

Mail this application to the address you
see at left.

Dear _____

I am applying to the following waitlist, which I believe is open:

App Generated:



ATTN: WAITLIST ADMINISTRATOR



Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

- ☐ **This particular waitlist is closed: Our only open waitlists at present are:**

- ☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

*If you advise applicants to use our free search to locate OTHER HOUSING OPTIONS,
you eliminate hundreds of phone calls and reduce frivolous applications.*

www.housingworks.net

DO NOT LEAVE A SINGLE QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)

☐ SUFFIX _____
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If “Yes” you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER
- ☐ HEAD OF HOUSEHOLD's DATE OF BIRTH
- ☐ GENDER

- ☐ ETHNICITY
- ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:

☐ **Fully Accessible Wheelchair** Unit

☐ **No-Steps unit** (elevator to any floor)

☐ **First-Floor unit only**

☐ **Blind Accessible** Unit

☐ **Deaf Accessible** Unit

☐ Unit for **Environmental Allergies**

☐ Need an **Interpreter**

☐ **Domestic Violence Victim**

☐ **Personal Care Attendant**

- ☐ HoH's CAREER STAGE

☐ Employed

☐ Unemployed

☐ Retired

☐ FT Student

☐ PT Student
- ☐ ANY VETERANS in HH?

☐ Yes

☐ No

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any

☐ I do not have mobile rental assistance

☐ Mobile Section 8 voucher

☐ MRVP

☐ AHVP

☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER

Head of Household:

Any **Felony/Conviction?**

☐ Yes

☐ No

Any **Misdemeanor Conviction?**

☐ Yes

☐ No

Other Members:

Any **Felony Convictions?**

☐ Yes

☐ No

Any **Misdemeanor Conviction?**

☐ Yes

☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state?

☐ Yes

☐ No

- ☐ ANY PETS?

☐ Yes

☐ No

Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION

_____ ← # Adults

_____ ← # Children

_____ ← Total # in Household

☐ ANNUAL INCOME

☐ DOCUMENTED DISABILITY?

☐ Yes

☐ No
- ☐ CURRENT HOUSING STATUS

☐ Homeless

☐ Homeless because Fleeing domestic violence

☐ Housing Loss in 14 days

☐ At risk of homelessness

☐ Homeless under other federal status

☐ Stably Housed
- ☐ BEST TELEPHONE NUMBER TO USE

☐ SECOND TELEPHONE
- ☐ EMAIL ADDRESS
- ☐ WHERE YOU LIVE (OR BACKUP MAILING ADDRESS)
- ☐ PREFERRED MAILING ADDRESS
- ☐ # BEDROOMS NEEDED?

☐ SPECIAL CIRCUMSTANCES? (some programs may grant you priority status)
- ☐ Disability

☐ Elder

☐ Veteran

☐ Fleeing Domestic Violence

☐ Rent-burdened

Displaced by

☐ Public Action

☐ Sanitary Code

☐ Natural Forces

☐ Other _____

FALMOUTH HOUSING AUTHORITY

115 Scranton Avenue
Falmouth, Massachusetts 02540-3598



Phone (508) 548-1977
TDD (800) 545-1833 Ext. 185

APPLICATION DATE & TIME:
(FOR OFFICE USE ONLY)

PRELIMINARY APPLICATION FOR
PROJECT BASED VOUCHER HOUSING PROGRAM (applications accepted thru 6/30/17)

This application is for housing assistance for this program only, through the Falmouth Housing Authority (FHA). Eligible applicants are housed in **ONE AND TWO BEDROOM** apartment units located in Falmouth.

Benefits: Participants pay 30% of their monthly gross income for rent and utilities, not including phone and cable. Units are maintained by professional maintenance staff. The unit is inspected annually by an outside agency to insure quality of housing. Residents are leased in units for 1 year, and may continue residing in the unit on a month-to-month basis as long as the resident remains in good standing. Applicants evidencing a preference (see reverse) will receive priority on the waiting list.

General Requirements: HOUSEHOLD ANNUAL INCOME CANNOT EXCEED \$31,600 FOR 1 OCCUPANT, \$36,100 FOR 2, \$40,600 FOR 3, OR \$45,100 FOR 4. UNITS ARE LIMITED TO 4 OCCUPANTS. NO PETS ALLOWED. ***NO SMOKING***. APPLICANTS CANNOT SELECT UNITS/PROJECTS TO RESIDE IN; QUALIFIED APPLICANTS ARE HOUSED ACCORDING TO UNIT AVAILABILITY.

Be advised that any information provided is subject to third party verification; **do not circle or note anything you cannot document.** This verification may include CORI (criminal background) checks, SORI (sex offender) checks, reference, and credit checks. Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States Government as to any matter within its jurisdiction. **THIS APPLICATION MUST BE FULLY COMPLETE. IF AN ITEM IS NOT APPLICABLE TO YOU, NOTE N/A BY THE ITEM.** All application information is considered confidential. Application to this housing program does not invalidate your application to any other Falmouth Housing Authority or Falmouth Housing Corporation program, or any other housing agency program.

