

***APPLICATION SUBMITTED BY:***

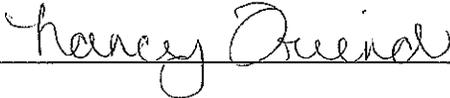
Name of Organization: Dennis Housing Authority

Address: 167 Center Street South Dennis, MA 02660

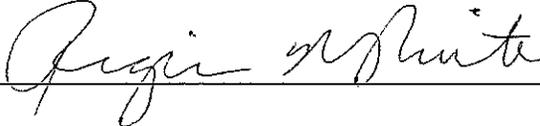
Phone Number: 508-394-3120

Email: nfriend@dennishousing.org

Chief Executive Officer: Nancy Friend

Signature: 

Name: (if more than one) Regina White

Signature: 



# DENNIS RENTAL ASSISTANCE PROGRAM

## SYNOPSIS

### 1. Project Title

Dennis Rental Assistance Program

### 2. Organization Name

Dennis Housing Authority

### 3. Amount Requested from CPA funds

\$388,8000

### 4. Purpose (Open Space, Historic Preservation, Community Housing, Recreation)

Community Housing

### 5. Project site(s)/location. As applicable, include tax map, parcel with site highlighted, acreage, and zoning district.

Distributed Households

### 6. Synopsis of Project.

The Dennis Housing Authority is proposing development of a program to provide rental assistance and associated case management to Dennis renters who are "housing stressed", i.e., paying more than 30% of household income in rent. Over half of Dennis renters fall into this category, with a significant percentage at 50% or more of income going to rent.

Rather than open-ended housing vouchers, the program envisioned here will be limited to three years, during which time program participants' rent will be offset with a payment to the participating landlord of up to \$350, and the renter(s) will work with a professional case manager to assess their situation, create goals, stabilize finances, and develop a plan for ongoing housing security.

The goals of the Dennis Housing Production Plan include "address the severe rent burdens faced by many Dennis households" and "preserve existing year-round housing...". The Housing Authority's program will ease the burden felt by individual renters and put them on a path to greater financial security and stability. It will also relieve the uncertainty felt by landlords unsure of their tenants' ability to keep up with rent from month to month.

The Dennis Housing Authority's core mission of providing "safe, decent, and affordable housing" echoes that of the Dennis Local Comprehensive Plan's discussion of affordable housing. There are many ways to begin to address the severe shortage of affordable housing in our community. The program described in this application is one approach, and the Dennis Housing Authority sees it as a continuation of its efforts to assure affordable housing to residents of Dennis.

This application requests funds in the amount of \$388,800 for rental assistance and voucher administration; funds for support of case management are currently being sought from alternative sources, and we are confident that such funds are available. However, if at the time a CPC letter of grant agreement requires execution (after town meeting), and case management funds have not been secured, we will need to decline the grant.

## APPLICANT INFORMATION

### 7. Project Title

Dennis Rental Assistance Program

### 8. Organization Name

Dennis Housing Authority

### 9. Address (street and post office box), Telephone, Fax, E-mail, Website

167 Center Street, South Dennis, MA 02660, 508-394-3120, fax: 508-760-2352,  
[nfriend@dennishousing.org](mailto:nfriend@dennishousing.org)    [www.dennishousing.org](http://www.dennishousing.org)

### 10. Federal Tax Identification Number

23-7156993

### 11. Primary Contact Person(s) & Secondary Person (titles, telephone numbers, and e-mail addresses)

Nancy Friend, Executive Director 508-394-3120 Ext. 202 [nfriend@dennishousing.org](mailto:nfriend@dennishousing.org)

Regina White, Board Chairperson 401-743-9044 [ginibartolini@gmail.com](mailto:ginibartolini@gmail.com)

### 12. Primary Contact Person & Secondary Person who can approve and receive the funds (titles, telephone numbers, and e-mail addresses)

Nancy Friend, Executive Director 508-394-3120 Ext. 202 [nfriend@dennishousing.org](mailto:nfriend@dennishousing.org)

Kaye Sullivan, Finance Administrator 508-394-3120 Ext. 201 [ksullivan@dennishousing.org](mailto:ksullivan@dennishousing.org)

## APPLICANT BACKGROUND

### 13. Brief applicant history

The Dennis Housing Authority was established on October 29, 1970 under Chapter 121B of the General Laws governing the State of Massachusetts.

The DHA is committed to ensuring safe, decent and affordable housing for low-income persons by working cooperatively with community, state, federal and local officials. The DHA always endeavors to make the best use of all available resources so our residents and participants can live in an atmosphere of dignity and respect, free from discrimination.

The Dennis Housing Authority owns and operates five housing developments and four scattered site dwellings. Three of the developments house elderly and disabled persons with one and two bedrooms. (One development of Family Housing and four scattered site duplex family units all with three or four bedrooms, for a total of 144 units, as well as a property designated for Special Needs Housing with 8 bedrooms). Our programs are targeted to assist low-income families, seniors, veterans, and persons with disabilities.

Our agency administers and provides housing opportunities through federal rental housing assistance (Housing Choice Vouchers-also know as Section 8 Vouchers) and state rental housing assistance (Massachusetts Rental Voucher Program – also know as MRVP Vouchers). The programs offer rent subsidies to persons of low income, which allow them to acquire apartments in private developments or houses. The DHA also administers Department of Mental Health Vouchers – also know as DMH Vouchers, which offers subsidies to DMH clients of low income. The DHA manages three town owned affordable units and monitors a few 40b affordable rental and home purchase properties within the Town of Dennis.

14. Names of governing board, trustees or directors

Dennis Housing Authority Board of Directors: Chair, Regina White, Vice Chair, Maureen Linehan, Treasurer, Cynthia Stead, Tenant Board Member, Herta Michalak, State Appointee, Robert Mezzadri. Executive Director, Nancy Friend.

15. Summary of comparable projects completed

The Dennis Housing Authority has never received CPC funding for this type of project; however, the DHA handles multiple “rental assistance” programs on a daily basis. MRVP – Massachusetts Rental Voucher Program (62 vouchers) , DMH – Department of Mental Health (10 Vouchers) and HCV -Housing Choice Voucher Program (98 vouchers) – all of which are rental assistance programs administered by the DHA.

**PROJECT INFORMATION**

16. Project Concept

Much of the state is caught up in an affordable housing crisis, and none more so than Dennis, where over half of our residents are housing stressed, ie paying more than 30% of household income in rent.

The costs of housing continue to rise, along with all the other factors of daily life like food and gasoline. The people caught in this vise – not quite rich enough to buy a home, but not poor enough to be helped by many programs - are particularly in need of assistance. They work in our gas stations, retail stores, dentist offices, and restaurants. They are the trade and service workers doing all the jobs that keep our town and economy functioning. They have a place to live – for now – but they struggle to keep up with current prices, let alone those that may loom ahead.

