

PENNROSE

Bricks & Mortar | Heart & Soul

PRE-APPLICATION INSTRUCTIONS:

- Pre-application **MUST** be filled out in its entirety to be eligible for housing.
- Pre-application can be returned via email, fax, US MAIL (address listed on the first page of the Pre-application), or dropped off at the community's management office (with prior notice).
- Pre-applications are processed in the order they are received or entered into a housing lottery (if applicable). When an apartment becomes available, the leasing office will contact qualified applicants to schedule an appointment.

You will need to bring all of the following documents to your appointment:

PROOF OF INCOME – Statements (not more than 90 days old) to verify: Social Security, SSI, SSDI, TANF, Pension, Welfare, Child Support, Alimony, Unemployment, your last six (6) pay stubs from your employer or a letter from your employer stating your hire date, hourly rate/salary, hours worked per week, and any other type of income you may be receiving or expect to receive

PROOF OF BANKING - Six (6) current bank statements from your financial institution for EACH account.

ASSETS - Current (not more than 90 days old) statements for stocks, bonds, mutual funds, 401k, certificates of deposits, and any other type of asset you may have or expect to have

SCHOOL VERIFICATION – A current letter (not more than 90 days old) from the school/college, for any member of your household 18 years and older who currently is, was, or will be a full-time student.

ADDITIONAL INCOME – It is very important to report any income. Failure to disclose all sources of income may delay/deny your application for housing.

BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS - For all household members.

VALID GOVERNMENT ISSUED ID, DRIVER'S LICENSE OR PASSPORT – For all household members 18 years and older.

FEDERAL INCOME TAXES – You can obtain these from the IRS if you do not have your latest tax return. If you did not file taxes, you will need to provide proof that you were not required to file taxes. You can call the IRS and visit their official website at www.irs.gov.

Contact information for the Pennrose community you are applying for can be found on the first page of the Pre-application, and the community's website on Pennrose.com.





Address: 101 Nauset Green Way
 Eastham, MA 02642
 Phone: 508.342.5628
 Fax: 508.664.6553
 Email: NausetGreen@penrose.com
 TTY: 711

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. #)

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

EMAIL: _____ D.O.B: _____

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

MAILING ADDRESS: _____
 (If different than above) (House #) (Street Name) (Apt. #) (City) (State) (Zip Code)

HOUSEHOLD MEMBERS

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

ANNUAL HOUSEHOLD INCOME

(Gross Income Before Deductions)

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Payments from Gig Income (Uber, Lyft, Instacart, Venmo, Cash App, etc)	\$
Assets (Approximate Total Balance of Checking, Savings, 401(k), IRA, etc.)	\$
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
Do you have a portable section 8 voucher (HCVP)?			Y	N
If yes above, through what agency?				
Are you homeless or formerly homeless?			Y	N
What year did you last file taxes?				
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: _____

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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 50% 60% 811 DMD

PBV 30% WF DMH

March 2024

