

Falmouth Housing Authority
115 Scranton Avenue
Falmouth, MA 02540
508-548-1977
lottery@falmouthhousing.org

Notantico Woods Apartments



Woods Hole Road, Falmouth, MA

To all Lottery Applicants,

Falmouth Housing Corporation is the developer for the Notantico Woods Apartments. We are very happy to announce our offering of applications for a lottery for new family rental housing in Woods Hole.

Notantico Woods Apartments will contain 11 unique affordable apartments which will be available through a Lottery. Eight units are available to applicants at or below 60% of the Barnstable County's area median income. These income levels are determined by household size and can be found within the Lottery Application Instructions. There are 3 units for households that are at or below 30% of the area median income. These 3 units are set aside for Project Based Section 8 applicants. Applicants interested in these units should contact the Falmouth Housing Authority at 508-548-1977 or by email at: lottery@falmouthhousing.org to request a Project Based Voucher application. There will be four 1 bedroom and six 2 bedroom apartments. There will also be one accessible 2 bedroom apartment. The site will contain 22 outdoor parking spaces, on-site laundry and outdoor community space. Rents include heat and electricity. Notantico buildings are smoke free.

This package includes the Lottery Application Instructions and the Lottery Application. Please follow the instructions and mail your application, along with required income documentation. There is no need to wait for the application deadline of July 15, 2015 at 4:30PM, feel free to submit your completed application sooner. You are strongly encouraged to attend one of the Information Sessions on Saturday, May 16, 2015 at 2:00PM or Wednesday, June 10, 2015 at 5:30 PM in the Community Room at 704 Main Street, Falmouth, where you will learn about the complex and learn about the lottery process. You will meet The Falmouth Housing Corporation and Falmouth Housing Authority staff who will be present to answer any questions.

We look forward to meeting and working with you.

Falmouth Housing Authority 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.



Language Assistance services available
For more information or reasonable accommodations,
Call Falmouth Housing Authority 508-548-1977
TTY/TTD 800-545-1833 x185



NOTANTICO WOODS APARTMENTS
LOTTERY APPLICATION
INSTRUCTIONS



Application Process

1. You must fill out the Lottery Application completely and return it with the required documentation no later than Wednesday, July 15, 2015 at 4:30 PM. Answer all questions. Only complete and signed Lottery Applications (with necessary documentation) will be included in the lottery.

RETURN IN PERSON OR BY MAIL TO	RETURN BY FAX TO:
Falmouth Housing Authority	508-457-7573 Attn: Diane Adler
115 Scranton Avenue	RETURN BY E-MAIL TO:
Falmouth, MA 02540	lottery@falmouthhousing.org

2. Please submit copies of 6 consecutive most recent pay stubs and copies of 3 consecutive most recent bank statements (checking and savings) for all adult household members. These documents must be included with the Lottery Application. **DO NOT SEND ORIGINALS.**
3. Maximum gross household income necessary for 60% units:

INCOME QUALIFICATIONS	MAX RENT	60% GROSS INCOME LIMIT			
		1 PERSON	2 PERSON	3 PERSON	4 PERSON
UNIT SIZE					
1BR	\$920	\$36,780	\$42,000		
2 BR	\$1,182		\$42,000	\$47,280	\$52,500

Minimum gross income necessary for 60% units:

1 BEDROOM	2 BEDROOM
\$26,310	\$32,310

4. Maximum gross household income necessary for 30% units:

INCOME QUALIFICATIONS	30% GROSS INCOME LIMIT (No Minimum Income Requirements)			
	1 PERSON	2 PERSON	3 PERSON	4 PERSON
UNIT SIZE				
1BR	\$18,400	\$21,000		
2 BR		\$21,000	\$23,650	\$26,250



5. Household Size Definition

A household shall mean an individual or 2 or more persons who will live in the apartment as their primary residence. Household size will be appropriate for the number of bedrooms in the apartment.

6. Information provided on this Lottery Application is confidential.

7. Applicants with a sensory or mobility disability may request an accessible unit, a reasonable modification of the housing or a reasonable accommodation of rules, policies, practices or services, necessary to afford the disabled person an equal opportunity to use and enjoy housing.

