



You may return this application in person, by mail, fax or email

Application Date & Time-(Office Use Only)

Falmouth Housing Authority  
115 Scranton Ave  
Falmouth, MA 02540



Tel: (508) 548-1977 Fax: (08) 457-7573  
TDD: 1-800-545-1833 x185  
www.falmouthhousing.org

**PRELIMINARY APPLICATION FOR THE FEDERAL PUBLIC HOUSING PROGRAM**

**Must be fully completed. If an item does not apply to you, please mark "N/A" in the space. If you haveno income, please mark "\$0" in the income section. All Application Information is Confidential**

**This application is for federal public housing assistance** through the Falmouth Housing Authority. Eligible participants will be offered a ONE-BEDROOM NON-SMOKING public housing unit in the first property that has an opening: Harborview Apartments (115 Scranton Ave), Rose Morin Apartments (58 Rose Morin Ln) and Tatakot Apartments (138 Teaticket Hwy). Public housing is limited to eligible low-income families and individuals who are 62+years of age and/or young disabled under the age of 62. The admission of young disabled is limited and outlined in FHA's Designated Housing Plan. Public housing tenants must pay their monthly rent in accordance with their Lease Agreement. Service Animals and Pets may be approved. These are non-smoking properties. Application to this housing program does not invalidate your application to any other housing authority's housing waiting list.

**Benefits:** In general, participants pay 30% of their monthly adjusted income for rent and utilities, not including phone and cable. The unit is inspected annually to ensure federal housing quality standards. Tenants are leased in units for one (1) year, and may be offered continued occupancy as long as they remain in good standing.

**Required Program Preference/Eligibility:** The waiting time for an offer of housing varies (2-10 years) and is based on unit availability and preferences. An applicant may qualify for a preference (see reverse). Applicants will a preference will receive priority on the waiting list. All applicants must be determined eligible in accordance with the Department of Housing and Urban Redevelopment (HUD) guidelines for income and eligibility and FHA's Admissions and Continued Occupancy Plan (ACOP). If offered housing, all adults (18+) must sign the lease agreement.

<b>R# of Household Members</b>	<u>1</u>	<u>2</u>	<u>3</u>
<b>FY 2022 Income Limit</b>	<u>\$60,900</u>	<u>\$69,600</u>	<u>\$78,300</u>

All application information is subject to verification. Eligibility process will include: CORI (criminal background) check(s), SORI (sex offender) check(s), reference check(s). A home check may be performed as part of the eligibility process. Eligibility criteria can be found online at <http://www.falmouthhousing.org>

**1. COMPOSITION** How many people will live in the apartment (including yourself)? \*

**2. Tell us about the HEAD OF HOUSEHOLD**

Gender: M / F Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you **DISABLED**?  Yes  No

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ City/ST/ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Unit No.: \_\_\_\_\_ City/ST/ZIP \_\_\_\_\_  
(if different from home address)

Tell us about your **INCOME**

For example, do you have a job, receive unemployment, Social Security, SSI, SSDI, or other sources of income (pension, annuities, regular money from friends/family, etc.)?

Check all that apply:

- Social Security income
- SSI income
- State of MA: SSDI Income
- Pension

Employment income (list name of employer):  Gross Annual Income from all Sources

Other (list other source(s) of income) \_\_\_\_\_

Tell us about your **ASSETS**

For example, do you have a bank or 401k account? Do you have stocks, bonds, or CD's? Does your name appear on any real estate documentation? List all types of asset accounts that bear your name.

Checking Account (list name of bank and 6-month average) List current balance of: \_\_\_\_\_

Savings Account (list name of bank and current balance)  401k account: \_\_\_\_\_

Direct Express Account (list current balance)  Stocks and Bonds: \_\_\_\_\_

Real Estate (appraised value): \_\_\_\_\_  CDs: \_\_\_\_\_

3. Race and Ethnic Data Reporting  
Falmouth Housing Authority is required to ask you to complete this section.  
Your answers are voluntary and will not affect your application.

Ethnic Categories (select ONE):	Racial Categories (sell ALL that apply)
<input type="radio"/> Hispanic or Latino	<input type="radio"/> American Indian or Alaska Native
<input type="radio"/> Not Hispanic or Latino	<input type="radio"/> Black or African American
	<input type="radio"/> Native Hawaiian or other Pacific Islander
	<input type="radio"/> White
	<input type="radio"/> Other

4. Tell us about the SPOUSE OR OTHER CO-HEAD OF HOUSEHOLD  Are you **DISABLED**?  Yes  No  
Gender: M / F Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Tell us about their INCOME  
For example, do they have a job, receive unemployment, Social Security, SSI, SSDI, or other sources of income (pension, annuities, regular money from friends/family, etc.)?

