

# School House Green Project Based



Falmouth  
Housing  
Corporation

704 Main Street, Suite D  
Falmouth, MA 02540

508-540-4009 TEL  
508-548-6329 FAX

Preliminary Application

[www.falmouthhousingcorp.org](http://www.falmouthhousingcorp.org)

This application is for placement on the waiting list for a project based rental unit at the **School House Green** complex located at 100 Teaticket Highway, East Falmouth, MA 02536.

Features include:

- Heat, air conditioning, hot water and electricity
- Ample parking
- On-site laundry facilities
- Well maintained common areas, buildings and grounds
- Secure entry
- Private decks or patios
- Responsive local management
- 24 Hour Emergency Maintenance Service
- Community Room

**Income Limits:** This complex has been funded in part with State and Federal Housing grants, and are therefore subject to the following income limits.

*Income limits are subject to change without notice.*

**\*Smoking is prohibited at School House Green\***

**Authorized Pets Only**

INCOME QUALIFICATIONS	30% GROSS INCOME LIMIT	
UNIT SIZE	1 PERSON	2 PERSON
1 BR	\$22,850	\$26,100
2 BR		\$26,100

Applications will be reviewed for preliminary eligibility based on information provided in the application.

## Please fill in all sections completely.

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 at 508-540-4009.

Persons with disabilities may ask for this application in large print type or other alternate formats. Language assistance services are available.

School House Green is a 62+ (or 55+, if disabled).

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.



**Section 8**  
**Project-Based Voucher Program**  
**School House Green**



Please complete and return to:

Falmouth Housing Corporation

704 Main St. Suite D  
 Falmouth MA 02540  
 (508) 548-1977

*For agency use only:  
 Date/Time Stamp/  
 Control Number*

Pre-Application for Housing Assistance



Please print neatly in ink. All fields are required. Submit this form only. Incomplete, photocopied, e-mailed or faxed applications will not be accepted. If you are already on our tenant-based Section 8 waiting list your record will be updated using the information that you provide below. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

**IMPORTANT!**

One-third of all applicants are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to the agency listed above.

**Head of Household Information**

Social Security Number		Phone (include area code)		
First Name	Middle Name	Last Name		
Address		City/Town	State	Zip code
Shelter Name	Shelter Address	City/Town	State	Zip code

**Family Information**

Write in the approximate amount of your family's gross (before taxes) annual income. Include all sources for all family members.  
**Gross annual household income \$** \_\_\_\_\_

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. For example: spouse/partner, son, daughter, aunt, grandmother, etc.

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security Number
		Head of Household				

**Household Bedroom Size: 1BR 2BR (circle one)**

Does anyone in the household require a wheelchair accessible unit: Yes  No

**What is your current housing situation? (Check only one box)**

- I am homeless
- I live in substandard housing
- I have been involuntarily displaced by fire, flood, or other natural disaster
- I pay more than 50% of my monthly income for rent and utilities
- I live in a shelter
- I am doubled up with friends or relatives
- I live in public housing
- I live in a transitional housing program
- I live in subsidized housing
- Other (describe)

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- ✓ any misrepresentation or false information will result in my application being cancelled or denied, or intermination of housing assistance;
- ✓ this is a pre-application for project-based rental assistance through DHCD and its regional administering agencies and is not an offer of housing;
- ✓ at the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and DHCD policy;
- ✓ it is my responsibility to notify any one of DHCD's regional administering agencies in writing of any change of address and my application may be cancelled if I fail to do so;
- ✓ it is my responsibility to notify any one of DHCD's regional administering agencies in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;
- ✓ my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and DHCD regulations; and that I will be subject to a criminal history check.

I agree that DHCD can share my information with other state agencies for the purposes of determining program eligibility.

**It is your responsibility to keep us informed in writing of any changes of your address, phone number as well as any income or household composition changes that may affect your eligibility.**

<b>Signature of Head of Household</b>		<b>Date</b>
<b>Signature of Adult Applicant</b>		<b>Date</b>

- |   |                        |
|---|------------------------|
| <input type="checkbox"/> ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.                          | 1. Arabic              |
| <input type="checkbox"/> Խորհրդով ենք նշում կատարեք այս բառակուսում, եթե խոսում կամ կարդում եք հայերեն: | 2. Armenian            |
| <input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।                         | 3. Bengali             |
| <input type="checkbox"/> ឈ្មួញក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។                               | 4. Cambodian           |
| <input type="checkbox"/> Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.   | 5. Chamorro            |
| <input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。   | 6. Simplified Chinese  |
| <input type="checkbox"/> 如果你能讀中文或講中文，請選擇此框。   | 7. Traditional Chinese |
| <input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.                | 8. Croatian            |
| <input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.                         | 9. Czech               |
| <input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken.                    | 10. Dutch              |
| <input type="checkbox"/> Mark this box if you read or speak English.                                    | 11. English            |
| <input type="checkbox"/> اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.                   | 12. Farsi              |



- Cocher ici si vous lisez ou parlez le français. 13. French
- Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. 14. German
- Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. 15. Greek
- Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen. 16. Haitian Creole
- अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। 17. Hindi
- Kos lub voj no yog koj paub twm thiab hais lus Hmoob. 18. Hmong
- Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet. 19. Hungarian
- Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. 20. Ilocano
- Marchi questa casella se legge o parla italiano. 21. Italian
- 日本語を読んだり、話せる場合はここに印を付けてください。 22. Japanese
- 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. 23. Korean
- ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ. 24. Laotian
- Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. 25. Polish

- Assinale este quadrado se você lê ou fala português. 26. Portuguese
- Însemnați această casuță dacă citiți sau vorbiți românește. 27. Romanian
- Пометьте этот квадратик, если вы читаете или говорите по-русски. 28. Russian
- Обележите овај квадратих уколико читате или говорите српски језик. 29. Serbian
- Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. 30. Slovak
- Marque esta casilla si lee o habla español. 31. Spanish
- Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. 32. Tagalog
- ให้กาเครื่องหมายลงในช่องดำท่านอ่านหรือพูดภาษาไทย. 33. Thai
- Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga. 34. Tongan
- Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. 35. Ukrainian
- اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔ 36. Urdu
- Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. 37. Vietnamese
- באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש. 38. Yiddish