## 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 THE GERALD FLYNN HOUSE PROGRAM

This application is for housing assistance for this program only, through the Falmouth Housing Authority. Eligible applicants are housed in one of seven Single Room Occupancy (SRO) units in a residence in the town of Falmouth; each participant has a private bedroom, and shares kitchen and bath facilities and common areas

outside agency to insure quality of housing on behalf of the participant. Residents are leased in units for 1 year, and if then 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 **Benefits:** Participants benefit from the support of an on-site House Manager and pay 30% of their monthly adjusted income for rent and utilities, not including phone and cable. The unit is inspected annually by an waiting list.

APPLICANTS MUST BE HOMELESS AS PER THE ENCLOSED "DOCUMENTATION OF HOMELESSNESS FORM", AND MUST PROVIDE THE DOCUMENTATION STATED ON THE FORM WITH THIS APPLICATION. APPLICANT ANNUAL INCOME CANNOT EXCEED \$20,300. General Requirements: SIHT PROGRAM IS AS ONE BEDROOM, ONE APPLICANT ONLY. "DOCUMENTATION AL 유L

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 housing agency program. application to any other Falmouth Housing Authority or Falmouth Housing Corporation program, or any other

Applicant Name (You/Head of Household): Address: Zip: Cell Pho	Cell Phone: Home Phone:
Mailing Address:State:Zip:Soc State:Zip:Soc Date of Birth:/ / Soc Race # (1) White (2) Blac Race # (1) White (2) Blac	Mailing Address:City:
2 People who will know how to contact you:	ontact you:Address:
City:	State: Zip: Cell Phone: Cell Phone: Relationship to you:
Name: City: Home Phone:	Address: State: Zip: Cell Phone: State: Zip: Cell Phone: State: Cell Phone: Cell Phone: State:
Are you a full time student? (circle one) Y N How did you hear about this program?	le one) Y N
Are you a board member, employ housing authority, Fairwinds, of Have you ever had your rent sub lf so, what 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 Trust? Y N (If Y, please detail in the comment area) Have you ever had your rent subsidized by this or any other housing assistance program? Y N If so, what program?
In what city? St: Have you ever been evicted? Y N Why?	St: Why did you leave? (comment)

Are you or have you been displaced due to any of the following? (comment on all)

6) HUD Disposition 2) Physical/Mental Abuse 5) Current Únit is Inaccessible 1) Federally Declared Natural Disaster 4) Hate Crimes

7) Other

nclosed) 2) Disabled (receiving SSI, SSDI, or submitting a completed "Medical Certification Are you: 1) Elderly

3) Requiring handicapped accessible unit 4) Not Elderly	unit 4) Not Elderly	) 5 5	₹
Are you employed in Falmouth? Y N			
Are vou a Veteran who can provide a DD21	n who can provide a DD214 or other documentation of bonorable discharace V N	>	2

<i>-</i> 2.		
ids, trusts, etc	Zip:	
əs of deposit, Stocks, bol Ce:	you still own it? Y	from property: \$
accounts, IRA's, certificates o Type: \$	Use comment area if you hold more assets)  Address:	Primary Investment Gross annual income from property: \$
(i.e., checking & savings accounts Account Type:	ou hold more assets) ny Real Estate in the las	mary Investment
Please list all assets (i.e., checking & savings accounts, IRA's, certificates of deposit, Stocks, bonds, trusts, etc.)  Bank/Institution:  \$	(Use comment area if you a Have you owned any FAddress:	Type of property: Prir

Please list all income	i.e., Social Security, Welfare/TAN	Please list all income (i.e., Social Security, Welfare/TANF/EAEDC, wages, pensions, investments, unemployment, alimony,	rt, alimony.
earned income tax credit, foc	earned income tax credit, food stamps, cash income, etc.):		
Income Type:	Employer/Agency:	Gross Monthly Amount:	
		69	
	Constitution of the state of th		
		€.	
(Use comment area if you have more income)	ave more income)	<b>.</b>	
Do you expect a change	of income within the next y	Do you expect a change of income within the next year? Y N (if Y, comment).	
Do you have medical ex	penses? (i.e, health insurance,	Do you have medical expenses? (i.e, health insurance, Medicare, medical bills, insurance co-pays, etc.) Y N	_

(Note expense and monthly amount in comments).

application. As most letters are time sensitive, IT IS IMPORTANT THAT YOU READ ALL MAILINGS THROUGHLY 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 CONTACTED BY MAIL. You will then be required to fully complete qualification documentation application will be reviewed, and if accepted, you will receive a letter advising of your status within one of receipt of the application. You may periodically receive letters from our agency about your tion. As most letters are time sensitive, IT IS IMPORTANT THAT YOU READ ALL MAILINGS 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 also receive written notification about their status and instructions for appeal application.