8. Your household can file only one application, and no household member can appear on more than one application. Incomplete applications missing any information or required documents will not be processed. **MAKE COPIES OF PAY STUBS AND BANK STATEMENTS AS ORIGINALS WILL NOT BE ACCEPTED.**

9. Eligible applicants will be notified by mail of their lottery number. The notification letter will provide the date, time and location of the lottery. Attendance is not mandatory, but eligible applicants are encouraged to attend. No units will be awarded at that time. The Falmouth Housing Authority will contact households in order of their ranking on the list created from the drawing.

10. Ineligible applicants will be notified in writing stating the reason for being determined ineligible.

11. The application deadline is Wednesday, July 15, 2015 at 4:30 PM. You are encouraged to attend the Information Sessions on Saturday, May 16, 2015 at 2:00 PM and Wednesday, June 10, 2015. These sessions will be held in the Community Room at 704 Main Street, Falmouth, MA.

12. Applicants with gross household income of 30% or less can request a Project Based Voucher Application from Falmouth Housing Authority. When you submit the application to them your name may be placed on the lottery for the three Project Based Voucher apartments, if you meet the eligibility requirements. Please contact the Falmouth Housing Authority by Phone: 508-548-1977, Fax: 508-457-7573 or email: lottery@falmouthhousing.org.

Lottery Process

1. Lottery numbers for all eligible applicants are pulled at random from all pools for which they are eligible.
2. If the number of minority applicants in the local pool is less than the percentage of minorities in Barnstable County, a preliminary lottery comprised of all minority applicants who did not qualify for the local preference pool will be held and applicants will be added to the local pool in order of drawing until the percentage of minority applicants in the local preference pool is equal to the percentage of minorities in Barnstable County.
3. Every eligible applicant will be entered into the "open" pool.
4. Applicants who live, work or have children who attend school in the Town of Falmouth will be entered in the "local" pool. Seven units have been set aside for local preference applicants.
5. The Falmouth Housing Authority will send letters to each applicant with the results of the lottery.

Tenant Selection Process

The Falmouth Housing Authority is the management agent and will begin the Tenant Selection Process with the list of results from the lottery and all Lottery Applications. When your name is pulled from this list, you will complete a Rental Application for the Falmouth Housing Authority that will include verification of information provided on the Lottery Application as well as other screening criteria defined in the Tenant Selection Plan.

The Falmouth Housing Authority does not discriminate in the selection of applicants on the basis of race, color, religion, sex, national origin, sexual orientation, age, children, familial status, genetic information, marital 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

use and enjoy said

Language Assistance services available

equal opportunity to housing.

For more information or reasonable accommodations,

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**NOTANTICO WOODS APARTMENTS
 LOTTERY APPLICATION**

Deadline: Wednesday, July 15, 2015 @ 4:30PM
 Please see Lottery Application Instructions



**NOTANTICO WOODS APARTMENTS
 300 Woods Hole Road
 Falmouth, MA 02540**

PRELIMINARY RENTAL APPLICATION - EQUAL HOUSING OPPORTUNITY

*FALMOUTH HOUSING AUTHORITY WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT.
 IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE,
 OR OTHER ALTERNATE FORMATS. LANGUAGE ASSISTANCE SERVICES ARE AVAILABLE.*

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Falmouth Housing Authority.

Applicant: _____ Home Tel: _____

Present Address _____

City: _____ State: _____ Zip: _____

Co-Applicant: _____ Home Tel: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

FAMILY COMPOSITION—List all those who will occupy the apartment, including yourself. A "household" is an individual or two or more persons who will live regularly in the unit as their primary residence. Household size will be appropriate for the number of bedrooms in the apartment.

