



Village at Nauset Green

NOTE: Pre-application also available in Spanish and Portuguese upon request.

Thank you for your interest in residing at Village at Nauset Green.
1-, 2-, 3-Bedroom Apartment Homes

PRE-APPLICATION INSTRUCTIONS:

- Pre-applications are no longer being accepted for the lottery, but you may submit a pre-application to be added to the waitlist.
- Pre-applications **MUST** be filled out in its entirety to be eligible for housing (one pre-application per household).
- **Pre-applications MUST be returned via US Mail** and should be addressed to:
Village at Nauset Green
P.O. Box 24855
Philadelphia, PA 19130
- The following income restrictions apply:

30% AMI (Rental Assisted): Section 8	RENT	# UNITS	INCOME MIN.
1 Bedroom	based on income	2	N/A
2 Bedroom	based on income	3	N/A
3 Bedroom	based on income	3	N/A
30% AMI: 811 Units			
1 Bedroom	based on income	3	N/A
60% AMI			
1 Bedroom	\$850	20	\$29,143
2 Bedroom	\$999	15	\$34,251
3 Bedroom	\$1,134	4	\$38,880
90% AMI			
1 Bedroom	\$1,285	2	\$44,057
2 Bedroom	\$1,410	13	\$48,343

INCOME LIMITS (Based on 2019 AMI):

	30%	60%	90%
1 Person	\$19,230	\$38,460	\$57,510
2 Person	\$21,960	\$43,920	\$65,700
3 Person	\$24,720	\$49,440	\$73,980
4 Person	\$27,450	\$54,900	\$82,170
5 Person	\$29,670	\$59,340	\$88,740
6 Person	\$31,860	\$63,720	\$95,310

VillageAtNausetGreen.com | NausetGreen@Pennrose.com

T: 508.342.5628 | TDD: 800.545.1833 x647



Mail to: PO Box 24855
 Philadelphia, PA 19130
 Phone: 508.342.5628
 Fax: 508.664.6553
 Email: NausetGreen@pennrose.com
 TTY: 800.545.1833 x647

To be completed by office staff:
 Application Number _____
 Date Application Rec'd _____
 Time Application Rec'd _____
 Initials of Staff Member _____

**All Pre-Applications Must be Sent via U.S. Mail and Addressed to:
 Village at Nauset Green, PO BOX 24855, Philadelphia, PA 19130**

HEAD OF HOUSEHOLD

M	F
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NAME: _____ SSN: _____
 (First) (Middle Initial) (Last)

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	Relationship	Soc. Sec. Number	DL State & Number

ANNUAL HOUSEHOLD INCOME

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$



Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your household have a DISABILITY?			Y	N
Are you currently employed?			Y	N
Are you a student or recent graduate of an educational or training program?			Y	N
Are you homeless or formerly homeless?			Y	N
Are you a resident of the Town of Eastham, MA?			Y	N
Are you a resident of Barnstable County, MA?			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:				

How many bedrooms are you interested in? (1-3): _____

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: _____

Applicant Signature: _____ Date: _____

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 50% 60% 811 DMD

PBV 30% WF DMH

June 2019

