

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

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: At present, our only open waitlists 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 direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

**www.HousingWorks.net**





**DO NOT LEAVE ANY 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:
- |  |  |   |
|--|--|---|
| <input type="radio"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit                     | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit                      | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit designed for <b>Environmental Allergies</b> |   |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ 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 ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- \_\_\_\_\_ ← # Adults \_\_\_\_\_ ← # Children \_\_\_\_\_ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST 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 \_\_\_\_\_





704 Main Street - Suite D, Falmouth, MA 02540  
PH: (508) 540-4009 FX: (508) 548-6329 TDD: 1 (800) 545-1883 x185

## ***SCHOOL HOUSE GREEN APPLICATION***

This application is for placement on the waiting list for a rental unit at Schoolhouse Green, 100 Teaticket Highway, East Falmouth, MA. All residents must be 55 or over. Units are studios, 1 bedrooms or 2 bedrooms. Features include:

- *Beautiful apartments and common areas including a spacious Community Room with kitchen*
- *Convenient in-town location*
- *Heat, water, hot water and electricity included in the rent!*
- *Ample parking*
- *On-site laundry facilities*
- *Well maintained common areas, buildings and grounds*
- *Elevators*
- *Private balconies or patios*
- *Secure entry*
- *Responsive local management*
- *24 Hour Emergency Maintenance Service*

**RENT AND INCOME LIMITS:** The complex has been funded in part with State and Federal Housing grants and are therefore subject to the following limits:

HOUSEHOLD SIZE	MINIMUM ANNUAL INCOME	MAXIMUM ANNUAL INCOME
1 Person	\$24,360	\$37,920
2 Persons	\$29,232	\$43,320

BEDROOMS	60% RENT & UTILITES LIMIT
Studio	\$948
1 Bedroom	\$1,015
2 Bedrooms	\$1,218

Applications will be reviewed for preliminary eligibility based on information provided in this application. Please fill in all sections completely. If a question does not apply to you, please note N/A; all lines must be completed. Failure to complete all questions on this application may result in processing delays or rejection of your application. If you require more space than allowed on the application, please feel free to attach additional pages. If you need assistance in completing this application, please contact us (contact information at top). Persons with disabilities may ask for this application in large print type, or other alternate formats. Language assistance services are available.

Note: Background checks including CORI checks will be performed. Landlord references, character references, employment, income and asset information provided on this application will be verified.

Only authorized pets allowed. No smoking in units, balconies/patios, or anywhere on grounds. School House Green is a smoke-free environment.







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## RENTAL APPLICATION

Please fill in all blanks. If an item does not apply to you, note N/A. Attached additional pages if needed.

Name of Head of Household (HOH):		Phone:
Address:		
City:	State:	Zip:
Mailing Address (if different from above):		
City:	State:	Zip:

**RACE:** *(Optional Section; Information will be used for fair housing programs only, as required by State and Federal Laws.)*

- ☐ American Indian/Alaskan Native      ☐ Asian or Pacific Islander  
☐ Black/African American *(not of Hispanic origin)*      ☐ Hispanic  
☐ White *(not of Hispanic origin)*      ☐ Other: \_\_\_\_\_

**SIZE OF APARTMENT (BEDROOMS) NEEDED:**      ☐ Studio      ☐ 1BR      ☐ 2BR

**UNIT TYPE REQUESTED:**    ☐ Wheelchair    ☐ Adapted Unit    ☐ Hearing/Visual Adapted    ☐ N/A

How long have you been at your present address? \_\_\_\_\_ Yrs.    Own or Rent?    ☐ Own    ☐ Rent

If renting, please provide monthly rent amount without utilities: \_\_\_\_\_

Total of all utilities per month (not including phone, cable, WIFI) \$ \_\_\_\_\_

If you do not own or rent, please explain your current living circumstances: \_\_\_\_\_

Do you currently have a housing voucher (Section 8/HCV, DIAL, MRVP etc.?)    ☐ Yes    ☐ No

If yes, from what agency? \_\_\_\_\_ Who is your housing representative? \_\_\_\_\_

