

ONE CHANCERY LANE APARTMENTS

PRELIMINARY RENTAL APPLICATION - EQUAL HOUSING OPPORTUNITY

FALMOUTH HOUSING AUTHORITY WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS. LEP SERVICES ARE AVAILABLE.

SITE NAME	One Chancery Lane Apartments
ADDRESS	1 Chancery Lane
CITY, STATE	Falmouth, MA 02540
Phone #:	508-548-1977
FAX #:	508-457-7573
TDD #:	1-800-545-1883 x185

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Falmouth Housing Authority.

Applicant: _____ Home Tel: _____

Present Address: _____

City

State

Zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

American Indian/Alaskan Native

Asian or Pacific Islander

Black (not of Hispanic origin)

Hispanic

White(not of Hispanic origin)

Do you have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain.



Do you require the accessibility of the visitable units? If yes, please explain.

Present Housing Cost Per Month \$ _____

Including Utilities? [] Yes [] No

How Long Have You Lived at Present Address? _____ Years.

What are the reasons for Moving? _____

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT
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1 _____ Yes / No

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years. This can include shelters.

Name of PRESENT Landlord/Official _____ Telephone _____

Address _____

Name of PREVIOUS Landlord/Official _____ Telephone _____

Address _____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____

Address _____

Name of Character Reference _____ Telephone _____

Address _____



CONFLICT OF INTEREST POLICY

Do you work for or have any immediate family members who work, or have any business or consulting relationship with the Falmouth Housing Authority or Falmouth Housing Trust? YES [] NO []

I hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.** I certify that I understand that false statements or information are punishable applicable under State or Federal Law.

I hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Applicant

Date

Falmouth Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification of housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to use and enjoy said housing

