Falmouth Housing Corporation

GIFFORD WORKFORCE

704 Main Street, Suite D
Falmouth, MA 02540
508-540-4009
lottery@falmouthhousingcorp.org

Lottery: Friday, August 28, 2020 - 2pm
Falmouth Town Hall

Anticipated Occupancy Date October 1, 2020

To All Lottery Applicants,

Falmouth Housing Corporation is the developer and managing agent for Gifford Workforce. We are very happy to announce the availability of applications for a lottery for new family rental housing in Falmouth, MA.

Gifford Workforce is an affordable housing development consisting of 10 one bedroom apartments. It is located at 591 Gifford Street in Falmouth, MA and consists of 2 residential buildings. The site will contain 10 parking spaces including 1 accessible space. The rent includes heat and electricity. All Gifford Workforce apartments are smoke free. Pets are not allowed, reasonable accommodations will be made with proper documentation.

All 10 units are affordable and have income eligibility requirements. Included in the 10 units are 1 mobility accessible unit and 1 sensory accessible unit. The development is located in close proximity to the downtown Falmouth area, a supermarket, public transportation and numerous other shops and restaurants.

This package includes the Lottery Application Instructions and the Lottery Application. Please follow the instructions and mail, email, fax or hand deliver your completed application along with the required income documentation to the designated drop box at 704 Main Street, Suite D, Falmouth, MA. There is no need to wait for **the application deadline of Wednesday, July 15, 2020 at 5:00PM,** feel free to submit your application sooner.

***Due to the current regulations regarding COVID-19 please check with our office at 508-540-4009 or the website at www.falmouthhousingcorp.org to find out any changes, cancellations or informational meetings scheduled.**

We look forward to meeting you and working with you.

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, polices, 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 Corporation 508-540-4009
TTY/TTD 800-439-2370

EQUAL HOUSING OPPORTUNITY

Falmouth Housing Corporation
704 Main Street, Suite D
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GIFFORD WORKFORCE LOTTERY APPLICATION INSTRUCTIONS

Falmouth Housing Corporation

Application Process

1. You must fill out the Lottery Application completely and return it with the required documentation no later than **Wednesday, July 15, 2020 at 5:00 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 Corporation	508-548-6329 Attn: Diane Adler
704 Main Street, Suite D	**RETURN BY E-MAIL TO:**
Falmouth, MA 02540	lottery@falmouthhousingcorp.org

2. Please submit copies of 8 consecutive most recent pay stubs, unemployment stubs, social security benefit letter, retirement income, pension, child support etc. Copies of 6 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 is as follows:**

1 BEDROOM	INCOME QUALIFICATIONS		
	Monthly Rent	1 Person	2 People
50% AMI	$858	$33,850	$38,650
80% AMI	$1,175	$54,150	$61,850

4. Household Size Definition
   Household size will be appropriate for the unit size.
   One bedroom units shall have a maximum of 2 persons.
   Exceptions will be made for approved reasonable accommodation requests.

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5. Information provided on this Lottery Application is confidential.
6. 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.
7. 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.
8. 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 to be selected in the lottery. No units will be awarded at that time. The Falmouth Housing Corporation will contact households in order of their ranking on the list created from the drawing.
9. Ineligible applicants will be notified in writing stating the reason for being determined ineligible.
10. **The application deadline is Wednesday, July 15, 2020 at 5:00PM.**
11. Anticipated occupancy date is October 1, 2020.

***Due to the current regulations regarding COVID-19 please check with our office at 508-540-4009 or the website at www.falmouthhousingcorp.org to find out any changes, cancellations or informational meetings scheduled.**

Lottery Process

1. Lottery numbers for all eligible applicants are pulled at random from all pools for which they are eligible.
2. Every eligible applicant will be entered into the lottery.
3. Applicants who live, work or have children who attend school in the Town of Falmouth will be entered into a "local" preference pool.
4. The Falmouth Housing Corporation will send letters to each applicant with the results of the lottery.

Tenant Selection Process

The Falmouth Housing Corporation 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 Corporation that will include verification of information provided on the Lottery Application as well as other screening criteria defined in the Tenant Selection Plan.

Language Assistance services available
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lottery@falmouthhousingcorp.org
TTY/TTD 800-439-2370

The Falmouth Housing Corporation 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, polices, 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.

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GIFFORD WORKFORCE
LOTTERY APPLICATION
Deadline: Wednesday, July 15, 2020 @ 5:00PM
Please see Lottery Application Instructions

Falmouth Housing Corporation

GIFFORD WORKFORCE

591 Gifford Street
Falmouth, MA 02540

PRELIMINARY RENTAL APPLICATION - EQUAL HOUSING OPPORTUNITY

FALMOUTH HOUSING CORPORATION 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 Corporation at 508-540-4009 Ext 13.

Applicant:______________________________ Home Tel: ____________________

Present Address____

____

City: __________________ State: __________ Zip: ________________

Co-Applicant:______________________________ Home Tel: ____________________

Address (if different): ____

____

City: __________________ State: __________ Zip: ________________

Race / Ethnicity:
(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 (not of Hispanic origin) [ ]Hispanic
[ ]White (not of Hispanic origin)
[ ]Other ____________

Size Of Apartment Needed: 1BR [ ]

Unit Type Requested: (Check all that apply)
Wheelchair Yes [ ] No [ ]
Sensory Adapted Unit (for hearing and/or visual impairments) Yes [ ] No [ ]

EQUAL HOUSING OPPORTUNITY

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

____

Present Housing Cost Per Month $____________________ Including Utilities [ ] Yes [ ] No
How long have you lived at present address?__________ Years
What are the reasons for moving?____

Do you have a voucher? *Examples: Section 8, MRVP, DIAL* [ ] Yes [ ] No

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	Gender	Social Security Number	Full Time Student
	Head of Household				Yes / No
					Yes / No

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 ____

EQUAL HOUSING OPPORTUNITY

Please indicate the income received and assets held by each member of your household.
List each member by the corresponding number on the first page.

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

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

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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

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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EQUAL HOUSING OPPORTUNITY

2004 Census Test

United States Census 2010

LANGUAGE IDENTIFICATION FLASHCARD

☐ ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
☐ Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:	2. Armenian
☐ যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
☐ ឈូមបញ្ជាក់ក្នុងប្រអប់នេះ 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 فارسي بلد هستيد، اين مربع را علامت بزنيد.	12. Farsi

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☐ 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 हों 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

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☐	Assinale este quadrado se você lê ou fala português.	26. Portuguese
☐	Însemnaţi această căsuţă dacă citiţi sau vorbiţi româneşte.	27. Romanian
☐	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
☐	Обележите овај квадратић 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
☐	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
☐	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
☐	Відмітьте цю клітинку, якщо ви читаєте або говорите українською мовою.	35. Ukranian
☐	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

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