for details.

**EXPENSES INFORMATION**

Enter dollar amount for every item, OR enter a "0" if item does not apply to applicant/co-applicant. See applicant checklist for clarification and required documentation of expenses. **Please complete every item.**

Expense	Cost Per Month	Expense	Cost Per Month	Expense	Cost Per Month
Rent		Auto Insurance		Life Insurance	
Gas Heat (based on yearly average)		Cable TV		Renter's Insurance	
OR Oil Heat (based on yearly average)		Child Care		Transportation Expenses/Gas	
Electric (based on yearly average)		Alimony/Child Support		Job Related Expenses	
Phones – Cell, Prepaid, Landline		Car Payment		Entertainment / Restaurants	
Food – See checklist	XXX	Education		Internet	
Clothing		Medical		Other) specify)	

**OTHER IMPORTANT INFORMATION**

Please circle the box that best answers the question for both applicant and co-applicant:

		Applicant		Co-Applicant	
A	Do you have any debt because of a court decision against you?	YES	NO	YES	NO
B	Have you been declared bankrupt within the last 7 years?	YES	NO	YES	NO
C	Have you had any property foreclosed on in the last 7 years?	YES	NO	YES	NO
D	Are you currently involved in a lawsuit?	YES	NO	YES	NO
E	Have you owned a home within the last three years? (If yes, provide explanation and see important information page).	YES	NO	YES	NO

Answering "YES" to any of the above questions DOES NOT automatically disqualify you. If you answered "YES" to any question A through E, however, please explain on a separate sheet of paper.

Do the children, listed on page one, have parents who live elsewhere?  Yes  No

If yes, please document the custody agreement.

Are you a U.S. Citizen or do you have U.S. Permanent Residency Status?  Yes  No

You must have one or the other to be eligible for a Habitat home. See applicant checklist for required documentation.

Do you own any land?  Yes  No If yes, please include a description and its location

Do you own a home?  Yes  No

**THE SWEAT EQUITY REQUIREMENT:** Habitat requires 250 hours of sweat equity per adult in the household (up to 500 hours). You must explain how you will be able to complete those hours during the approximately nine-eleven months it will take to build your home. Enclosed is a form to complete in which you describe how you will meet that requirement. You must complete that form.

**AUTHORIZATION AND RELEASE**

I understand that, by filing this application, I am authorizing Habitat for Humanity of Cape Cod to evaluate my actual need for a Habitat home, my ability to qualify for a mortgage loan typical to Habitat homeownership, and other expenses of home ownership, and my willingness to fulfill Habitat program partnership requirements, including sweat equity and pre-purchase courses. I understand that the evaluation will include a personal visit, a credit check, landlord checks, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home, I may be disqualified from the program. I authorize Habitat for Humanity of Cape Cod to conduct a check on my credit history, contact landlord and employment references, and check the Sex Offender Registry. The original or a copy of this application will be retained by Habitat for Humanity of Cape Cod for a limited time even if the application is not approved. All information on the Protected Information sheet is part of the application, and I am certifying that information to be complete and true.

**Applicants, and other adults residing in the home, must sign below to show agreement with the above paragraph. This is required for your application to be considered.**

Applicant's Signature	Date	Co-Applicant's Signature	Date
Other Adult (non-applicant) Signature	Date	Other Adult (non-applicant) Signature	Date

**If you are approved for a Habitat home, how should your name appear on legal documents?**

Applicant (please print)	Co-Applicant (please print)
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**YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION**

Please refer to the **Applicant Checklist** for "Answering Application Questions" to see a complete list of all documentation that **MUST** be submitted with your application.

**Be sure to submit:**

- This completed and signed application
- A completed copy of the checklist
- All the documentation required – it is listed on the checklist
- A signed statement by you that describes your present housing circumstances and why you have a serious need for a safe, decent, affordable house
- A signed statement about sweat equity and ability to pay

**To be considered, the Application must be received in the Habitat Office, by March 22, 2019. This is NOT a postmark deadline. Applications may NOT be submitted by fax or email.**

If you have questions or if you need help with this form, please call the Habitat office at (508) 362-3559 x21.

