

FALMOUTH HOUSING AUTHORITY

APPLICATION DATE & TIME:

115 Scranton Avenue  
Falmouth, MA 02540

Phone: (508) 548-1977 X 213

Fax: (508) 457-7573

TDD (800) 545-1833 X185

www.falmouthhousingauthority.org

**PRELIMINARY APPLICATION FOR  
DISABLED INDEPENDENT ADULT LIVING (DIAL) ASSISTANCE**

AP NUMBER: \_\_\_\_\_

This application is for rent & utility assistance through the Falmouth Housing Authority. Eligible applicants receive a voucher certifying that the Housing Authority will be partially subsidizing their rent. Program participants seek their own housing WITHIN BARNSTABLE COUNTY (unit must meet HCVF standards after an inspection, and be under an allowable rent limit). Participants are leased in qualified units for 1 year, and if in the household remains in good standing, may continue residing in the unit on a month-to-month basis, or, may move anywhere in the U.S.A and Puerto Rico (conditions apply).

**Benefits:** Eligible participants pay under 40% of their monthly adjusted income for rent and utilities, not including phone and cable. If your income increases or decreases, your share will still remain under 40%. The Housing Authority pays the difference to the Landlord. The unit is inspected annually by an outside agency to insure compliance to Housing Choice Quality Standards. Rent amount charged by a Landlord is limited by program requirements, and is determined by the Government to be affordable.

**General Requirements:** Applicants must be disabled. Those living or working in Falmouth and/or eligible for a "Preference" (see below) will receive preference. One person annual gross income cannot exceed \$32,050, two person annual gross income may not exceed \$36,600. UNITS ARE ONE BEDROOM ONLY. You must meet citizenship/eligible immigrant criteria. You must complete/supply all required application documentation, and adhere to program requirements (examples: no pets, no smoking in units, no drug, alcohol or violent activity).

Be advised that any information provided is subject to third party verification. 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. All application information must be complete. If an item below is not applicable to you, note N/A. Note: application to this housing program does not invalidate your application to any other Falmouth Housing Authority program.

Applicant Name (Head of Household): _____: 2nd Adult _____	
Address: _____	
City, State, Zip: _____	Mailing Address: _____
Mailing City, State, Zip: _____	Home Phone: _____
Cell Phone: _____	Spouse/Other Phone: _____
Is there someone we should contact in regard to this application (Caregiver, Relative, etc.) (circle one) Y N	Relationship to Applicant: _____
If so: Name: _____	Phone: _____
<b>2 People to contact in case of emergency who will know how to contact you:</b>	
Name: _____	Address: _____
Name: _____	Phone: _____
Name: _____	Address: _____
Name: _____	Phone: _____

**Who will be living in the unit?**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Sex \_\_\_\_\_ Relationship to Head \_\_\_\_\_ Race Code \_\_\_\_\_  
(Head of Household)

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

How did you hear about this program? \_\_\_\_\_

Does anyone live with you who is not listed above? Y N

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

Do you plan to have anyone living with you in the future who is not listed above? Y N

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

How many people live in your unit now? \_\_\_\_\_ How many bedrooms are in the unit? \_\_\_\_\_

Are you being evicted? Y N Explain: \_\_\_\_\_

If you have signed a lease for your current residence, please provide date you will be able to move: \_\_\_\_\_

Are you or any member of your family a registered Sexual Offender? Y N

Have you or anyone in your household convicted of any drug related or violent activity in the last 10 years? Y N

**(OVER)**

Do you expect a change of income (increase or decrease) within the next year (including Child Support)? Y N  
Explain: \_\_\_\_\_

Does anyone in your household receive cash income? Y N Explain: \_\_\_\_\_  
Property address: \_\_\_\_\_

Do you/have you owned any Real Estate within the last 2 years? Y N  
Is this your primary residence, or is it investment property? \_\_\_\_\_ (Please note income from property below)