What are the reasons for moving? \_\_\_\_\_



**FAMILY COMPOSITION:** List all those who will occupy the apartment, *including yourself*.

Full Name of Each Household Member	Relationship to HOH	Date of Birth (MMDDYY)	Gender	Social Security Number										Full Time Student Within One Year?	
	(Self)														<input type="checkbox"/> Yes <input type="checkbox"/> No
															<input type="checkbox"/> Yes <input type="checkbox"/> No
															<input type="checkbox"/> Yes <input type="checkbox"/> No
															<input type="checkbox"/> Yes <input type="checkbox"/> No
															<input type="checkbox"/> Yes <input type="checkbox"/> No
															<input type="checkbox"/> Yes <input type="checkbox"/> No

Has there been any changes in household composition in the last 12 months? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Will anyone else be residing in the unit on a temporary or part-time basis? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Will anyone be moving in or out of the unit within the next 12 months? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Have you or a family member been convicted of a crime? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Are you or any member of you family currently using an illegal substance? ☐ Yes ☐ No

Will you take an apartment when one is available? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

**STUDENTS:** Will any person 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? ☐ Yes ☐ No

If so, who? \_\_\_\_\_

*If yes, please answer the following **STUDENT QUESTIONS**. If no, please skip to the **LANDLORD REFERENCES** section.*



**STUDENT QUESTIONS:**

- Are you married and filing a joint tax return? ☐ Yes ☐ No
- Are you enrolled in a job training program receiving assistance under the job training partnership act? ☐ Yes ☐ No
- Are you a TANF or Title IV recipient? ☐ Yes ☐ No
- Are you a single parent living with your children? ☐ Yes ☐ No
- Are your children anyone else's dependents besides your own? ☐ Yes ☐ No
- Are you a dependent on anyone else's tax return? ☐ Yes ☐ No
- Were you previously under the care and placement of a foster care program (under Part B or E of the Title IV of the Social Security Act)? ☐ Yes ☐ No

**LANDLORD REFERENCES:** Provide the full name and address of Landlords or Officials at all places you have lived during the last five years, from current to least recent, including shelters.

Name of Current Landlord:		Phone:	
Landlord Address:	City:	St:	Zip:
Name of Last Landlord:		Phone:	
Landlord Address:	City:	St:	Zip:
Unit Address:	City:	St:	Zip:
Name of Previous Landlord:		Phone:	
Landlord Address:	City:	St:	Zip:
Unit Address:	City:	St:	Zip:
Name of Previous Landlord:		Phone:	
Landlord Address:	City:	St:	Zip:
Unit Address:	City:	St:	Zip:



Have you or any family member ever been evicted?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

**CHARACTER REFERENCES:** Please provide character references. They must have known you for a least (1) year and not be related to you.

Name of Reference #1:		Phone:	
City:	St:	Zip:	
How do you know this person?			
Name of Reference #2:		Phone:	
City:	St:	Zip:	
How do you know this person?			
Name of Reference #3:		Phone:	
City:	St:	Zip:	
How do you know this person?			

**CREDIT REFERENCES:**

Credit Reference #1:	Account #:	Phone:	
Address:	City:	St:	Zip:
Credit Reference #2:	Account #:	Phone:	
Address:	City:	St:	Zip:
Credit Reference #3:	Account #:	Phone:	
Address:	City:	St:	Zip:



Have you or a family member filed for bankruptcy or subject to any other kind of credit-related legal action? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

**EMPLOYMENT INCOME:** Please indicate wages (job income) earned below for each member of your household. List each member by the corresponding number on page 2.

Household Member Name:		Employer:		Your Position:	
Employer address:			City:	St:	Zip:
Years Employed:	Salary:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual			

  

Household Member Name:		Employer:		Your Position:	
Employer address:			City:	St:	Zip:
Years Employed:	Salary:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual			

  

Household Member Name:		Employer:		Your Position:	
Employer address:			City:	St:	Zip:
Years Employed:	Salary:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual			

  

Household Member Name:		Employer:		Your Position:	
Employer address:			City:	St:	Zip:
Years Employed:	Salary:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual			

  

Household Member Name:		Employer:		Your Position:	
Employer address:			City:	St:	Zip:
Years Employed:	Salary:	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual			



**OTHER INCOME:** List ALL sources of income as requested below. Examples include: Social Security/SSI/SSDI, Pensions, Disability Compensation, Food Stamps/SNAP, Public Assistance, Veteran's Benefits, Unemployment, Alimony, Child Support, contributions from family members and others, and self-employment income.

