



**HOUSING  
ASSISTANCE  
CORPORATION**

460 West Main Street  
Hyannis, MA 02601-3698  
ENERGY & HOME REPAIR  
T (508) 790-7106 F (508) 790-  
2425  
TTY on all lines

*on Cape Cod*

**Cape Light Compact 60% Client Eligibility application:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**N-Star account #** \_\_\_\_\_

**# Household Members:** \_\_\_\_\_

Wages

Monthly Amts

1. Do you have earned wages this year?

No

Yes

Please provide a copy of four consecutive weeks of pay stubs.

Enter gross total of wages for one months income \$ \_\_\_\_\_

Fixed Income

2. Do you receive Social Security (SSA) income or pension?

No

Yes

Please provide a copy of current benefit check and indicate  
the total monthly amount

SSA \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_

3. Do you receive disability income?

No

Yes

Please provide a copy of current disability check. \$ \_\_\_\_\_

4. Do you receive Supplemental Security Income (SSI)?

No

Yes

Please provide a copy of current benefit check. \$ \_\_\_\_\_

**Self Employment Income (requires additional documentation if answer is yes).**

5. Do you have Sole Proprietorship income? No  Yes   
6. Do you have Partnership Income? No  Yes   
7. Do you have Corporation income? No  Yes   
8. Do you have rental income? No  Yes

**Household Members (eighteen (18) years of age or older).**

9. Do you have any household member eighteen (18) years of age or older living with you? No  Yes

**Total Household Income:**

**(Include income for all Household members who are over 18 and not full time students)**

\$ \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Mark off and attach all applicable income documents listed below, do not send any originals ONLY COPIES will be accepted:**

1. Signed/dated first 2 pages of the latest federal income tax return \_\_\_\_\_  
2. 4 weeks worth of current pay slips \_\_\_\_\_  
3. Current Social Security/disability statement \_\_\_\_\_  
4. Rental income / Business income (Appropriate IRS statement) \_\_\_\_\_  
5. Income from assets ( Bank and other yearly interest payments) \_\_\_\_\_  
6. If full time student copy of paid tuition bill \_\_\_\_\_

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Call Jo Ann at 508-790-7105 ext. 106 if you have any questions, otherwise send this completed application together with all the documents to:

Jo Ann Cournoyer  
460 West Main  
Hyannis,  
MA 02601

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**For official use only:**

Total income: \_\_\_\_\_ Eligible 60% or less: Yes No

Case manager: \_\_\_\_\_