The Dennis Housing Authority is proposing a program of rental assistance designed to alleviate the pressure of housing costs and at the same time provide individualized counseling to lift households out of the current crisis. Many towns in our area have rental subsidies for residents, notably Wellfleet and Eastham, on whose programs the DHA’s proposal is based.

(<https://www.wellfleethousing.org/rental>, <https://www.hech.org/hech-programs/eastham-rental-assistance/>). (Program descriptions from Wellfleet and Eastham are attached as Exhibits to this application).

Eligible for admission to this program are individuals or households who live in Dennis. Those who have housing vouchers or live in already subsidized housing will not be eligible for application. The program is intended to benefit those who live in year-round private sector rentals.

The Housing Authority and its partners are requesting funds to support 27 households with a fixed sum for a period of up to three years. An enrolled individual or family will enter into an agreement with the landlord, and with a provider of case management, to offset rent up to \$350/month, and to participate in a program of counseling specifically designed for their needs, with a goal of establishing financial stability and housing security. The rental subsidy may not be spent on housing outside of the Town of Dennis.

17. Project Goals / Objectives

The goal of the program is to provide a slight financial boost that can spell the difference between housed and homeless, while working with these individuals and families to guide them out of the precarious financial situation in which they are struggling. There are programs, advice, and agencies designed to help, which they may have never heard of or used. Our objective during this three-year period of program participation is to acquaint them with and aid them in utilizing fiscal and budget planning programs, family need programs, senior entitlement programs, and other benefits that can help them retain their equilibrium after their participation in the program has ended.

Our chief goal is household stabilization, and for that stabilization to allow them to keep their home in Dennis and continue to be the productive neighbors they always have been.

18. Describe any legal issues, ramifications, impediments about this project, if any.

N/A

19. Describe how this project accomplishes the goals and objectives of the CPA

MA Chapter 44B, Sec. 2:

“Support of community housing”, shall include, but not be limited to, programs that provide grants, loans, **rental assistance**, security deposits, interest-rate write downs or **other forms of assistance directly to individuals** and households who are eligible for community housing or to an entity that owns, operates or manages such housing, **for the purpose of making housing affordable**”. (Emphasis added)

Through this program of rental assistance and case management, the goals and objectives of the CPA are accomplished by making rent more affordable, and through professional guidance and consultation that puts renters on a path to financial stability.

20. Describe how this project is relevant to the current and future needs of Dennis

Dennis is a thriving community, home to a solid year-round community, with a significant influx of seasonal visitors. The permanent population depends on the basic infrastructure of groceries, gas stations, health care, education, fitness and beauty providers, and joins the seasonal visitors in relying on a vibrant selection of restaurants, shops, theatres, museums, golf courses and beaches. The backbone of this service economy is the one which is most stressed by the lack of affordable housing in Dennis and throughout the Cape. According to the 2020 Census the population of Dennis has dropped from 15,000 then to 11,000, and the largest group of those departing are those unable to afford decent housing. In providing assistance to those who want to live and work in Dennis, we also strengthen the foundation of the town’s economy and stability as well as its future.

21. Describe how this project relates to the Dennis Local Comprehensive Plan

From the Dennis Local Comprehensive Plan:

“A basic tenet of our society is that everyone deserves to live in clean, safe, affordable housing. Safe/ Affordable housing: the term implies the ability to bear the cost of housing without serious detriment; implies a relationship between cost and income; sales price or rental

costs within the means of low-or moderate-income households that does not involve living in overcrowded or otherwise unsafe arrangements.

But what does safe/affordable housing mean to the people of Dennis? To us affordable housing is housing available to people of low and moderate income at a total price, including utilities, which does not exceed 30% of their gross income.”

This project addresses the sincere and humane discussion of affordable housing that is an important element of the DLCP. Its goal is reducing rent to an affordable level, while providing support, education, counseling, and guidance to help members of our community gain financial stability and housing security.

<https://www.town.dennis.ma.us/planning-department/pages/comprehensive-plan>

## **PROJECT IMPLEMENTATION & BUDGET**

22. Total CPA Funding Request

\$388,800

23. A Financial Plan, which must include a line-item project budget

Rental assistance

\$350/month/household=\$4200/year x 3 Years = \$12,600 x 27 Households = \$340,200

Voucher Administration

\$50/month/household = \$600/year x 3 Years = \$1,800 x 27 Households = \$48,600

24. Evidence of interest from potential lenders, if applicable

N/A

25. List of other funding source(s), include private/public/in-kind

N/A

26. A five-year income and expenses plan for this project, if applicable

N/A

## **SUPPORT DOCUMENTS**

27. Letters of support from community organizations or other such sources (no more than five)

(Attached)

28. References (no more than three)

N/A

29. Other relevant materials specific to the project

(Attached)

30. Copy of most recent US Income Tax Form 990, where appropriate

N/A

31. Certificate of Non-Collusion (provided herein)



Dennis Community Preservation Committee

April, 2022

685 Route 134

South Dennis, MA 02660

Dear CPC Members,

I am writing in support of the Dennis Housing Authority's application for CPC funds to provide rental assistance and associated case management of Dennis renters who are "housing stressed", or paying more than 30% of income in rent.

In my role as President of Friends Or Relatives With Autism & Related Disabilities, (FORWARD), an agency building affordable housing for adults with Autism, we are seeing unprecedented staff vacancies at Cape Abilities, the agency that manages our Group Homes. Cape Abilities regularly reports examples of sudden resignations due to housing insecurity; an inability to find affordable housing & rentals being sold suddenly by owners, forcing renters to move off Cape, along with general difficulty hiring staff due to low wages.

As a seasonal restaurant owner I experience the increasing difficulty in hiring staff, as affordable housing becomes harder & harder to find. We can see the lack of service providers in our restaurants that are often only open 5 days a week.

This initiative by the Housing Authority would be a big boost to renters. Assistance that helps people get a little ahead from month to month may make the difference between staying or leaving Cape Cod. Our service providers are vital to maintaining a healthy economy & housing security is critical to people staying here. I hope you will support this program, and others like it, in an effort to cope with this desperate housing problem that permeates all aspects of our Dennis community.

Sincerely,

Kathy Ohman, President

Friends Or Relatives With Autism & Related Disabilities, FORWARD

[kathyo@go-forward.org](mailto:kathyo@go-forward.org)

[www.go-forward.org](http://www.go-forward.org)





April 15, 2022

Dear Town of Dennis CPC Committee:

I write in support of the application submitted by the Dennis Housing Authority to create a rental subsidy program for Dennis residents and workers.

COVID changed everything for many people. People were afraid they would lose their rental and fell behind on their bills. But then it was announced that evictions would cease, and many renters took advantage of this.