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 Benefit (list claim#):	\$
	Veteran's Benefit (list claim#):	\$
	Unemployment Compensation:	\$
	Unemployment Compensation:	\$
	Public Assistance (Title IV/TANF etc.):	\$
	Contributions to 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:	\$
	Are you legally entitled to receive Alimony but are currently not receiving it? <input type="checkbox"/> Yes <input type="checkbox"/> No List the amount you are entitled to receive:	\$



	Are you currently receiving Alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No List the amount you currently receive:	\$
	Are you legally entitled to receive Child Support but are not receiving it? <input type="checkbox"/> Yes <input type="checkbox"/> No List the amount you are supposed to receive:	\$
	Are you receiving Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No List the amount you currently receive:	\$
	Is any member of your household legally entitled to receive income assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No List the amount received:	\$
	Is any member of your household likely to receive income or assistance from someone who is not a member of the household? <input type="checkbox"/> Yes <input type="checkbox"/> No List the amount to be received:	\$
	Self-Employment Income:	\$
	Other Income:	\$
	Other Income:	\$
	Other Income:	\$
	Other Income:	\$

<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)	\$
Total gross annual income from previous year	\$

Do you expect a change to any of the income stated above? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**ASSETS:** Checking and savings accounts, cash, 401K and other retirement accounts, annuities, dividends, military pay, scholarships, grants, term certificates, money markets, stocks, bonds, cash value of whole life insurance policies, personal property as investments (collections, etc.) Please include assets that are held with/for another person, such as joint accounts, trusts, etc. If your assets are too numerous to list below, please ask for an additional form.

Checking Accounts	#	Bank:	Balance:	\$
	#	Bank:	Balance:	\$
	#	Bank:	Balance:	\$
Savings Accounts	#	Bank:	Balance:	\$
	#	Bank:	Balance:	\$
	#	Bank:	Balance:	\$



Trust Account	#	Bank:	Balance:	\$
Certificates of Deposit	#	Bank:	Balance:	\$
	#	Bank:	Balance:	\$
	#	Bank:	Balance:	\$
	#	Bank:	Balance:	\$
Money Markets	#	Bank:	Balance:	\$
	#	Bank:	Balance:	\$
Savings Bonds	#	Maturity Date:	Value:	\$
	#	Maturity Date:	Value:	\$
	#	Maturity Date:	Value:	\$
Whole Life Insurance Policy	#	Cash Value:		\$
	#	Cash Value:		\$
Mutual Funds	Name:	# of Shares:	Interest/Dividend	Value: \$
	Name:	# of Shares:	Interest/Dividend	Value: \$
	Name:	# of Shares:	Interest/Dividend	Value: \$
Stocks	Name:	# of Shares:	Dividend Paid: \$	Value: \$
	Name:	# of Shares:	Dividend Paid: \$	Value: \$
	Name:	# of Shares:	Dividend Paid: \$	Value: \$
Bonds	Name:	# of Shares:	Dividend Paid: \$	Value: \$
	Name:	# of Shares:	Dividend Paid: \$	Value: \$
Other (Excluding Personal Property)	Name:	#	Income \$	Value: \$
	Name:	#	Income \$	Value: \$
	Name:	#	Income \$	Value: \$

Does any member of the household have an asset(s) owned jointly with a person who is not a member of the household? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_

Does the household member have access to this asset? ☐ Yes ☐ No



**REAL ESTATE:** Do you own any property?

☐ Yes ☐ No

If yes, please complete the following:

Property Address:		City:	St:	Zip:
Appraised Market Value: \$	Annual Insurance: \$	Annual Real Estate Taxes: \$	Total Rents Received: \$	
Your Percentage of Ownership:		Mortgage/Loan Balance: \$		

Please attach details of any additional properties.

