



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

# Village at Nauset Green

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

## PRE-APPLICATION INSTRUCTIONS:

- We are accepting pre-applications for the the waitlist.
- Pre-applications MUST be filled out in its entirety to be eligible for housing (one pre-application per household).
- A non-refundable \$25 application fee per adult household member is required for most apartments, a few exceptions apply.
- 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	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 person	Up to \$20,310	30%	Based on Income
	2 people	Up to \$23,200		
	1 person	\$34,491 - \$40,620	60%	\$1,006
	2 people	\$34,491 - \$46,380		
	1 person	\$43,474 - \$67,600	100%	\$1,268
	2 people	\$43,474 - \$77,300		
2 Bedroom	2 person	Up to \$23,200	30%	Based on Income
	3 people	Up to \$26,100		
	4 people	Up to \$29,000		
	1 person	\$41,246 - \$40,620	60%	\$1,203
	2 people	\$41,246 - \$46,380		
	3 people	\$41,246 - \$52,200		
	4 people	\$41,246 - \$57,960		
	1 person	\$52,183 - \$67,600	100%	\$1,522
	2 people	\$52,183 - \$77,300		
	3 people	\$52,183 - \$86,900		
4 people	\$52,183 - \$96,600			
3 Bedroom	3 people	Up to \$26,100	30%	Based on Income
	4 people	Up to \$29,000		
	5 people	Up to \$31,350		
	6 people	Up to \$35,160		
	3 people	\$47,726 - \$52,200	60%	\$1,392
	4 people	\$47,726 - \$57,960		
	5 people	\$47,726 - \$62,640		
	6 people	\$47,726 - \$67,260		





Mail to: 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**

A non-refundable \$25 application fee per adult household member is required for most apartments, a few exceptions apply.

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

Jan. 2021

