



PRE-APPLICATION INSTRUCTIONS:

- We are accepting applications for our waitlist! Pre-application MUST be filled out in its entirety to be eligible for housing (only one pre-application per household).
- Return the completed, signed, and dated Pre-application during business hours or via US MAIL to: **Phare, Attn: MGMT OFFICE, 19 West Road, Orleans, MA 02653**
- The following income restrictions apply: *(Effective 4/2025, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 person	\$48,069 - \$57,420	60%	\$1,402
	2 people	\$48,069 - \$65,640		
	1 person	\$65,657 - \$74,800	80%	\$1,915
	2 people	\$65,657 - \$85,450		
2 Bedroom	2 people	\$57,257 - \$65,640	60%	\$1,670
	3 people	\$57,257 - \$73,860		
	4 people	\$57,257 - \$82,020		
	2 people	\$78,377 - \$85,450	80%	\$2,286
	3 people	\$78,377 - \$96,150		
	4 people	\$78,377 - \$106,800		
3 Bedroom	3 people	\$64,354 - \$73,860	60%	\$1,877
	4 people	\$64,354 - \$82,020		
	5 people	\$64,354 - \$88,620		
	6 people	\$64,354 - \$95,160		
	3 people	\$88,731 - \$96,150	80%	\$2,588
	4 people	\$88,731 - \$106,800		
	5 people	\$88,731 - \$115,350		
	6 people	\$88,731 - \$123,900		

* There are (9) 30% AMI PBV and MRVP units available (5 one-bedrooms, 3 two-bedrooms, 1 three-bedroom). Rent is based on income for these units.

Contact Us:

19 West Road, Orleans, MA 02663

PhareApts.com | Phare@Pennrose.com

T: 774.316.2340 | TTY: 711 | F: 508.630.0925

Address: 19 West Road
Orleans, MA 02653
Phone: 774.316.2340
Fax: 508.630.0925
Email: Phare@pennrose.com
TTY: 711



To be completed by office staff:

Application Number _____
Date Application Rec'd _____
Time Application Rec'd _____
Initials of Staff Member _____

Return the Pre-application during business hours or via US MAIL to:
Phare, Attn: MGMT OFFICE, 19 West Road, Orleans, MA 02653

M	F	D
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HEAD OF HOUSEHOLD

D = Do not wish to disclose

NAME: _____ SSN: _____
(First) (Middle Initial) (Last) ☐ I do not have a SSN

CURRENT ADDRESS: _____ HOME #: _____
(House #) (Street Name) (Apt. #)

CELL #: _____

(City) (State) (Zip Code) WORK #: _____

EMAIL: _____ D.O.B: _____

How did you hear about us? _____ DRIVER LICENSE STATE: _____
DRIVER LICENSE NUMBER: _____

HOUSEHOLD MEMBERS

Name	DOB	M/F/D	Relationship	Soc. Sec. Number	DL State & Number

ANNUAL HOUSEHOLD INCOME

(Gross Income Before Deductions)

(Circle One)

Gross Employment/Wages	\$	per	Year / Month
Social Security Income	\$	per	Year / Month
Social Security Disability Income	\$	per	Year / Month
Public Assistance (Welfare/TANF)	\$	per	Year / Month
Child Support	\$	per	Year / Month
Pension	\$	per	Year / Month
Payments from Gig Income (Uber, Lyft, Instacart, Venmo, Cash App, etc)	\$	per	Year / Month
Assets (Approximate Total Balance of Checking, Savings, 401(k), IRA, etc.)	\$	per	Year / Month
Other Income (Please Specify):	\$	per	Year / Month



PENNROSE
Bricks & Mortar | Heart & Soul



Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your household have a DISABILITY?			Y	N
Do you or a member of your household live, work, or have children that go to school in Orleans, MA?			Y	N
Do you or a member of your household live, work, or have children that go to school in Eastham, Chatham, Brewster, Wellfleet, Truro, Provincetown, or Harwich?			Y	N
Are you currently employed?			Y	N
Are you a student or recent graduate of an educational or training program?			Y	N
Do you have a portable section 8 voucher (HCVP)?			Y	N
If yes above, through what agency?				
What year did you last file taxes?			Y	N
Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)			Y	N
If yes above, please circle features required:				
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired		
Grab bars	No steps	Other:		
Describe:				

Additional Questions

Do you have any pets that will be residing with you? <i>Pet policy: 2 pet maximum, 35 lb. limit each. Breed restrictions apply. Additional security deposit required.</i>		Y	N
If yes to above, how many?			
How many bedrooms are you interested in? (1BR, 2BR, 3BR)	1 st Preference:	2 nd Preference:	

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I, _____, hereby give my permission for a credit and criminal background check, which is part of the application process.

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Applicant Signature: _____ Date: _____

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Applicant Signature: _____ Date: _____

Types of Program Assistance (For Office Use ONLY)

****Important: You must notify us promptly should any information on this application change**

Tax Credit	<input type="checkbox"/>	60%	<input type="checkbox"/>	80%	<input type="checkbox"/>
PBV/MRVP	<input type="checkbox"/>	30%	<input type="checkbox"/>		<input type="checkbox"/>

May 2025