**Application and supporting documentation should be mailed or delivered to:**

Habitat for Humanity of Cape Cod, 411 Main Street (Route 6A), Suite 6, Yarmouth Port, MA 02675

**REQUIRED PROTECTED INFORMATION**

The following information is required.

Applicant's Name:	Co-Applicant's Name:
Social Security Number:	Social Security Number:

**ASSETS**

List all checking / savings / CD / IRA / or 401k accounts / savings bonds / investment / stock, etc. for all household members, including minor children. Use another page if necessary.

Name on Account	Name of Bank/Institution, address	Account Number	Balance

List other assets and approximate value (make and year of cars, boats, other high-value personal property, etc.)

Item:	Value:	Item:	Value:

**DEBT**

Use another page for additional debt accounts, or to explain debt that is in arrears or has a payment plan.

List **ALL debts** below (Credit Card Debt, Car Loans, Taxes in Arrears, Student Loans, Medical Debt, Etc.)

Creditor and address	Account number	Monthly Payment	Unpaid balance

I hereby certify that within the past two years (choose one) I  have, or  have not, disposed of assets for less than the fair market value through a sale or a gift. List assets, if necessary:

\_\_\_\_\_

The above is a complete and true representation of all household assets, debts, credit and complete information as requested.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Applicant Checklist and Guide to Answering Questions:



**Applicant Name** \_\_\_\_\_

The following materials are needed to complete your application for a Habitat home. Please complete this checklist, keep it, and return a copy with your application.

### **PRESENT HOUSING CONDITIONS:**

- All landlord contact info is provided on page 1 of application (information for the past two years).
- Housing Need Statement/Letter: Why do you need a Habitat home? Describe any circumstance about your current housing that relates to your serious need for an affordable home: poor condition of current residence, over-crowded living conditions, high rent compared to income, being homeless or at high risk of being homeless, or other. Be specific. Include eviction notices, notice of possible sale of property you are renting or other information to support your statement. Describe efforts to find other, more suitable housing. Document whatever the interviewers will not be able to see during a home visit.

### **LOCAL PREFERENCE:**

There is local preference for 5 of the 8 homes, for households who currently live, or are employed in the Town of Brewster and/or persons with a bona fide job offer in the Town, or whose children attend public school in the Town of Brewster. If that applies to you, please provide documentation. In all instances, applicants who live or work in our 15 town service area (Barnstable County) have preference over those from outside the service area.

### **ASSETS & DEBT:**

See the "Required Protected Information" sheet (Page 5) of application. This must be filled out completely. Attach additional sheets, if needed to list all assets for all household members, as well as listing all debt for Applicant #1 and #2.

Debt means any money that you owe to someone else: credit card charges, retail store credit charges, car loan, personal loan, student loan, charge-offs.

### **INCOME INFORMATION & DOCUMENTATION:**

- All income of all adults 18 or older, who will be members of the household in the Habitat home, (even if they are temporarily away) must be reported on Pg. 2 of the application. Add an extra page if needed.
- Documentation of full-time student status for dependent household members between the ages of 18 and 25. Up-to-date receipts of payment of registration or a letter provided by the high school or college are examples.
- Provide all employer contact information (for all jobs, for all adult household members) on Pg.2 of the application. If additional employer information needs to be provided, because you worked at your present position less than 3 years, include that employer contact information (name, address, phone #) on a separate sheet as well.  
Include the address we should use to mail a Verification of Employment Form on that form for each employer and return it with your application.

You do not send the verification form- It is required that we send it to your employer.

- ❑ Pay stubs for the **most recent 8 consecutive weeks** of each job for each working adult (18+) in household. Continue to save your paystubs, as new ones may be requested later in the process.
- ❑ Explanation of seasonal/part-time/part year employment, if applicable (so reviewers will understand duration and earnings from each job during a full year).
- ❑ Complete documentation of any self-employment income and expenses.
- ❑ Child Support, Social Security, Disability Income, Unemployment, other compensation sources. Provide the most recent *official* documentation (i.e. court orders, award letter, not bank statement) for all non-employment sources of income (this should correspond to those checked on the income page of the application).