The bills for electricity in units that had utilities included did not cease because the tenant did not pay. All the ordinary expenses of maintenance, snow plowing, damage repair, etc. did not cease. BRP has let many tenants slide to gain extra time but sometimes they just cannot put the money together.

Helping these people, who are usually long-term tenants, for a few years will allow them to honor their lease and pay rent, just like BRP is honoring its lease commitments. We are not buying up houses to be second homes. We have houses in order to rent them, and allow people to live in them.

A subsidy program will help these people to stay in their homes. I support the program and hope the Town of Dennis will enact it.  
Sincerely,

Ronald D. Bourgeois  
(508) 394-4446 Office  
Monday ~ Friday, 9:00 am to 4:00 pm  
ron@bassriverproperties.com

RDB/jr





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Celebrating 30 Years of Serving Our Neighbors in Need

April 15, 2022

To Whom it May Concern:

The Homeless Prevention Council has been pleased to offer information regarding our Rental Assistance programs in other communities to support the DHA in their efforts to implement a program to support local residents.

This program has been instrumental in helping residents in local communities stabilize their housing and receive personalized case management services to support their financial stability.

We encourage Dennis to implement such a program and stand ready to partner as appropriate.

Best,

Hadley Luddy,  
Chief Executive Officer  
[hadley@hpccapecod.org](mailto:hadley@hpccapecod.org)  
508-214-3282







## **APPENDICES**



# Eastham Rental Assistance Program

Be sure to read the directions for completing the application very carefully! Do not leave blanks. If not applicable, write "n/a" or "0". Incomplete applications or those that do not include all necessary documentation will not be processed

Please check the Income Table to be sure that your household income is within the guidelines. Household income includes earned and unearned income received by all members of your household who are 18 and older. Income earned by full-time students is excluded.

Maximum Incomes set at 60% of area median income:

1 Person Household \$40,860	2 Person Household \$46,680	3 Person Household \$52,500
4 Person Household \$58,320	5 Person Household \$63,000	6 Person Household \$67,680

\*\*\*other requirements may apply\*\*\*

**Applications are reviewed "first come, first review"**

**For information or questions call 508-432-0015 x 102 or [martha@hech.org](mailto:martha@hech.org)**  
Please Return Applications to HECH, PO Box 638, West Harwich MA 02671

*Discrimination on the basis of race, creed, color, sex, age, disability, marital status, familial status, veteran's status, sexual orientation, national origin and/or public assistance recipiency, or any other basis prohibited by law is specifically prohibited in the selection of applicants for this housing opportunity. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification to the application when such accommodations or modifications are necessary to afford the disabled person equal opportunity to apply for rental assistance.*



Harwich Ecumenical Council for Housing  
PO Box 638  
West Harwich MA 02671



Office use only:  
 Date application was received: \_\_\_\_\_  
 Received by: \_\_\_\_\_

**Eastham Rental Assistance Application**  
**Application Page 1**

(Faxed or e-mailed applications cannot be accepted)  
 Return completed signed original form to:  
 Harwich Ecumenical Council for Housing  
 PO Box 638, West Harwich, MA 02671  
 For Information: Telephone 508-432-0015  
 e-mail: martha@hech.org



*Applicants are selected without regard to race, sex, national origin, color, creed, military status, marital status, familial status, sexual orientation, disability or handicap, genetic information, ancestry, children or public assistance reciprocity.*

**Applicant/Co-applicant Information**

Today's Date \_\_\_\_\_

This application is to be filled out jointly by ALL Adult Members of Household, 18 years old and over. If there are more than two adult members of household who are not full-time students, please request an additional application.

Applicant #1 \_\_\_\_\_ SS# \_\_\_\_\_  
 Address of Current Residence \_\_\_\_\_ Unit # \_\_\_\_\_  
 City/ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_ how long have you resided here: \_\_\_\_yrs.  
 Best phone number: \_\_\_\_\_ E-mail address \_\_\_\_\_

Applicant #2 \_\_\_\_\_ SS# \_\_\_\_\_  
 Address of Current Residence \_\_\_\_\_ Unit # \_\_\_\_\_  
 City/ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 Best phone number: \_\_\_\_\_ E-mail address \_\_\_\_\_

How many people in your household (include everybody; all adults, all children)? \_\_\_\_\_

**List all other people who reside in the unit:**

Name	Social Security #	Age	Relationship to Head of Household	Full Time Student y/n



## Application Page 2

**Former Household Residences:**

Please list all home addresses with Landlord names for the past five (5) years. Be sure to include all adult household members' former residences.

<u>Household Member</u>	<u>Former Address</u>	<u>Town</u>	<u>Former Landlord Name</u>	<u>Landlord Phone</u>	<u>Dates Occupied (beg to end)</u>

**Preferences and Affirmative Marketing**

**Local Preference Category Information:**

Applicants are required to provide information relative to the following for inclusion in the Local Preference pool. Please note applicants in the Local Preference lottery are also included in the Open Pool lottery.

- YES    NO      Current residents of the Town of Eastham: Please provide documentation of residency, such as rent receipts, utility bills, street listing or voter registration listing.
  
- YES    NO      Eastham Municipal Employees: Employees of the Town of Eastham: Please provide documentation of employment (pay stubs, employment contract, etc.).
  
- YES    NO      Employees of Local Businesses: Employees of businesses located in the Town of Eastham. Please provide documentation of employment (pay stubs, employment contract, etc.).
  
- YES    NO      Households with children attending public schools in the Town of Eastham. Please provide documentation of enrollment.

Non-local applicants planning to move to Eastham may identify a future unit located in Eastham.

**Affirmative Marketing:**

Please complete the following section to assist us in fulfilling affirmative marketing requirements. (Responding to this question is optional).

- Household Race:
- Caucasian
  - African American/Black
  - Hispanic/Latino
  - Asian
  - Native American / Alaskan Native



## Application Page 3

### Income Qualifications

#### INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE:

- List **ALL** sources of income as requested below for **ALL** household members over 18 years old.
- The gross income must include income for the next 12 months
- For self employed applicants- please put net-income in the gross annual income column (please include a current business income/ expense report)
- For periodic payments (like Social Security and child support) please include the amount received per week or per month (*ex: \$100/month*) in the space provided under "Source / type of Income". Then provide under "Gross Annual Income" provide the annual amount (*ex: \$1200*)
- Please attach verification for each source of income to include copies of **most recent three consecutive months** pay stubs, for salaried employed household members over 18, longer for seasonal and hourly workers. If you are self-employed, you have provided a current year-to-date **Income & Expense** report signed by the preparer. Statements and documents that indicate the payment amounts from all other sources of income of all members listed on the application, such as alimony and/or child support, Social Security benefits, all types of pensions, employment, unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income – on organization letterhead
- Copy of most recent **TWO YEARS** of Federal and State tax returns, as filed, with 1099's, W-2's and schedules, for every current or future person living in the household over the age of 18
- **TOTAL ALL INCOME AND CONTINUE TO ASSET SECTION**

**TABLE A**

**EMPLOYMENT INCOME:** List all household members who are employed. Include all employers for the next 12 months. For Gross Annual Income please write the anticipated gross income for the NEXT 12 months. Total all employment income.

