



704 Main Street, Suite D
Falmouth, MA 02540

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

www.falmouthhousingcorp.org

This preliminary application is for placement on the waiting list for a rental unit at **Gifford Workforce II** community, located at 589 Gifford Street, Falmouth, MA, consisting of one-bedroom apartments with one bathroom, featuring a full-size shower (No Tub).

Features include:

- Heat, Central Air, Hot water and Electricity
- Ample parking
- On-site laundry facilities
- Well maintained common areas, buildings and grounds
- Secure entry
- Responsive local management
- 24 Hour Emergency Maintenance Service

Rent and Income Limits: This community has been funded in part with State and Federal Housing grants, and are therefore subject to the following limits. These limits vary by unit.

Income and rent limits are subject to change without notice.

No Smoking in Units

Authorized Pets Only

| 1 Bedroom Units | Max Gross Income Qualifications | | |
|-----------------|---------------------------------|----------|-----------|
| | Monthly Rent | 1 PERSON | 2 PERSONS |
| 50% AMI | \$1,281 | \$47,850 | \$54,700 |
| 80% AMI | \$1,450 | \$74,800 | \$85,450 |

One-bedroom units have a maximum of 2 persons.

If you need assistance in completing this preliminary 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.

Background checks, including CORI & Sex Offender Registry will be performed. Landlord references, eviction history, character reference, employment, income and asset information will be verified prior to being offered a unit.



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.



Updated as of MAY 2025

Falmouth Housing Corporation

704 Main Street, Suite D

Falmouth, MA 02540

GWF II

(508) 540-4009 phone | (508) 548-6329 fax | www.falmouthhousingcorp.org | TTY/TDD (800) 439-2370

Thank you for your interest in our community at 589 Gifford St, Falmouth, MA 02540

Please be advised that to qualify to live at this location, applicant(s) must meet certain eligibility requirements.

Households must be within the Income Limit Guidelines. See cover sheet for additional information regarding this property. Current Income Guidelines are subject to change.

Pre-Application Instructions:

1. Complete all sections of this pre-application. Please make sure to read all instructions throughout this pre-application.
2. Signatures are required by all household members who are 18 years or older.
3. Only family members who will be living in the apartment need to be listed on the "Family Summary Sheet"

You can return your completed pre-application by mail or in person through our outside mail drop:

Falmouth Housing Corporation

704 Main Street, Suite D

Falmouth, MA 02540

Incomplete pre-applications will be returned to the address listed on the pre-application.

Please print clearly. Do not use white-out. Cross-out and initial any and all corrections. Only Use Blue or Black Pen. Nothing may be left blank.

Gifford Workforce II Pre-Application (All One Bedroom Apartments)

Applicant Name (Head of Household): _____

Mailing Address: _____

Cell Number: _____ Home Number: _____

Email Address: _____

Does the household have a Federal or State mobile housing voucher?

☐ Yes ☐ No

Agency: _____

The Management Agent will not discriminate based on mobile voucher holder status. This question is asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have project based rental subsidy; or (2) advise applicant households who are applying for a unit with project-based rental subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.



List all persons who will live with you. If you anticipate any household composition change in the next 12 months, please include all persons you expect to live with you.

| | Name | Relationship to Head of Household | Birth Date | Social Security Number (Last 4#s Only) | Student Status (Must circle for each member) |
|---|------|-----------------------------------|------------|---|---|
| 1 | | Head | | XXX-XX- | Full-time / Part-time / Not a Student |
| 2 | | | | XXX-XX- | Full-time / Part-time / Not a Student |
| 3 | | | | XXX-XX- | Full-time / Part-time / Not a Student |

TOTAL INCOME: THIS IS THE TOTAL GROSS AMOUNT OF ANNUAL (yearly) INCOME FOR ALL MEMBERS OF THE HOUSEHOLD (before taxes) DO NOT ENTER MONTHLY INCOME.

This excludes income by live-in aides.

