



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-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 can be returned during business hours to the management office or via US Mail and should be addressed to:
 Village at Nauset Green
 101 Nauset Green Way
 Eastham, MA 02642
- The following income restrictions apply:

Unit Size	% AMI	Monthly Rent	Household Size	Qualifying Household Income Range
1 Bedroom	60%	\$943	1 person	\$32,331 - \$38,460
			2 people	\$32,331 - \$43,920
	100%	\$1,250	1 person	\$42,857 - \$63,900
			2 people	\$42,857 - \$73,000
2 Bedroom	60%	\$1,128	1 person	\$38,674 - \$38,460
			2 people	\$38,674 - \$43,920
			3 people	\$38,674 - \$49,440
			4 people	\$38,674 - \$54,900
	100%	\$1,450	1 person	\$49,714 - \$63,900
			2 people	\$49,714 - \$73,000
			3 people	\$49,714 - \$82,200
			4 people	\$49,714 - \$91,300

101 Nauset Green Way, Eastham, MA 02642
VillageAtNausetGreen.com | NausetGreen@Pennrose.com
T: 508.342.5628 | TDD: 800.545.1833 x647



Address: 101 Nauset Green Way
 Eastham, MA 02642
 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 _____

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	\$
Additional Sources of 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

Jan. 2020