Employed Household Member	Employer/Contact	Employer Address & Phone	Gross Annual Income
<b>TOTAL EMPLOYMENT INCOME</b>			

**TABLE B**

**ADDITIONAL INCOME:** List all other sources of recurrent income, such as Social Security, SSI, pensions, annuities, military pay, disability, public assistance, TANF, regular monetary contributions from outside sources, unemployment benefits, grants/scholarships, additional financial assistance in excess of tuition, etc.

Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income
<b>TOTAL ADDITIONAL INCOME</b>			



## Application Page 4

**TABLE C**

<b>ALIMONY &amp; CHILD SUPPORT</b>	
Are you legally entitled to receive alimony? If yes, list the amount you are entitled to receive: \$	Yes _____ No _____
Do you receive alimony? If yes, list the amount you receive: \$	Yes _____ No _____
Are you legally entitled to receive child support? If yes, list the amount you are entitled to receive: \$	Yes _____ No _____
Do you receive child support? If yes, list the amount you receive: \$	Yes _____ No _____
<b>TOTAL ALIMONY and CHILD SUPPORT you are entitled to receive(annually)</b>	

**OTHER INCOME:** List all other income including, but not limited to, inheritances, capital gains, lottery winnings and settlements on insurance claims if received in periodic payments. If anyone outside your household gives you money, pays your bills, or gives you money to assist student household members for educational expenses, you must report it as a source of income:

**TABLE D**

Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income
<b>TOTAL OTHER INCOME</b>			

**Add Totals from all Tables (Table A, B, C and D)**

<b>TOTAL HOUSEHOLD ANNUAL INCOME</b>	\$
--------------------------------------	----

Please enter this number into the chart below then calculate income from assets.



**ASSETS SECTION**

**INSTRUCTIONS FOR COMPLETING THE FOLLOWING ASSET TABLE:**

- “Annual Income from assets” refers to any amount that you receive from any asset including amounts that you may be drawing down from a retirement account or 401K.
- Total the value of all assets and enter into “total value of all assets” for all household members
- Proof of all assets including but not limited to checking, savings, IRA's, stocks, bonds and all other assets (i.e. Copies of **three months** bank statements for checking, savings and certificates of deposits, IRA or other retirement account statements- on organization letterhead). All statements must reflect current balances.

**ASSETS** – For all household members 18 years and older:

Type	Account No.	Bank name	Cash Value	Annual Income from Assets
Cash held in savings and checking accounts, safe deposit boxes, homes, etc.				
Revocable Trusts				
Equity in rental properties or other capital investments				
Stocks, bonds, treasury bills, certificates of deposit, mutual funds and money market accounts				
Retirement and Pension Funds				
Cash value of life insurance policies available to the applicant before death				
Personal Property held as an investment				
A mortgage or deed of trust held by the applicant				
<b>TOTAL VALUE OF ALL ASSETS</b>				

**TOTAL INCOME FROM ALL HOUSEHOLD APPLICANTS-** Please fill in total for each box from the worksheet above. Include all household income.

<b>TOTAL HOUSEHOLD ANNUAL INCOME</b>	
<b>TOTAL INCOME from ALL ASSETS</b>	
<b>TOTAL HOUSEHOLD INCOME</b>	\$



**TO BE SIGNED BY ALL HOUSEHOLD MEMBERS OVER 18 YEARS OLD**

I understand that a false statement or misrepresentation will result in the withdrawal of my application for housing. I certify that the information I have given in this application is true, complete and correct.

Signed under the pains and penalties of perjury,

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGEMENTS**

**Initials (Applicant/Co-Applicant)**

\_\_\_\_\_/\_\_\_\_\_. I/We hereby affirm that my answers to the questions on the application for residency are true and correct, and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably.

\_\_\_\_\_/\_\_\_\_\_. I/We understand that the development of this property has been supported by Town, County, State and other government funds and residency is subject to income eligibility and other requirements. I understand all my household income and assets will be verified by a 3<sup>rd</sup> party source.

\_\_\_\_\_/\_\_\_\_\_. I/We acknowledge that occupancy of the housing is limited to the individuals named in this application

\_\_\_\_\_/\_\_\_\_\_. I/We certify that we will participate with Homeless Prevention Council and our assigned Case Manager

\_\_\_\_\_/\_\_\_\_\_. I/We hereby authorize the program facilitator, Harwich Ecumenical Council for the Homeless, Inc., Monitoring Agent and the Municipality to inquire of credit agencies, employer and banking institutions to allow and assist them to determine my/our determination of eligibility as Participants.

\_\_\_\_\_/\_\_\_\_\_. I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by the project-monitoring agent, is final.

Your signature(s) below gives consent to the lottery agent or its designee to verify information

Applicant Name (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Name (please print): \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE BE SURE ALL 6 PAGES OF THE COMPLETED APPLICATION AND REQUIRED ATTACHMENTS ARE INCLUDED**

Applicants intending to access Rental Assistance funds for a home they currently reside in are required to obtain a Landlord Intent to Participate. Applicants searching for new units will be granted a 30 day period to secure an approved Lease, if local preference guidelines are not met the applicant must secure a home within the Town of Eastham



# Eastham Rental Assistance Program

## Landlord/ Owner Intent to Participate

Applicants intending to reside in current residence must include this form with a completed application.

Applicant Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_ Town: \_\_\_\_\_

Current Landlord/ Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Unit # \_\_\_\_\_

City/ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best phone number: \_\_\_\_\_ E-mail address \_\_\_\_\_

### Landlord provisions:

The Landlord/Owner shall enter into a lease for each contract unit for which rental assistance is paid. All leases shall be for the term of one year. Leases will be signed only by the Landlord/Owner and the Tenant of the unit. The Lease shall not disclaim or modify any of the Landlord/Owner's legal obligations or provide for indemnification by the Tenant on account of breach of the Landlord/Owner's legal obligation(s). In addition, the lease shall incorporate as terms the following three Landlord/Owner obligations which shall be enforceable by the Tenant under the lease as a third party beneficiary of this Contract:

1. The Landlord/Owner shall not terminate the tenancy except for: violation of Federal, State or local law which imposes obligations on the Tenant in connection with the occupancy of the contract unit and surrounding premises; or other good cause.
2. The Landlord/Owner shall maintain the contract unit in compliance with Article II of the State Sanitary Code, State Building Code and any other applicable law.
3. The Landlord/Owner shall not discriminate against any tenant or applicant for tenancy on the grounds of age, race, color, creed, religion, sex, sexual orientation, handicap, national origin, marital or family status, or welfare reciprocity.