List all Household Members	Relationship	Age	Sex	Last 4 digits of Social Security Number	Student Status for members 18 years of age and over
	<i>Head of Household</i>				



Rental Assistance: Do you have a mobile Section 8, MRVP or DIAL voucher? YES [] NO []

Present Housing Cost Per Month \$ _____ Including Utilities? YES [] NO []

How Long Have You Lived at Present Address? _____ Years

What are the reasons for moving? _____

Income Information

Income must be reported for all household members 18 and over. Total gross (before taxes and deductions) income includes income from all sources (wages, social security, unemployment, disability, child support, military pay etc.) Assets include monies in bank accounts, CDs, stocks, IRAs, cash on hand, debit cards, real estate etc. Please submit 6 most recent consecutive pay stubs and 3 most recent consecutive bank statements with this application.

Employment Income By Household Member:

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____

[] weekly [] bi-weekly [] monthly

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____

[] weekly [] bi-weekly [] monthly

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____

[] weekly [] bi-weekly [] monthly

Other Sources Of Income By Household Member:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.



	Type of Income	Gross Earnings (Before Taxes)
Member # _____	_____	_____
_____	_____	_____
_____	_____	Per [] week [] month [] year
Member # _____	_____	_____
_____	_____	_____
_____	_____	Per [] week [] month [] year
Member # _____	_____	_____
_____	_____	_____
_____	_____	Per [] week [] month [] year

Income From Assets:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

	Type of Asset	Interest or Dividend Income
Member # _____	_____	_____
_____	_____	_____
_____	_____	Per [] week [] month [] year
Member # _____	_____	_____
_____	_____	_____
_____	_____	Per [] week [] month [] year
Member # _____	_____	_____
_____	_____	_____
_____	_____	Per [] week [] month [] year



Size Of Apartment Needed: 1BR [] 2BR []

Unit Type Requested: (Check all that apply)

Wheelchair Yes [] No []

Adapted Unit Yes [] No []

Hearing/Visual Adapted Unit Yes [] No []

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or alternate ways we need to communicate with you? If yes, please explain.

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

[] American Indian/Alaskan Native

[] Asian or Pacific Islander

[] Black

[] White [] Other _____

Ethnicity: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

[] Hispanic or Latino

[] Not Hispanic or Latino

Local Preference: Applicants who live, work or have children who attend school in the Town of Falmouth will be entered in the "local" pool. You are required to provide documentation of your local preference. (lease, utility bill, car registration, pay stubs, letter from employer or school etc.)

Submit this documentation with your application.

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years. This can include shelters.

Name of PRESENT Landlord/Official _____ Telephone _____

Address _____

Name of PRESENT Landlord/Official _____ Telephone _____

Address _____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____

Address _____

Name of Character Reference _____ Telephone _____

Address _____



Please Respond To These Questions If You Wish To Be Considered For Priorities Or Special Deductions/ Considerations:

1. Have you been displaced from your home? If so, please explain.

2. Does your present apartment contain health code violations? If so, please describe:

3. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes _____ No _____
If so, please describe:

4. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household?
If so, please provide details _____

Conflict of Interest:

Do you work for or have any immediate family members who work, or have any business or consulting relationship with the Falmouth Housing Authority or Falmouth Housing Corporation? YES [] NO []

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested. I/We certify that I/We understand that false statements or information are punishable as applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date

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LANGUAGE IDENTIFICATION FLASHCARD

ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.

1. Arabic

Խաղաղում հնք հչում կատարեք այս քառակուսում,
կթե խոսում կամ կարգում եք հայերեն:

2. Armenian

যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।

3. Bengali

ល្អបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។

4. Cambodian

Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.

5. Chamorro

如果你能读中文或讲中文，请选择此框。

6. Simplified Chinese

如果你能讀中文或講中文，請選擇此框。

7. Traditional Chinese

Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.

8. Croatian

Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.

9. Czech

Kruis dit vakje aan als u Nederlands kunt lezen of spreken.

10. Dutch

Mark this box if you read or speak English.

11. English

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 kazye 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 beszél 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 căsuță dacă citiți sau vorbiți românește. 27. Romanian
- Пометьте этот квадратик, если вы читаете или говорите по-русски. 28. Russian
- Обележите овај квадратик 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
- ให้กาเครื่องหมายลงในช่องดำผ่านอ่านหรือพูดภาษาไทย. 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