Do you have any childcare or medical expenses (i.e, daycare, health insurance, Medicare, medical bills, insurance co-  
pays, etc.) Explain: (attach documentation if needed): \_\_\_\_\_

Do you now, or have you ever had your rent subsidized by this or any other housing assistance program? Y N

If so, what program? \_\_\_\_\_ Dates: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Where? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

\*How much are you paying for rent and utilities at your current address? \$ \_\_\_\_\_

If none, please explain: \_\_\_\_\_

Are you or have you been displaced due to any of the following? 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

How would you describe your current housing? 1) \*\*Substandard 2) \*\*Homeless 3) Standard/I don't know

*NOTE: If you circled "Homeless", you are required to complete the attached "Documentation of Homelessness" form*

*and provide the documentation stated on the form with this application.*

\* \*\*If Substandard, which apply? 1) Dilapidated 2) Inoperable Indoor Plumbing 3) No Flush Toilet

- 4) No Usable Bath tub/Shower
- 5) No or Unsafe Electricity
- 6) No Adequate Source of Heat
- 7) No Kitchen
- 8) Declared Unfit for Habitation by a Government Entity
- 9) Other: \_\_\_\_\_

How would you describe yourself? 1) \*\*Elderly 2) \*\*Disabled 3) \*\*Handicapped 4) Not Elderly

5) \*\*Elderly/Disabled (If Handicapped or Disabled, and not on SSI or SSDI, the "Medical Certification" form

attached MUST be completed by you AND your Physician.)

Are you currently residing or employed in Falmouth? \*\*Y N Are you a Veteran? \*\*Y N

**Please list all household income information (i.e, Social Security, Welfare, Wages (full time, part-time & seasonal),**

**Pensions, Investments, Unemployment, Child Support, Alimony, Earned Income Tax Credit, Food Stamps, etc.):**

Source:	Annual amount:	Source:	Annual Amt:
1) _____	\$ _____	4) _____	\$ _____
2) _____	\$ _____	5) _____	\$ _____
3) _____	\$ _____	6) _____	\$ _____

**Please list all household asset account information (i.e, Checking Accounts, Savings Accounts, IRA's, Certificates**

**of Deposit, Stocks, Bonds, Trusts, etc.):**

Bank/Institution:	Account #:	Balance:	Bank/Institution:	Account #:	Balance:
1) _____	_____	\$ _____	4) _____	_____	\$ _____
2) _____	_____	\$ _____	5) _____	_____	\$ _____
3) _____	_____	\$ _____	6) _____	_____	\$ _____

This preliminary application will be reviewed, and you will receive a letter advising of your status (**Preliminarily** Eligible, or Ineligible) within one month of the Falmouth Housing Authority's receipt of the application. **If Preliminarily Eligible**, the letter will reflect application receipt date & time, preference, priority, and **estimated** wait for housing. Note the wait at this time is significant. (**Preference:** if you are determined to be Rent Burdened as per \* above, or qualify for a Preference as per \*\* above. **Priority:** 1 = Qualifies for a Preference, and living or working in Falmouth. 2 = Qualifies for a Preference only. 3 = Living or working in Falmouth only. 4 = Not living nor working in Falmouth, nor qualified for a Preference).

When your name approaches the top of the Waiting List, you will be advised by written notification. You will be asked to complete a full application package, in which you will be required to document information provided on this form (the written notification will detail documentation requirements). Submitted information will be verified, and background and reference checks will be performed. **When/if you have been determined to be Fully Eligible**, the housing process will proceed, including a briefing which will detail our program prior to an offer of housing.

If you have any questions regarding this application, please contact us at (508) 548-1977 x 213.

**Please do not submit any additional documentation with this application unless noted above.**

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

Signature, Head of Household \_\_\_\_\_ Date \_\_\_\_\_



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	
<b>Signature of Applicant</b>	<b>Date</b>

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.