Check all that apply:

- Social Security income
- SSI income
- State of MA: SSDI Income
- Pension

Employment income (list name of employer): \_\_\_\_\_

Other (list other source(s) of income) \_\_\_\_\_

Gross Annual Income from all Sources  \$ \_\_\_\_\_

Tell us about their ASSETS

For example, do they have a bank or 401k account? Do they have stocks, bonds, or CD's? Does their name appear on any real estate documentation? List all types of asset accounts that bear their name.

- Checking Account (list name of bank and 6-month average)  
List current balance of: \_\_\_\_\_
  - 401k account: \_\_\_\_\_
  - Stocks and Bonds: \_\_\_\_\_
  - CDs: \_\_\_\_\_
  - Real Estate (appraised value): \_\_\_\_\_
  - Other asset accounts: \_\_\_\_\_
- Savings Account (list name of bank and current balance) \_\_\_\_\_
- Direct Express Account (list current balance) \_\_\_\_\_

5. EMERGENCY CONTACT\*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

6. LANDLORD REFERENCE #1 Please provide information for landlord contacts for a five-year history.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Rental Period: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email, if known: \_\_\_\_\_

7. PREFERENCES: (Check all that apply). Preferences will be verified at a later date.

- Involuntarily displaced and is not living in standard permanent housing.** Examples of involuntary displacement are: (1) Physical/Mental abuse: The applicant has vacated their unit as a result of actual physical or mental abuse directed against the applicant or one or more members of the applicant's family by a spouse, or other member of the applicant household; (2) Reprisal: If the family member provided information on criminal activities to a law enforcement agency and the law enforcement agency recommends re-housing the family to avoid risk of violence against family members; (3) Hate crimes: If one or more members of the applicant's family have been the victim of hate crimes, and the applicant has vacated a housing unit because of such crimes or the fear associated with such crimes; (4) Current unit is inaccessible: If a member of the household has a mobility or other impairment that makes the person unable to use the critical elements of the unit, and the owner is not legally obligated to make changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation; (5) HUD disposition: HUD has/is planning to dispose of multi-family projects/units; and/or (6) Homeless: Applicant is homeless (per Title 42, Chapter 119, Subchapter I, of the United States Code).
- The applicant is living in **substandard housing** (a homeless family is considered to be living in substandard housing).
- The applicant is paying **more than 50%** of gross monthly income for rent and utilities for at least 90 days.
- People **who live or work in the Town of Falmouth.** It is defined as currently living or currently working in the Town of Falmouth.
- People **who live or work in the remainder of Barnstable, Dukes or Nantucket Counties.** It is defined as currently living or currently working in Barnstable, Dukes or Nantucket Counties.
- A **veteran** of the US Armed Forces with an honorable discharge or his/her surviving spouse.
- You are a **victim** of Domestic Violence, as defined by VAWA

This document will be reviewed. A letter, stating whether or not your pre-application was preliminarily accepted or preliminarily denied, will be mailed to you. If preliminarily accepted, your name will be added to our waiting list. If preliminarily denied, we will provide you with the next steps for the pre-denial/denial appeal process. **UPDATES:** Respond, in writing, to all letters sent to you from the housing authority. Failure to do so may result in your removal from the waiting list. All changes to your information (address, phone, composition, preferences, etc.) must be made in writing. **OFFER:** When your name approaches the top of the waiting list, you will be contacted (mail, telephone, email, emergency contact) to participate in a final eligibility interview. Verification of this pre-application and additional information will be obtained from you at that time.

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE  
 I certify that my household: (1) qualifies as a family; (2) income qualifies within the income limits; (3) meets citizenship/eligible immigrant criteria, and (4) are able to provide documentation of Social Security numbers. 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.

Signature of Head of Household	Date	Signature of Spouse/Other Co-Head of Household	Date
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**HUD Form 92006 Supplement to Application for Federally Assisted Housing must be attached to application**

\*Please use a separate piece of paper to report information regarding additional household members, emergency contacts, and/or landlords from who you have rented from within the last five years (if more than one).

OMB Control # 2502-0581  
 Exp. (02/28/2019)

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"/> Assist with Recertification Process <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____

**Commitment of Housing Authority or Owner:** 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.

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

**Legal Notification:** 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.

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

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.