Landlord/ Owner further understands all payments will be made directly to the Landlord/ Owner as it is the intention of this program to stabilize year-round income eligible households. Landlord/ Owner agree if applicant is processed a signed contract will be required.

The Intent to Participant does not create a contract or obligation to participate in the Eastham Rental Assistance Program but confirms the applicant has notified the Landlord/ Owner of their intent to submit an application.

Landlord/ Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PLEASE BE SURE ALL DOCUMENTS LISTED BELOW ARE INCLUDED  
WITH YOUR APPLICATION**

**APPLICATION ATTACHMENT CHECKLIST**

Thank you for requesting an application for the Eastham Rental Assistance Program opportunity presented by Harwich Ecumenical Council for the Homeless, Inc. Your application will be handled with confidentiality and in conformance with all Fair Housing Laws. **Please retain a copy of this page for future reference.**

**APPLICATION CHECKLIST**

Please read carefully to make sure that you submit a complete application with all the required attachments.

**Missing a step may disqualify your application.**

- ✓ You have completely filled out the application, paying careful attention to all instructions. You and all applicants over the age of 18 have signed the last page of the application.
- ✓ Copy of past 2 years most recent Federal and State tax returns, as filed, with 1099's, W-2's and schedules, for every current or future person living in the household over the age of 18
- ✓ Copy of three consecutive months pay stubs, for salaried employed household members over 18, longer for seasonal and hourly workers. If you are self-employed, you have provided a current year-to-date Income & Expense report signed by the preparer.
- ✓ Current statements and documents that indicate the payment amounts from all other sources of income of all members listed on the application, such as alimony and/or child support, Social Security benefits, all types of pensions, employment, Unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income – on organization letterhead
- ✓ You have attached one of the following documents to verify local preference status: a current driver's license, a current paystub, verification of school enrollment or a utility bill with the applicant's name.
- ✓ You have provided proof of all assets including but not limited to checking, savings, IRA's, stocks, bonds and all other assets (i.e. Copies of bank statements for checking, savings and certificates of deposits, IRA or other retirement account statements- on organization letterhead). All statements must reflect current balances.
- ✓ Landlord/ Owner Intent to Participant signed document

Mail the completed application and the required attachments to:  
HECH, PO Box 638, West Harwich, MA 02671





To Prospective Rental Assistance Applicants:

**Thank you for your interest in the Wellfleet Housing Authority Rental Assistance Program.**

Enclosed please find a copy of the following:

1. Program Guidelines
2. Application
3. Tenant Application Checklist
4. Income Verification Requirements
5. Verification of Employment
6. Credit Check Authorization
7. Statement of Household Obligation
8. Release of Information

The exact number of households awarded rental assistance will be based on the total amount of funds requested by qualified applicants. The WHA may conduct a lottery if the number of qualified applications exceeds the amount of funds that are available. The WHA intends to provide rental assistance to eligible households for one year. If needed, the household may request additional rental assistance for a period not to exceed an additional 12 months. The maximum time period for the rental assistance voucher would be 2 years.

**Please note that submissions are approved on a rolling basis and will be processed in the order that they are received.**

**Applications should be sent to the attention of the Wellfleet Housing Authority and can be mailed or dropped off at the Wellfleet Town Hall.**

**Mailing address:  
Wellfleet Housing Authority/Town Hall  
300 Main Street  
Wellfleet, MA 02667**

Community response to this program is expected to be very strong and we may receive more "qualified" applicants than funds available. All qualified applicants will be put on a wait list once existing funds are committed. Therefore, we urge you to return the application and *all* supporting documentation as quickly as possible.

If you have any questions, please call 508-349-0300.

Very truly yours,

Wellfleet Housing Authority

## Enclosures

This program was developed in cooperation with the Community Development Partnership.



# WHA Rental Assistance Program Guidelines

The Town of Wellfleet (the Town) has voted at Town Meeting to provide ongoing funding from the Community Preservation Funds for rental assistance to tenants who rent year-round units in Wellfleet. The Wellfleet Housing Authority (WHA) has developed a Rental Assistance Program for the purpose of aiding eligible families/individuals in the Town of Wellfleet.

## What the Program Will Achieve

Affordable housing is a vital concern to both the social and economic fabric of the Town.

This program allows families and individuals to maintain affordable, year-round rental housing by ensuring that their monthly rent contribution does not exceed 30% of the household's monthly income. The goals of this program are to assist in financially stabilizing individuals and families, provide education to program participants on the budgeting process and assist in self-sufficiency.

## How the Program Will Work

The WHA intends to provide rental assistance to eligible households for one year. If needed, the household may request additional rental assistance for a period not to exceed an additional 12 months. The maximum time period for the rental assistance voucher would be 2 years.

### Monthly Voucher Amount:

- Participant's vouchers will be calculated based on their annual income, current percentage of the rent contribution and utility expenses.
- The Voucher Amount is paid directly to the Landlord and the Participant is responsible for prompt payment of their share of the monthly rent. Vouchers cannot be used to pay rental arrears.
- When the tenant pays for all or part of the utilities, the allowable monthly rent will be adjusted according to the Barnstable County HOME Program utility allowance guidelines.
- Monthly rents cannot exceed 110% of the HUD Fair Market Rent with utility allowances if indicated.

### Financial Management Counselling:

- Each participant will register with Homeless Prevention Council in Orleans (508-255-9667) and comply with their program of consultations and counselling to help him/her toward financial self-sufficiency.

### Rental Units:

- Participating landlords will be required to have the rental units comply with basic health and safety requirements, including but not limited to smoke and carbon dioxide detectors and a secondary mode of egress.

### Priorities:

Priority will be given to those applicants who:

- currently have a year-round rental lease in Wellfleet
- whose annual income is less than 60% of the area medium income
- whose monthly rent does not exceed the Barnstable County Fair Market Rent as established by HUD. Utility allowance guidelines are utilized for households that pay all or part of the utilities.



## Income and Rent Guidelines:

Income must be less than 80% of Area Medium Income (maximum) with priority being given to less than 60% of Area Medium Income (AMI).