If benefits or compensation are temporary, please indicate the date the income will stop. If expected child support is not being received, provide official documentation of what you are actually receiving. We also need official documentation of custody arrangements if children living in the home have parents living elsewhere.

- ❑ Bank Statements –Complete statements for the most recent **6 months** for ALL checking and savings accounts, for all adults and children (or copy of passbook for passbook savings account).
- ❑ Investment and Retirement Accounts- Complete statements for the most recent 3 months
- ❑ 2016 Signed Federal Tax Returns with W-2s and 1099's
- ❑ 2017 Signed Federal Tax Returns with W-2s and 1099's
- ❑ 2018 Signed Federal Tax Returns with W-2s and 1099's

Note: Federal IRS returns only – NOT your MA or other state returns

**If you do not have copies of your tax returns, you should immediately take steps to request them. We need a copy of the actual tax return. To receive official IRS printouts of Income Tax Returns: Call 1-800-829-1040.**

Or

There is an IRS Office located at 75 Perseverance Way, Hyannis, at the intersection of Attucks Lane and Independence Drive. Call 508-775-0029 for hours they are open before going there.

Please be sure to **sign the tax return** before you submit it to us.

**Be sure to submit your application with all the documentation you have by the deadline.**  
**If you are still waiting for a copy, enclose a note stating the returns you have requested of the IRS and on what date you made your request.**

- ❑ *If you did NOT file an IRS return for any of these years, enclose a signed letter explaining why you did not have a legal obligation to file a tax return for that year.*

## **EXPENSES AND DEBT:**

Please list all **debts** and monthly payments on debts on the Required Protected Information sheet (Application Pg. 5).

Copies of most recent billing statements:

- Electric
- Gas and/or Oil  
(We need to be able to estimate average heating costs for the year (whether electric, oil or gas). Most companies supply a graph of your usage for each of the months of the year. If yours does not, please call and ask them to give you information about your use for the year and include that with your application. If heat is included in your rent, this is not necessary.)
- Food. Leave this blank. We will use the United States Department of Agriculture estimates for calculating your food costs.

Bill showing most recent payment:

- Car and/or student and/or other loans (if applicable)
- All Phones
- Cable TV
- Loans, including the statement showing current status of any student loan
- Credit Cards (all)
- Car or other insurance bills
- Other monthly/quarterly bills
- Other debt obligations (paid by your household – child support, alimony, payment plans, any other. Please explain)
- If you answered yes to any items A – E on page 3 of the application, attach an explanation.

## **CITIZENSHIP or U.S. PERMANENT RESIDENCY STATUS:**

- Submit a copy of one of the following: U.S. birth certificate, OR U.S. certification of birth abroad, OR U.S. passport, OR certificate of naturalization, OR permanent resident.

***Applicants must be U.S. citizens OR have secured their permanent residency status and provide documentation at the time of submitting the application.***

## **AUTHORIZATION TO RELEASE INFORMATION:**

- Return the signed form. All household members, age 18 and over, must sign a Release.



### **CLOSING COSTS:**

- Explanation of source of closing costs and insurance. Where will you be getting the money to pay the closing costs? The closing costs are estimated to be about \$4,500. It is important to describe the plan you will develop for meeting this obligation. You will need to have it when you actually purchase the home.

If any part of the closing costs is a gift, provide a signed statement from the individual donor, stating that it is a gift.

### **WILLINGNESS TO PARTNER—SWEAT EQUITY FORM:**

- Signed statement about Sweat Equity: Answer the questions and sign it--- use the back or attach another paper if necessary.
- If you, or a household member, needs specialized care from others in the household, for medical or safety reasons, please provide documentation of the disability from the physician.