PLEASE DO NOT SUBMIT ANY ADDITIONAL DOCUMENTATION WITH THIS APPLICATION UNLESS INSTRUCTED TO DO SO ABOVE. IF THIS APPLICATION DOES NOT CONTAIN 12 PAGES, OR 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. Receptionist cannot make copies due to application volume. I hereby swear and attest that all information given above is true and correct to the best of my knowledge. I agree to notify FHA in writing of any changes to the above information. I understand that this application may be withdrawn from the list if I fail to inform the FHA these changes, or if the information provided is

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Signature, Head of Household



## ROFIL

Legal First Name: Legal Middle Name	: Legal Last Name:
Gender: o Female o Transgender Female to Male o Don't Know	o Male o Transgender Male to Female
Ethnicity: o Non Hispanic/Latino Don't Know	∘ Hispanic/Latino
Race:  o American Indian or Alaskan Native o Black or African-American o White o Other – Multi-Racial	<ul><li>Asian</li><li>Native Hawaiian/other Pacific Islander</li><li>Other</li><li>Don't Know</li></ul>
Are you chronically homeless?  ONO  Yes  (HUD defines a chronically homeless person as "an unaccompanied individu continuously homeless for a year or more, or has had at least four episodes	<ul> <li>Yes</li> <li>Don't Know</li> <li>"an unaccompanied individual with a disabling condition of long duration, who has been shad at least four episodes of homelessness in the past three years").</li> </ul>
Olisabling Condition Olisabling Condition: Condition that prevents a person from work permanently)	o Yes
Where are you staying now?  Emergency shelter, including hotel or motel paid for with emergency shelter voucher*  Transitional housing for homeless persons (including homeless youth)*  Psychiatric hospital or other psychiatric facility  Substance abuse treatment facility or detox center  Hospital (non-psychiatric)  Jail, prison or juvenile detention facility  Hotel or motel paid for without emergency shelter voucher  Foster care home or foster care group home  Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train outside)  Other:	or with emergency shelter voucher*  re-  voucher  an abandoned building, bus/train/subway station/airport or anywhere
Length of stay here:  o More than one week, but less than one month o More than three months, but less than one year o One to three months o One week or less o One year or longer	
Zip code of the last permanent address:	dress: apartment or house where you last lived for 90 days or more)
Do you have a Physical Disability? • Yes • No • Don't Know	w Are you Receiving Treatment? o Yes o No o Don't know
Do you have a Developmental Disability? o Yes o No o Don	Don't Know Are you Receiving Treatment? o Yes o No o Don't Know
Do, you HIV/AIDS? o Yes o No o Don't Know	Are you Receiving Treatment? • Yes • No • Don't Know
a Chronic Health Condition? ∘ Yes ∘ No ∘	Don't Know. Are you Receiving Treatment? • Yes • No • Don't Know
Do you have a Mental Health problem? o Yes o No o Don'duration and substantially impairs ability to live independently?	Don't Know ( <i>If Yes, is it expected to be of a long continued and indefinite tly?</i> ∘ Yes ∘ No ∘ Don't Know Are you Receiving Treatment? ∘ Yes ∘ No ∘ Don't Know
Substance Abuse Problem? o Alcohol o Drugs o Both duration and substantially impairs ability to live independently?	<ul> <li>None (If Yes, is it expected to be of a long continued and indefinite</li> <li>Yes o No o Don't Know</li> <li>Are you Receiving Treatment? o Yes o No o Don't Know</li> </ul>
Have you ever been a victim of domestic violence? o Yes o No o Dor If Yes, When did the experience occur? o Within the past three months o From six to twelve months ago EMPLOYMENT	o No o Don't Know hree months o Three to six months ago e months ago o More than a year ago o Don't know
Are you currently employed?  If not currently employed, are you looking for work? o Yes o No Was this permanent, seasonal, or temporary work?  Number of hours worked in the last week  What is the rate per hour?	Yes o No o Don't Know  Permanent o Seasonal o Temporary o Don't Know
looking for additional employment or increased hours in ed Total Monthly Income received from any sources in past 30 days?	your current job? o Yes o No o Don't Know  Yes o No o Don't Know

## EDUCATION

Currently in school or working on a degree or certificate?
If you has completed Post-secondary education, what degree has the you earned:  o None o Associates Degree o Bachelors o Masters o Doctorate o Other graduate/professional degree o Don't Know
GENERAL HEALTH STATUS
General Health Status:  o Don't know o Excellent o Fair o Good o Poor o Very good PREGNANCY STATUS Are you pregnant? f Yes when are you due? f Yes when are you due?
wm dd yyyy VETERAN'S INFORMATION
Veteran
o No o Yes o Don't Know o Refused H Yes Milliany sension eras:
o Persian Guif Era (August 1991-Present) o Post Vietnam (May 1975-July 1991) o Vietnam Era (August 1964-April 1975) o World War I (April 1917-November 1918) o World War II (September 1940-July 1947)
Duration of active duty:  Served in a war zone?
Number of months in war zone:  Received hostile or friendly fire?  Branch of the military:  Army  Army  Non Marines  O Author
sts