No. of Persons	80 % AMI	60% AMI
1	\$48,300	\$36,240
2	\$55,200	\$41,400
3	\$62,100	\$41,650
4	\$68,950	\$51,720
5	\$74,500	\$55,860
6	\$80,000	\$60,000

### Maximum Rents\*

	Efficiency	1-bedroom	2-bedroom	3-bedroom	4-bedroom
Fair Market Rent	\$979	\$1,152	\$1,524	\$1,931	\$2,101
110% of Fair Market Rent	\$1,077	\$1,267	\$1,676	\$2,124	\$2,311

\*including utilities

### Application Process:

Applicants will be required to submit all necessary paperwork, which will include but may not be limited to:

- completed application
- proof of residency as defined under eligibility
- credit check
- landlord reference
- copy of lease
- proof of income and assets as described in the application

### Outreach:

It is the intention of the Wellfleet Housing Authority to achieve maximum outreach to potential applicants meeting the above criteria through local media and publicized information sessions to be held in November of each year.

### Program Participation:

Eligible participants shall be required to sign a statement of household obligations and a one (1) year rental voucher agreement outlining their obligations under the program as well as that of the Wellfleet Housing Authority. This rental voucher agreement may be renewed for up to one additional year. Prior to receiving a renewal of the rental voucher agreement, current participants will need to be re-qualified to ensure that the household continues to meet the program guidelines.

- Participants will be expected to contribute 30% of their annual income toward the monthly rent.
- Each landlord and tenant shall be required to sign an Agreement, which explains the length and viability of the program subject to the Town of Wellfleet Housing Authority's ability to fund the program. No subsidy will be paid until this requirement is met.
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## EXCEPTIONS TO THE FOREGOING GUIDELINES MAY ONLY BE MADE BY THE WELLFLEET HOUSING AUTHORITY

QUESTIONS?

Homeless Prevention Council  
Wellfleet Housing Authority

508-255-9667  
508-349-0300



# **Wellfleet Housing Authority**

Town Hall, 300 Main Street, Wellfleet, MA 02667

## **PACKET FOR RENTAL ASSISTANCE**

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# Wellfleet Housing Authority

Town Hall, 300 Main Street, Wellfleet, MA 02667

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QUESTIONS?

Homeless Prevention Council  
Wellfleet Housing Authority

508-255-9667  
508-349-0300

# WELLFLEET HOUSING AUTHORITY RENTAL ASSISTANCE PROGRAM

## TENANT APPLICATION

Please read the Program guidelines prior to filling out this application.

**REQUIRED ATTACHMENTS:** Please include the documents listed on the tenant application checklist when submitting this application. Copies of these documents are required to determine your eligibility for this program. Applications without these documents cannot be processed.

### PART I: TENANT INFORMATION

**NAME:** \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address: \_\_\_\_\_

**CO-TENANT:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address: \_\_\_\_\_

**NUMBER OF PEOPLE IN APPLYING HOUSEHOLD:** \_\_\_\_\_

**Household Composition:** Please list below the head of your household and all members who live or will be living in the home. Give the relationship of each person to the head of household.

List Head of Household First	Social Security #	Relationship to Head of Household	Age Student	Name of Employer If applicable

**LOCAL QUALIFICATION**

Please check one of the following local qualification categories, if applicable (please provide documentation which verifies your local qualification):

- Current Wellfleet Resident
- Child of a Wellfleet Resident
- Parent of a Wellfleet Resident
- Sibling of a Wellfleet Resident
- Current Wellfleet Town Employee
- Current employee of Wellfleet Local Business
- Grandchild of Wellfleet Resident
- Close family tie to Wellfleet (describe):

Graduated from a local high school while living in Wellfleet

**PART II: PROPERTY/LANDLORD INFORMATION**

Landlord Name: \_\_\_\_\_  
Landlord Residential Address: \_\_\_\_\_  
Landlord Mailing Address: \_\_\_\_\_  
Landlord Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit# \_\_\_\_\_

Rent Amount: \$ \_\_\_\_\_

Utilities Included:                      YES                      NO

Please list any utilities that you are responsible for (do not include cable TV, internet access or telephone)

Is it a year round rental?              YES                      NO

Do you have a written lease? YES                      NO

Length of time at present address: \_\_\_\_\_

**Previous Landlord(s) in last five (5) years**

A. Landlord Name: \_\_\_\_\_  
Landlord Residential Address: \_\_\_\_\_  
Landlord Mailing Address: \_\_\_\_\_  
Landlord Phone Number: \_\_\_\_\_  
Length of time at this address: \_\_\_\_\_

B. Landlord Name: \_\_\_\_\_  
Landlord Residential Address: \_\_\_\_\_  
Landlord Mailing Address: \_\_\_\_\_  
Landlord Phone Number: \_\_\_\_\_  
Length of time at this address: \_\_\_\_\_

C Landlord Name: \_\_\_\_\_  
Landlord Residential Address: \_\_\_\_\_  
Landlord Mailing Address: \_\_\_\_\_  
Landlord Phone Number: \_\_\_\_\_  
Length of time at this address: \_\_\_\_\_

**PART III: EMPLOYMENT INCOME INFORMATION.** Complete whether an employee or self-employed.

- **Tenant** employed by:

\_\_\_\_\_

Employer's Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Dates of employment for current employer: \_\_\_\_\_

If employed on a seasonal basis, please supply dates: \_\_\_\_\_

- **Co-Tenant** Employed

by: \_\_\_\_\_

Employer's Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Dates of employment for current employer: \_\_\_\_\_

If employed on a seasonal basis, please supply dates: \_\_\_\_\_

NOTICE: If there are other adults in the household currently employed or receiving cash benefits, include them in chart below. Please list Head of Household first.

**PART IV. ANNUAL INCOME TOTALS: What is your household's current gross yearly income, from all sources? (Include all employers, benefits, pensions, public assistance, unemployment compensation, rental income, child support, alimony, etc., for everyone over the age of 18 in the household.)**

NAME	SOURCE	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL YEARLY INCOME</b>		\$

If you expect a dramatic change in your annual income in the coming 12 months, please explain:

\_\_\_\_\_

**A. Bank Accounts:** (Checking, Savings, Money Market, IRAs, CDs, Stocks, etc.)

Name of Institution	Name of Person on Account	Type of Account	Account Number	Balance

Do you earn over \$100.00 in interest from your total assets annually?  Yes  No

**B. Additional Real Estate:** Complete for each property owned. (Use back of page if needed.)

**Have you owned or had ownership in any real property for the last five (5) years? YES NO**

1) Address: \_\_\_\_\_

Date of sale if sold within last five years \_\_\_\_\_

2) Address: \_\_\_\_\_

Date of sale if sold within last five years \_\_\_\_\_

**PART V: TENANT(S)/POTENTIAL TENANT(S)**

I/We, the applicant(s), have received and read the Program Guidelines.

I/We understand the Wellfleet Housing Authority and/or their designees will utilize the information provided on this application to determine eligibility for the Wellfleet Housing Authority Rental Assistance Program.

I/We understand that additional information including, but not limited to, verification of employment, income tax statements and credit information are required by the program regulations, and I/we will provide such information as required.