- Complete the "Information for Government Monitoring Purposes Form"**

- APPLICATION IS SIGNED AND DATED BY APPLICANT AND CO-APPLICANT. Don't forget to do this step!**

### **CREDIT INFORMATION (for you)**

Habitat for Humanity strongly encourages all applicants to request a copy of their credit report to be able to review and be aware of the same information that we will use to make our determination.

- Every consumer may request and receive one free credit report per year.\*

\* Free – do not be tricked by commercials or internet advertisements that charge for this service!

Call CENTRAL SOURCE: 1-877-322-8228

or at

[www.annualcreditreport.com](http://www.annualcreditreport.com)

Often credit reports contain errors that need to be corrected by the consumer. ***If you have recently resolved a debt or credit problem, or corrected a mistake on your report, please include an explanation of these recent changes, along with any documentation available, with your application. Depending on how recently you have resolved a problem, it is very possible this updated information would not appear on your credit report.***

If you discover past debts on your credit report that you have not paid and are not now paying, please make arrangements to address them, and include with your application, the documents of your efforts to do that.

Habitat will obtain its own copy of your credit report. **Do NOT supply a credit report with your application.** The contact info above is for your information and use.

**After you submit your application packet, keep saving all new documents: paystubs, income statements, bills, bank/credit/store account statements.**

Applicant Name \_\_\_\_\_

(office: \_\_\_\_\_ appl #)

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES FORM**

**Lender:** The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender’s compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular loan applied for.)

\*\*\* Please check off correct info in each category and sign. THANK YOU!\*\*\*

**APPLICANT**

\_\_\_ I do not wish to furnish this information

**CO-APPLICANT (if applicable)**

\_\_\_ I do not wish to furnish this information

.....  
**ETHNICITY**

\_\_\_ Hispanic or Latino  
\_\_\_ Not Hispanic or Latino

\_\_\_ Hispanic or Latino  
\_\_\_ Not Hispanic or Latino

.....  
**RACE/MULTI RACE AND NATIONAL ORIGIN**

\_\_\_ American Indian, Alaskan Native  
\_\_\_ Asian  
\_\_\_ Black or African American  
\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_ White  
\_\_\_ American Indian or Alaskan Native *and* White  
    \_\_\_ Asian *and* White  
\_\_\_ Black or African American *and* White  
\_\_\_ Other Multiple Races  
\_\_\_ American Indian or Alaskan Native  
    *and* Black or African American

\_\_\_ American Indian, Alaskan Native  
\_\_\_ Asian  
\_\_\_ Black or African American  
\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_ White  
\_\_\_ American Indian or Alaskan Native *and* White  
    \_\_\_ Asian *and* White  
\_\_\_ Black or African American *and* White  
\_\_\_ Other Multiple Races  
\_\_\_ American Indian or Alaskan Native  
    *and* Black or African American

.....  
**GENDER**

\_\_\_ Female  
\_\_\_ Male

\_\_\_ Female  
\_\_\_ Male

.....  
**MARITAL STATUS**

\_\_\_ Married  
\_\_\_ Separated  
\_\_\_ Unmarried (single, divorced, widowed)

\_\_\_ Married  
\_\_\_ Separated  
\_\_\_ Unmarried (single, divorced, widowed)

.....  
**VETERAN STATUS**

\_\_\_ US Veteran

\_\_\_ US Veteran

Is there any other household member who served in the armed services, or is a spouse, widow(er), parent or dependent of anyone that served in the armed services? \_\_\_Yes \_\_\_No

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

Or – this information was completed by interviewer: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# SWEAT EQUITY FORM

## REQUIRED ATTACHMENT TO YOUR APPLICATION

**Sweat Equity/ Partnership Question:** *Our sweat equity requirement is rigorous!* Habitat homeowners as well as each adult that will live in the home are required to work 250 hours each on building the home (except for full-time college students), with a maximum of 500 hours per household. You would not be allowed to move into the home until the hours are completed. This requires approximately eight hours a week on a Habitat construction site (7:30am – 3:30pm on a Saturday or a Tuesday) during the months that the home is being built. Some weeks there will also be a required meeting or home ownership preparation workshop to attend. You do not need to be experienced in construction. We train and guide you in your sweat equity as you work side by side with other volunteers.