Applicant Name (You/Head of Household): _____
Address: _____ City: _____
State: _____ Zip: _____ Cell Phone: _____ Home Phone: _____
Work Phone: _____ Spouse/Other Phone: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____

2 People who will know how to contact you:
Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Cell Phone: _____

Home Phone: _____ Relationship to you: _____
Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Cell Phone: _____

Home Phone: _____ Relationship to you: _____

Who will be living in the unit? (Include all household members who will be living with you immediately when housed or in the future. If in the future, please explain circumstances in comment area on back of this application)

Name:	Date of Birth	Social Security #	Sex	Relationship to Head	Race # (see below)
_____	____/____/____	____/____/____	____	(You/Head of Household)	_____
_____	____/____/____	____/____/____	____	_____	_____
_____	____/____/____	____/____/____	____	_____	_____
_____	____/____/____	____/____/____	____	_____	_____

Race #: (1) White (2) Black (3) American Indian (4) Hispanic (5) Asian/Pacific Islander (6) Other (We are required to obtain race/ethnicity information for Equal Opportunity purposes.)

Are any of the above household members full time students? (circle one) Y N Who? _____
Will anyone live with you in the future not listed above? Y N (If Y, please detail in the comment area)
How did you hear about this program? _____

Are you a board member, employee, or immediate family member of a board member or employee of this housing authority, Fairwinds, or Falmouth Housing Corporation? Y N (If Y, please detail in the comment area)

If you are leased into your current residence, please provide date you will be able to move: ____/____/____

Have you ever had your rent subsidized by this or any other housing assistance program? Y N
If so, what program? _____ Dates: from: ____/____/____ to: ____/____/____
In what city? _____ St: _____ Why did you leave? (Comment)
How much is your rent and utilities at your current address? \$ _____ (If none, comment.)
Are you being or have you been evicted? Y N Why? _____

Are you or have you been displaced due to any of the following? (comment on all of the following except for item #1)
1) (I am not displaced) 2) Federally Declared Natural Disaster 3) Physical/Mental Abuse
4) Reprisal 5) Hate Crimes 6) Current Unit is Inaccessible 7) HUD Disposition 8) Other

How would you describe your current housing? 1) Substandard 2) Homeless 3) Standard/Unknown
(If Substandard, please explain why in comments. If “Homeless”, please see the “Documentation of Homelessness” form enclosed and provide applicable documentation stated on the form WITH THIS APPLICATION.

Are you: 1) Elderly 2) Disabled (receiving SSI, SSDI, or submitting a completed “Medical Certification Form” enclosed 3) Requiring Handicapped accessible unit 4) Not Elderly
Are you currently residing in or employed in Falmouth? Y N
Are you a Veteran who can provide a DD214 or other documentation of honorable discharge? Y N

Please list all household assets (i.e., checking & savings accounts, IRA’s, certificates of deposit, Stocks, bonds, trusts, etc.) and who receives it:
Household Member Name: Bank/Institution: Account Type: Balance:
_____ \$ _____
_____ \$ _____
(Use comment area if your household holds more assets)

Have you owned any Real Estate in the last 2 years? Y N Do you still own it? Y N
Address: _____ City: _____ St: _____ Zip: _____

Primary residence or investment? Primary Investment Gross annual income from property: \$ _____

Please list all household income (i.e., Social Security, Welfare/TANF/EAEDC, wages, pensions, investments, unemployment, child support, alimony, earned income tax credit, food stamps, cash income, etc.): and who receives it:
Household Member Name: Income Type : Employer/Agency: Gross Monthly Amount:
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
(Use comment area if your household has more income)

Do you expect a change of income within the next year, including child support? Y N (If Y, comment).
Do you have any child care or medical expenses? (i.e, daycare, health insurance, Medicare, medical bills, insurance co-pays, etc.) Y N (Note expense and monthly amount in comments).

This application will be reviewed, and if accepted, you will receive a letter advising of your status within one month of receipt of the application. **NOTE THE WAIT FOR HOUSING AT THIS TIME IS SIGNIFICANT.** You may periodically receive letters from our agency about your application. As most letters are time sensitive, **IT IS IMPORTANT THAT YOU READ ALL MAILINGS THOROUGHLY AND RESPOND BY ANY DEADLINES NOTED. FAILURE TO DO SO MAY RESULT IN YOUR REMOVAL FROM THE WAITING LIST.** When your name approaches the top of the waiting list **YOU WILL BE CONTACTED BY MAIL.** You will then be required to fully complete qualification documentation and to evidence information provided on this application. When/if approved for housing, you will be given a briefing about this program. Applicants who are not approved, or who are determined ineligible according to this application will receive written notification about their status and instructions for appeal.

PLEASE DO NOT SUBMIT ANY ADDITIONAL DOCUMENTATION WITH THIS APPLICATION UNLESS INSTRUCTED TO DO SO ABOVE. IF THIS APPLICATION IS INCOMPLETE, IT WILL BE RETURNED TO YOU. NOTE WE CANNOT ACCEPT FAXED OR EMAILED APPLICATIONS. We suggest making a copy of this completed application for your records. Note our Receptionist cannot make copies due to application volume.

I/We hereby swear and attest that all information given above is true and correct to the best of my knowledge. I/we agree to notify FHA in writing of any changes to the above information. I/we understand that this application may be withdrawn from the list if I/we fail to inform the FHA these changes, or if the information provided is determined to be false.

Signature, Head of Household Date Spouse and/or Co-Tenant Date