**I/We understand that rental units enrolled with this program must be rented to year-round, income eligible tenants at an affordable rent level for a minimum of one year.**

**I/We understand that rental units enrolled with this program must be legal rental units and that the landlord will be required to have an inspection from the Building Inspector to ensure that the rental units meet basic health and safety issues.**

I / We certify that all information given is true to the best of my/our knowledge. In addition, I/we give the Wellfleet Housing Authority and/or their designees permission to conduct a credit check, verify my income and landlord references.

---

Tenant/Potential Tenant Date

---

Tenant/Potential Tenant Date

**WELLFLEET HOUSING AUTHORITY  
RENTAL ASSISTANCE PROGRAM**

**Tenant Application Checklist**

Name: \_\_\_\_\_

Rental Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Notes

- \_\_\_\_\_ 5 page Tenant Application \_\_\_ Completed \_\_\_ Signed \_\_\_ Dated \_\_\_\_\_
- \_\_\_\_\_ Most Recent Tax Return or Notarized Statement Re: Not \_\_\_\_\_  
Filing Taxes (For all Adults in Home)
- \_\_\_\_\_ Certified Tax Return Transcript (For all Adults in Home) \_\_\_\_\_
- \_\_\_\_\_ Cash Benefit Public Assistance Determination \_\_\_\_\_  
(if applicable, all Adults in Home)
- \_\_\_\_\_ Employer Verification Form (For all working Adults in Home) \_\_\_\_\_
- \_\_\_\_\_ 8 Weeks Consecutive Pay stubs (For all working Adults in Home) \_\_\_\_\_
- \_\_\_\_\_ 2 Mos. Consecutive Bank Statements for All Checking and Savings \_\_\_\_\_  
Accounts (For all Adults in Home)
- \_\_\_\_\_ Alimony/Copies of Child Support Receipts or Order/Notarized \_\_\_\_\_  
Statement (if applicable)
- \_\_\_\_\_ Pension and Investment Income (if applicable) \_\_\_\_\_
- \_\_\_\_\_ Copy of Lease with Landlord \_\_\_\_\_
- \_\_\_\_\_ Signed copy of Credit Check Authorization \_\_\_\_\_
- \_\_\_\_\_ Documentation of Local Qualification \_\_\_\_\_
- \_\_\_\_\_ Statement of Household Obligations \_\_\_\_\_

**PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR COMPLETED APPLICATION**

**Applications should be sent to the attention of the Wellfleet Housing Authority and can be mailed or dropped off at the Wellfleet Town Hall.**

**Mailing address: Wellfleet Housing Authority, Town Hall, 300 Main Street, Wellfleet, MA 02667**

# WHA RENTAL ASSISTANCE PROGRAM INCOME VERIFICATION REQUIREMENTS

## DOCUMENTING YOUR INCOME

THE FOLLOWING INFORMATION *MUST* BE INCLUDED WITH THE APPLICATION

DO NOT SEND ORIGINALS

⇒ Please remember that ALL HOUSEHOLD income must be included.

In order to be eligible for the program, **RETURN A COMPLETED APPLICATION** plus the following valid confirmations:

1. **Current** pay stubs for **all** working members of the household 18 years and older. Pay stubs for **8 WEEKS** are required.
2. **Verification of Employment:** Attached form completed and signed by your employer. If you need more, please make photocopies of the form provided.
3. If a member of your household is **18 YEARS OLD OR OLDER** and enrolled as a **FULL-TIME STUDENT** or **NOT** currently working, a **NOTARIZED STATEMENT** stating such is needed. This also pertains to Applicant and Co-Applicant.
4. If you have children and do **NOT** receive child support, you must provide a **NOTARIZED STATEMENT** to that effect. Otherwise, you must provide a Child Support Order, Copy of Divorce Decree, or Copies of Child Support Checks.
5. Verification of all other household income: **Benefit statements** for Public Assistance, VA, Unemployment, SS, SSI, Disability, etc.
6. Submit bank statements for **past two months** for ALL **CHECKING** and **SAVINGS** accounts.
7. Most recent copy of **statements from pension and investment income**, including **retirement savings** (if applicable)
8. **Tax Returns:** Call\* the IRS Office to get a copy of your federal income tax return transcript for the most recent year filed. Request the IRS Office to **STAMP THE YEAR**. Even if you did not file taxes, you will need to request the federal income tax return transcript (it will state that the IRS has nothing on file). The transcript will be mailed to your address within 10 days. Their phone number is 800-829-1040. You will also need to submit copies of your personally prepared income taxes for the most recent year filed.

If you did not file, you will need a notarized statement, which documents all income sources, including savings and other related investments.

9. Tax returns and SELF EMPLOYMENT

**People who are self-employed need to provide the following:**

1. Copies of your IRS Tax Form 1040, including all Schedules for the most recent year filed.
2. You will need to call\* the IRS Office to get a copy of your federal income tax return transcript for the most recent year filed. Request the IRS Office to **STAMP THE YEAR**. Even if you did not file taxes, you will need to request the federal income tax return transcript (it will state that the IRS has nothing on file). The transcript will be mailed to your address within 10 days. Their phone number is 800-829-1040.

If any member of the household is self-employed and does not file taxes, you will need a notarized statement, which documents all income sources, including savings and other related investments. This statement must reflect the earnings and the expenses for the most recent filing year and include dates and addresses of jobs, and the amount you were paid.

**\* IRS TRANSCRIPT DIRECTIONS**

The phone number is **1-800-829-1040**. Listen carefully to the directions.

Select option **2** – for questions about your account

Select **2** again – for questions about your account

**Enter your SS#, press 1**, listen while it repeats it

**Press 1 if correct** (Press 2 if incorrect and follow instructions.)

**Select 3** – to request a transcript or photocopy of your return

**Enter the numbers in your address** – do not enter letters or fractions

Listen to the long message.

Select 2.

Follow instructions to request transcripts for 2006 (or 2005 if not available)

(Enter year/it will repeat it)

Press 1 if correct (Press 2 if incorrect and follow instructions.)

It will tell you what you requested

Press 1 if correct (Press 2 if incorrect and follow instructions.)