**How will you arrange to have the time available?**

**How will you manage transportation to the site?**

**What child care arrangements will be available for you (children 14 and under are not allowed on the build site but up to 50 hours of baby-sitting time by family/friends can count toward your sweat equity hours)?**

**If any condition (disability) will restrict some aspect of your participation on the construction site, list the specific medical *restrictions your doctor has given you that will* limit which tasks you are assigned. How will you be able to participate?**

**OR If a disability of a dependent household member (because of their extraordinary or specialized care needs) may severely challenge your ability to personally perform the total number of hours usually required by adult household members, you may request a modification in the percentage of hours that may be done by friends and family.**

- 1. Provide documentation of the disability from the physician.**
- 2. Describe how the care they need (while you are absent) is more specialized than general babysitting.**
- 3. How much extra help will you need from your friends and family to complete your sweat equity?**

**Or circle: Not Applicable** – if you have no medical restrictions to your participation.

---

Signed

Date

---

Signed

Date

(USE REVERSE SIDE AS NEEDED)





Fannie Mae

APPLICANT: Please fill out box 1 (the correct name and mailing address of your employer), box 7, and sign in box 8. Return this form to Habitat with your home application. We will mail it to your employer. Copy this form as needed if there is more than one employer listed on your application.

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law.

Instructions: Lender - Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1. Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2. The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I - Request

1. To (name and address of employer)
2. From (Name and address of lender)
Habitat for Humanity of Cape Cod
411 Main Street, Suite 6
Yarmouth Port, MA 02675

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any interested party.

3. Signature of Lender
4. Title
Executive Director
5. Date
6. Lender's Number (Optional)

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)
8. Signature of Applicant

Part II - Verification of Present Employment

9. Applicant's Date of Employment
10. Present Position
11. Probability of Continued Employment

12A. Current Gross Base Pay (Enter Amount and Check Period)
12B. Gross Earnings table with columns for Type, Year to Date, 2018, 2017
13. For Military Personnel Only table with columns for Pay Grade, Type, Monthly Amount
14. If Overtime or Bonus is Applicable, Is Its Continuance Likely?
15. If paid hourly - average hours per week
16. Date of applicant's next pay increase
17. Projected amount of next pay increase
18. Date of applicant's last pay increase
19. Amount of last pay increase

20. Remarks (If employee was off work for any length of time, please indicate the time period and reason)

Part III - Verification of Previous Employment

21. Date Hired
22. Date Terminated
23. Salary/Wage at Termination Per (Year) (Month) (Week)
24. Reason for Leaving
25. Position Held

Part IV - Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or The HUD/CPD Assistant Secretary.

26. Signature of Employer
27. Title (Please print or type)
28. Date
29. Print or type name signed in item 26
30. Phone No.



# Habitat for Humanity of Cape Cod

## **2019 How to apply for 2 towns at the same time**

**Complete this form and enclose it with your application packet.**

**Only one application packet is needed.**

**Do not use this form if you are applying for only one town.**

Please consider my application for: Brewster **and** Wellfleet.

1. If selected for more than 1 town, I would prefer \_\_\_\_\_(town) to be my first choice.

Note: We will use this as your decision if you are selected in the lottery.

2 . Local preference (this is for households who live, or are employed in the Town or whose children attend public school in the Town)

3. Which town did you document for local preference? Town name \_\_\_\_\_  
None, not applicable \_\_\_\_\_

4. Depending on the location of the town, this may affect my ability to accomplish the sweat equity hours. No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, please explain:

5. I may be interested in applying for a 3 bedroom home in Mashpee. Applications will open in Spring 2019. No \_\_\_\_\_ Yes \_\_\_\_\_

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

Date: \_\_\_\_\_