\$

Income means all earnings from ANY sources including Wages (tips, bonus and commission, if applicable) Military Pay, Veterans Benefits, Disability Insurance Payments, SSA (received by all household members), SSI Federal (received by all household members), SSI State (received by all household members), Child Support, Alimony, Pension, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Self-Employment Income, Public Assistance, Interest earned from Assets, Annuities, Workers Compensation, and Recurring Contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

- Bedroom size required? **One Bedroom/Walk-In Shower Only (No Tubs)**
- Do you request a First-Floor unit? ☐ Yes ☐ No
If yes, please describe: _____
- Do you or any member of your household need any specific features, such as, wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance? ☐ Yes ☐ No
If yes, please describe: _____
- Have you or any member of your household ever been convicted of a crime? ☐ Yes ☐ No
If yes, please list household member and describe: _____
- Are you or any member of household subject to a State lifetime sex offender registration in any state? ☐ Yes ☐ No
If yes, please list which member and what state:
Name: _____ State(s): _____
Name: _____ State(s): _____
Name: _____ State(s): _____

6. Have you or any member of your household ever been evicted?

☐ Yes

☐ No

If yes, please list household member and describe:

Certification of applicant: (All adult applicants, 18 or older, must sign the Pre-Application.)

I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand

- ✓ that false statements or information will lead to rejection of this Pre-Application or termination of tenancy after occupancy;
- ✓ that in consideration for being permitted to apply for an apartment, I/We, Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Pre-Application;
- ✓ that the owner/manager/agent will rely on the information provided by the Applicant, once verified, to make a determination that Applicant is eligible and qualified for housing.
- ✓ that I, the Applicant, must notify the property, for which I/We have submitted a Pre-Application, of any change of address in writing and I/We understand that my Pre-Application may be cancelled if I/We fail to do so.

I/We understand that my eligibility for housing will be based on applicable income limits and by management's Tenant Selection Plan. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information may be punishable by law and will lead to denial of this application. All adult applicants, 18 or older, must sign application. By signing below, you authorize the management agent and its employees to run criminal background checks including the sex offender registry and to conduct landlord(s)/tenant history inquiries at a later date.

Please note that this is a **Preliminary Application to be placed on the waitlist ONLY and does not ensure occupancy.** Additional information will be required at a later date to complete the processing of this application along with an annual update letter. Because this development is financed by the Department of Housing and Urban Development, it is a Criminal Offense to make a Willfully False Statement or Misrepresentation on this pre-application.

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.

Signature of Head of Household

Date

Signature of Adult Applicant

Date



☐

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

1. Arabic

☐

Խնդրում ենք 'նշում' կատարել այս քանակություն, եթե խոսում կամ կարդում եք հայերեն:

2. Armenian

☐

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

3. Bengali

☐

ឈ្មួញក្នុងប្រអប់នេះ 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 بنيد.

12. Farsi

| | | |
|--------------------------|--|--------------------|
| <input type="checkbox"/> | Cocher ici si vous lisez ou parlez le français. | 13. French |
| <input type="checkbox"/> | Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. | 14. German |
| <input type="checkbox"/> | Σημειώστε αυτό το πλαίσιο αν διαβάσετε ή μιλάτε Ελληνικά. | 15. Greek |
| <input type="checkbox"/> | Make kazyé sa a si ou li oswa ou pale kreyòl ayisyen. | 16. Haitian Creole |
| <input type="checkbox"/> | अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। | 17. Hindi |
| <input type="checkbox"/> | Kos lub voj no yog koj paub twm thiab hais lus Hmoob. | 18. Hmong |
| <input type="checkbox"/> | Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet. | 19. Hungarian |
| <input type="checkbox"/> | Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. | 20. Ilocano |
| <input type="checkbox"/> | Marchi questa casella se legge o parla italiano. | 21. Italian |
| <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. | 23. Korean |
| <input type="checkbox"/> | ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ. | 24. Laotian |
| <input type="checkbox"/> | Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. | 25. Polish |

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