Listen to instructions to request additional transcripts

Please do this immediately to avoid delays in processing your application

# WELLFLEET HOUSING AUTHORITY

## VERIFICATION OF EMPLOYMENT

### PART I. APPLICANT INFORMATION (To be completed by Applicant)

Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_

### PART II. EMPLOYER INFORMATION (To be completed by Applicant)

Name of Employer \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

### PART III. EMPLOYMENT INFORMATION (To be completed by Employer)

1. Date of Employment \_\_\_\_\_ Position/Occupation \_\_\_\_\_
2. Date of Termination (if applicable) \_\_\_\_\_
3. Current Rate of Regular Pay \$ \_\_\_\_\_ per hour, week, month or year (circle one)
4. Current Rate of Overtime Pay \$ \_\_\_\_\_ per hour, week, month or year (circle one)
5. Do you anticipate any change in the employee rate of pay in the near future? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes:  
Revised Rate \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_
6. Number of hours employee typically works per week: \_\_\_\_\_ Weeks per year: \_\_\_\_\_
7. Do you anticipate any change in the number of hours the employee works? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,  
please explain \_\_\_\_\_
8. Anticipated average amount of overtime per week \_\_\_\_\_
9. Gross annual earnings you anticipate for this employee for the next 12 months \$ \_\_\_\_\_
10. Does the employee receive tips, bonuses, overtime, commissions? Yes \_\_\_\_\_ No \_\_\_\_\_ Please  
indicate annual amount: Tips \$ \_\_\_\_\_ Bonuses: \$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Commissions \$ \_\_\_\_\_
11. If the employee's work is seasonal or sporadic, indicate lay-off periods \_\_\_\_\_
12. Additional Comments: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Title

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

CREDIT CHECK AUTHORIZATION

**Applicant/Tenant Release Form**

In consideration for being permitted to apply for the Wellfleet Housing Authority Rental Assistance Program, I, Applicant, do represent all information in this application to be true and accurate and that Wellfleet Housing Authority and/or their designees may rely on this information when investigating and accepting this application. Applicant hereby authorizes the Wellfleet Housing Authority and/or their designees to make independent investigations to determine my credit and financial standing. Applicant authorizes any person, or credit-checking agency having any information on him/her to release any and all such information to the Wellfleet Housing Authority and/or their designees or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the Wellfleet Housing Authority and/or their designees and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report will be done thru the facilities or First Advantage SafeRent, Consumer Relations Department, 7300 Westmore Rd., Suite 3 Rockville, MD 20850-5223 (Consumer Disclosure Request forms 888-333-2413; Reinvestigation forms 800-815-8664) or [consumerrelations@FADVSafeRent.com](mailto:consumerrelations@FADVSafeRent.com)

Applicant Name (Print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Social Security# \_\_\_\_\_

Date of Birth (optional) \_\_\_\_\_

Other Name(s) you have used \_\_\_\_\_

Date \_\_\_\_\_

**Co-Applicant/Tenant Release Form**

In consideration for being permitted to apply for the Wellfleet Housing Authority Rental Assistance Program, I, Co-Applicant, do represent all information in this application to be true and accurate and that the Wellfleet Housing Authority and/or their designees may rely on this information when investigating and accepting this application. Co-Applicant hereby authorizes the Wellfleet Housing Authority and/or their designees to make independent investigations to determine my credit and financial standing. Co-Applicant authorizes any person, or credit-checking agency having any information on him/her to release any and all such information to the Wellfleet Housing Authority and/or their designees or credit checking agencies. Co-Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, Wellfleet Housing Authority and/or their designees and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report will be done thru the facilities or First Advantage SafeRent, Consumer Relations Department, 7300 Westmore Rd., Suite 3 Rockville, MD 20850-5223 (Consumer Disclosure Request forms 888-333-2413; Reinvestigation forms 800-815-8664) or [consumerrelations@FADVSafeRent.com](mailto:consumerrelations@FADVSafeRent.com)

Co-Applicant Name (Print) \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

Social Security# \_\_\_\_\_

Date of Birth (optional) \_\_\_\_\_

Other Name(s) you have used \_\_\_\_\_

Date \_\_\_\_\_

**WELLFLEET HOUSING AUTHORITY  
RENTAL ASSISTANT PROGRAM  
STATEMENT OF HOUSEHOLD OBLIGATIONS**

In order to become eligible and maintain eligibility for the Wellfleet Housing Authority's (WHA) Rental Assistance Program, it is necessary for the participant to fulfill the obligations established by the WHA. If a household violates any of these obligations, then the household can be terminated from the program. The obligations of the program are as follows:

**The Household Shall:**

- Supply any information that the WHA determines to be necessary, including evidence of local qualification, and information for use in a regularly scheduled reexamination or interim reexamination of household income and composition.
- Submit consent forms for obtaining requested information.
- Supply any information or verification requested by the WHA relating to whether the household is residing in the unit or whether the family is absent from the unit.
- Promptly notify the WHA in writing when the household is absent from the unit for a period of time in excess of 30 days.
- Notify WHA and the owner in writing before moving out of the unit or terminating the lease.
- Promptly notify WHA in writing if there is a change in the size of the household.
- Give WHA a copy of any owner eviction notice.
- Pay for utilities and supply and maintain any appliance that the household is required to provide under the lease.
- The rental unit must be the household's only residence.
- Participants shall pay at least 30% of their annual income toward the monthly rent.

**The Household Shall Not:**

- Own or have any interest in the unit.
- Engage in profit making activities in the unit unless such activities are incidental to the primary use of the unit as a residence by the family and are allowable under the terms of the lease.

**WELLFLEET HOUSING AUTHORITY  
RENTAL ASSISTANT PROGRAM  
STATEMENT OF HOUSEHOLD OBLIGATIONS  
Continued**

- Commit any serious or repeated violation of the lease.
- Commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
- Participate in drug-related criminal activity or violent criminal activity.
- Sublease, let or transfer the unit or assign the lease.
- Receive another housing subsidy for the same rental unit or for a different rental unit under any other federal, state or local housing assistance program.
- Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.

**I/WE HEREBY CERTIFY THAT I/WE UNDERSTAND THE HOUSEHOLD OBLIGATIONS OF THE WELLFLEET PILOT RENTAL ASSISTANCE PROGRAM, AND THAT A VIOLATION OF THESE OBLIGATIONS MAY RESULT IN TERMINATION FROM THE PROGRAM.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



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**There for our neighbors since 1991**

**RELEASE OF INFORMATION**

I/We \_\_\_\_\_, authorize the Homeless Prevention Council & Wellfleet Housing Authority to Release/Exchange/Obtain information pertaining to myself and/or my household as needed for the purpose of my participation in the Wellfleet Rental Assistance Program for:

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Property Name

I/We understand that this authorization shall remain valid for eighteen [18] months from the date of my/our signature(s). I/We also understand that I/we may revoke this authorization in writing at any time. A photocopy or faxed copy may be used in place of the original.

Signature

Date

Signature

Date

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14 Old Tote Road PO Box 828 Orleans, MA 02653 ☐ Phone (508) 255-9667 ☐ Fax: (508) 255-4928 ☐ [HPCcapecod.org](http://HPCcapecod.org)  
*Homeless Prevention Council is a 501(c)3 nonprofit agency. Federal Tax ID number 04-3104858*