Have you sold/disposed of any property or assets in the last 2 years?

☐ Yes ☐ No

If yes, note type of asset/property: \_\_\_\_\_

Amount sold/disposed for: \$ \_\_\_\_\_ Market Value when sold/disposed: \$ \_\_\_\_\_

**PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:** Please respond to the following questions if you wish to be considered for a priority or special deduction/consideration:

1. Have you been displaced from your home?

☐ Yes ☐ No

If so, please explain: \_\_\_\_\_

2. Does your present apartment contain documented health code violations?

☐ Yes ☐ No

If so, please describe: \_\_\_\_\_

3. Does your current housing cause any accessibility issue or other problems for any member of the household who has a disability?

☐ Yes ☐ No

If so, please describe: \_\_\_\_\_

4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household?

☐ Yes ☐ No

If so, please provide details: \_\_\_\_\_

Do you work for or have any immediate family members who work for, or have any business or consulting relationship with the Falmouth Housing Corporation?

☐ Yes ☐ No

*I/We certify that all information furnished on this application is true and complete, to the best of my/own knowledge and belief. **Inquiries will be made to verify the statements herein.** All information is regarded as confidential in nature; a **Criminal Offenders Record Information (CORI) report will also be requested.** I/We certify that I/We understand that false statements or information are punishable under applicable 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.*



*Signed under the pains and penalties of perjury.*

\_\_\_\_\_  
Print Name, Head of Household

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name, Co-Applicant Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name, Co-Applicant Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name, Co-Applicant Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **THE WAIT FOR PLACEMENT:**

This application will be reviewed, and if accepted, your application will be added to a waiting list for an apartment. You will receive a letter within one month confirming your addition to the waiting list. **Note there is a significant wait for an apartment at this time.**

### **HELPFUL HINTS:**

- You may periodically receive letters from the Falmouth Housing Corporation regarding your application including requests for application updates. As most letters will be time-sensitive, please read all mailings closely and respond promptly to avoid being removed from the waiting list. Note prompt responses to updates may help reduce your wait for housing.
- When your name approaches the top of the waiting list, you will be contacted by phone and mail to begin the full qualification process.
- Please contact us in writing if there are any changes to your mailing address, phone number, family composition or other information provided in your application.

*Falmouth Housing Corporation does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services. Disabled persons are entitled to request a reasonable accommodation of rules policies, practices, or services, or to request a reasonable modification of housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy said housing.*







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## AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: \_\_\_\_\_ PH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

I, the above named individual, have authorized Falmouth Housing Corporation to verify the accuracy of the information that I have provided, from the following sources (please specify):

- |  |   |
|--|---|
| <input type="checkbox"/> Employers and other sources of income | <input type="checkbox"/> Credit, Landlord & Character References  |
| <input type="checkbox"/> Bank Accounts and other assets        | <input type="checkbox"/> Housing, Assistance & Caregiver Agencies |
| <input type="checkbox"/> Background Check Services             |   |
| <input type="checkbox"/> Other: _____                          |   |

I hereby give you permission to release this information to the Falmouth Housing Corporation subject to the condition that it be kept confidential.

I understand that a photocopy of this authorization is as valid as the original.

*Signed under the pains and penalties of perjury:*

_____	_____	_____
Print Name	Signature	Date



# REASONABLE ACCOMMODATION UNDER THE FAIR HOUSING ACT

Section 804(f)(3)(B) of the Fair Housing Act defines one type of discrimination against disabled persons as “a refusal to make reasonable accommodations in rules, policies, practices or services, when such accommodations may be necessary to afford such person equal opportunity to use and enjoy a dwelling...” In summary, a housing provider is required by federal law to make reasonable accommodations in rules, policies, and procedures, to allow disabled persons equal opportunity to use and enjoy their dwelling.

