

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.

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 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 waiting list.

General Requirements: THIS PROGRAM IS ONE BEDROOM, ONE APPLICANT ONLY. ALL 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.

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

Applicant Name (You/Head of Household): _____ City: _____

Address: _____ Cell Phone: _____ Home Phone: _____

State: _____ Zip: _____ Spouse/Other Phone: _____

Work Phone: _____ Mailing Address: _____ City: _____

State: _____ Zip: _____

Date of Birth: ____/____/____ Social Security #: ____/____/____ Sex: M F

Race # ____ (1) White (2) Black (3) American Indian (4) Hispanic (5) Asian/Pacific Islander (6) Other
(We are required to obtain race/ethnicity information for Equal Opportunity purposes.)

2 People who will know how to contact you: _____ Address: _____

Name: _____ City: _____ State: _____ Zip: _____ Cell Phone: _____

Home Phone: _____ Relationship to you: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Home Phone: _____ Relationship to you: _____

Are you a full time student? (circle one) Y N

How did you hear about this 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? _____ Dates: from: ____/____/____ to: ____/____/____

In what city? _____ St: _____ Why did you leave? (comment) _____

Have you ever been evicted? Y N Why? _____

(OVER)

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

- 1) Federally Declared Natural Disaster
- 2) Physical/Mental Abuse
- 3) Reprisal
- 4) Hate Crimes
- 5) Current Unit is Inaccessible
- 6) HUD Disposition
- 7) Other

Are you: 1) Elderly 2) Disabled (receiving SSI, SSDI, or submitting a completed "Medical Certification Form" enclosed) 3) Requiring handicapped accessible unit 4) Not Elderly

Are you employed in Falmouth? Y N

Are you a Veteran who can provide a DD214 or other documentation of honorable discharge? Y N

Please list all assets (i.e., checking & savings accounts, IRA's, certificates of deposit, Stocks, bonds, trusts, etc.)
Bank/Institution: _____ Account Type: _____ Balance: \$ _____

_____ Balance: \$ _____
_____ Balance: \$ _____

(Use comment area if you hold more assets)

Have you owned any Real Estate in the last 2 years? Y N Do you still own it? Y N

Address: _____ City: _____ St: _____ Zip: _____
Type of property: Primary Investment Gross annual income from property: \$ _____

Please list all income (i.e., Social Security, Welfare/TANF/EAEDC, wages, pensions, investments, unemployment, alimony, earned income tax credit, food stamps, cash income, etc.):

Income Type: _____ Employer/Agency: _____ Gross Monthly Amount: \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

(Use comment area if you have more income)

Do you expect a change of income within the next year? Y N (If Y, comment)

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)

This application will be reviewed, and if accepted, you will receive a letter advising of your status within one month of receipt of the application. You may periodically receive letters from our agency about your application. As most letters are time sensitive, **IT IS IMPORTANT THAT YOU READ ALL MAILINGS THOROUGHLY 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 WILL BE CONTACTED BY MAIL.** You will then be required to fully complete qualification documentation 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.

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. Note our 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 determined to be false.

_____/_____/_____
Signature, Head of Household Date



EDUCATION

Currently in school or working on a degree or certificate? Yes No Don't Know
Received vocational training or apprenticeship certificates? Yes No Don't Know

Highest level of school completed:

- 10th Grade
- 11th Grade
- 12th Grade
- 5th Grade or 6th Grade
- 7th Grade or 8th Grade
- 9th Grade
- GED
- High School Diploma
- No Schooling Completed
- Nursery school to 4th Grade
- Post-secondary School
- Don't Know

If you has completed Post-secondary education, what degree has the you earned:

- None
- Associates Degree
- Bachelors
- Masters
- Doctorate
- Other graduate/professional degree
- Don't Know

GENERAL HEALTH STATUS

General Health Status:

- Don't know
- Excellent
- Fair
- Good
- Poor
- Very good

PREGNANCY STATUS

Are you pregnant?

If Yes, when are you due?

Yes No Don't Know
mm / dd / yyy

VETERAN'S INFORMATION

Veteran

- No
- Yes
- Don't Know
- Refused

If Yes, Military service eras:

- Between Korean and Vietnam War (February 1955-July 1964)
- Between WWI and WWII (December 1918-August 1940)
- Between WWI and Korean War (August 1947-May 1950)
- Korean War (June 1950-January 1955)
- Persian Gulf Era (August 1991-Present)
- Post Vietnam (May 1975-July 1991)
- Vietnam Era (August 1964-April 1975)
- World War I (April 1917-November 1918)
- World War II (September 1940-July 1947)

Duration of active duty: _____ Months

Served in a war zone? Yes No

Name of war zone:

- China, Burma India
- Europe
- Korea
- Laos and Cambodia
- North Africa
- Other
- Persian Gulf
- South China Sea
- South Pacific
- Vietnam

Number of months in war zone: _____ Months

Received hostile or friendly fire? Yes No

Branch of the military:

- Air Force
- Army
- Marines
- Navy
- Other

Discharge status:

- Bad Conduct
- Dishonorable
- General
- Honorable
- Medical
- Other