In the Preamble to the Final Rule Implementing Fair Housing Amendments Act of 1988, it is stressed that housing providers are not required to provide counseling, medical, or social services to persons with disabilities that they do not normally provide to their non-disabled residents; reasonable accommodation is generally considered a change in rules, policies, practices, or services that is feasible and practical under the circumstances. In general, a request for reasonable accommodation is considered reasonable if the accommodation requested by the disabled person:

1. Will not cause an undue financial or administrative burden to the housing provider;
2. Will not cause a basic change in the nature of the housing programs available;
3. Will not cause harm or damage to others; and
4. Is technologically possible.

If you would like to make a request for reasonable accommodation, please complete the following:

## TENANT REQUEST FOR A REASONABLE ACCOMMODATION

I hereby claim a physical or mental impairment that limits my ability to occupy our housing.

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

As a result of the disability, I request the following Reasonable Accommodation(s):

- ☐ A change in a policy, practice or procedure: (Please specify.)
- ☐ A physical change in the housing unit: (Please check needed accommodation(s).)
  - ☐ Addition of grab bars for bath/shower
  - ☐ Modification of the fire alarm system to accommodate visual impairment.
  - ☐ Modification of the fire alarm system to accommodate hearing impairment
  - ☐ Other (please explain): \_\_\_\_\_

**Verification of Need:** The Falmouth Housing Corporation must verify the need for this accommodation. The information we obtain will be kept completely confidential and used solely to determine that the accommodation is needed. Please complete the following form:



***TO BE COMPLETED BY THE APPLICANT/RESIDENT:***

**VERIFICATION OF DISABILITY BY PHYSICIAN OR OTHER PROFESSIONAL  
FOR REASONABLE ACCOMMODATION REQUEST**

Name of Physician/Professional: \_\_\_\_\_ Profession: \_\_\_\_\_

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

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

Applicant/Resident Name: \_\_\_\_\_

Applicant/Resident Address: \_\_\_\_\_

I hereby authorize release of the following information: \_\_\_\_\_  
(Applicant/Resident Signature)

A housing agency may request verification that an applicant/resident has a disability to determine whether the applicant/resident needs a reasonable accommodation in the agency's rules, policies, practices or services, or needs a reasonable modification of the leased premises or public or common use areas, in order to have equal opportunity to use and enjoy the leased premises or the public or common use areas, or to participate fully in the agency's programs, activities, or services. The above-named applicant/resident has authorized your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact our office at (508)540-4009. Thank you in advance for your assistance.

Sincerely,

Renee Hansen  
Compliance Officer

The following proposed reasonable accommodation(s) are to provide the applicant/resident equal opportunity to use and enjoy Falmouth Housing Corporations housing is/are under consideration:

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***TO BE COMPLETED BY PHYSICIAN (OR OTHER PROFESSIONAL):***

1. Based upon your knowledge, does the above-named applicant/resident have a physical or mental impairment which substantially limits one or more major life activities\* or, do you have a record(s) of such an impairment for the above-named applicant/resident? Circle the appropriate answer:

Yes / No

*\*Note: Determination of whether a physical or mental impairment substantially limits a major life activity is to be made without regard to the ameliorative effects of mitigating measures (e.g., assess substantial limitation of a major life activity, including the operation of a major bodily function, without considering the benefit of medication, assistive devices, etc., to the individual). Furthermore, an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.*

2. Does the applicant/resident have a disability-related need for the abovementioned reasonable accommodation(s)/ reasonable modification(s) based on the physical or mental impairment? Please explain\* your response.

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*\*Note: please only provide information that demonstrates there is a relationship between a disability verified by a "yes" response to question 1 above and the need for the proposed reasonable accommodation/modification. Please do not otherwise provide information as to the nature or severity of the disability.*

3. Other comments (please do not provide information that is not directly relevant to the reasonable accommodation(s)/reasonable modification(s)):

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*CERTIFICATION: I certify that the information provided above represents my professional judgment and is true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
Signature of Physician or Professional

\_\_\_\_\_  
Date

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

Phone: \_\_\_\_\_

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

**APPLICANT/RESIDENT:** If we cannot provide this accommodation immediately, you will get an answer to this request within 14 days of the receipt of this completed request. If you do not agree with the response, you may appeal the decision to: The Falmouth Housing Corporation, 704 Main Street Suite D, Falmouth, MA 02540.