



Wellfleet Rental Assistance

INCOME ELIGIBILITY TABLE

Household Size	1	2	3	4	5	6	7	8
100% Income Limit	\$85,890	\$98,160	\$110,430	\$122,700	\$132,516	\$142,332	\$152,148	\$161,964

Applicants are accepted on a rolling basis. Program participation will be awarded to eligible households as funding allows.

To learn more, or if you have any questions please contact our office at **508-255-9667** or email help@hpccpaecod.org.

Your application can be submitted online or you can download, print, and mail your completed application to

**Homeless Prevention Council
Rental Assistance
P.O. Box 828
Orleans, MA 02653**



**EQUAL HOUSING
OPPORTUNITY**

**CLICK HERE TO FILL OUT FORM AND
SUBMIT ONLINE**



TENANT APPLICATION CHECKLIST



- Completed, initialed and signed Application Form
(ALL adult household members must sign)
- Documentation of eligibility for local preference
- Documentation for your sources of income
(i.e. 8 consecutive weeks of paystubs, W-2, 1099-NEC, 1099-MISC, Schedule C, copies of bank statements, retirement account, brokerage & securities holdings, virtual currency statements, retirement account statements, social security benefit letter, etc.)
- Verification of student status for any member of the household who is over 18 and a full-time student
- Copy of year-round lease
- Last two months bank account statements for all accounts - include all pages.

LANDLORD APPLICATION CHECKLIST



- Current rental certificate from the town
- Completed W-9
- Verification that tenant is current in rent payments

Wellfleet Rental Assistance Application

Are you currently behind on your rent? yes no

Have you received a notice to quit? yes no

Do you or another household member have a Section 8 or other subsidy? yes no

Applicant Name: _____

Residential Address: _____

City/Town: _____ State: _____ Zip: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: _____

Co-Applicant Name: _____

Residential Address: _____

City/Town: _____ State: _____ Zip: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: _____

List all household members who live or will be living in the home including yourself:

Name	Date of Birth	Age	Relationship to applicant	Student Status Fulltime (Y/N)
1.			self	
2.				
3.				
4.				
5.				
6.				

Current Landlord Name: _____

Mailing Address: _____

Residential Address: _____

E-mail Address: _____ Phone: _____

Current Monthly Rent: _____ Is this a year-round rental? yes no

Do you have a written lease? yes no

Are utilities included? yes no

If no, what utilities are you responsible for? _____

Household Income

Fill out the cash values for the income sources that apply and indicate the frequency they are received (annually, monthly, bi-weekly, weekly, seasonally, etc.).

	Head of Household		Co-Head of Household	
	Amount	Frequency	Amount	Frequency
All wages and salaries prior to deductions				
Overtime pay				
Commissions, tips, bonuses, fees, and other compensation for personal services				
Net business income				
Interest/dividend income				
Social Security				
Supplemental Social Security income				
TAFDC				
Cash benefits				
Pension payments				
Disability income				

Household Income (contd.)

	Head of Household		Co-Applicant	
	Amount	Frequency	Amount	Frequency
Unemployment compensation				
Alimony/child support				
Veterans' benefits for all adult household members over the age of 18, **unless the member is a full-time student				
PFMLA payments				
Unearned income of children (SS, SSDI, etc.)				
Additional income and assets:				
Total				

Household Income (contd.)

For each source of income indicated in the table on page 4 and 5 , fill out the following information as it applies.

Head of Household

Type of Income Source	Employer Name	Employer Address	Employer Phone	Employer email

Co-Applicant

Type of Income Source	Employer Name	Employer Address	Employer Phone	Employer email

Household Assets

Fill out the table below as it applies.

	Head of Household		Co-Applicant	
	Name of bank/institution	Approximate cash value	Name of bank/institution	Approximate cash value
Real estate				
Checking account				
Savings account				
Debit/direct deposit card				
Certificate of deposit				
Stocks				
Brokerage/portfolio				
IRA/401K/etc.				

Goals and Strategies

Please indicate below what priorities you will focus on in the next year to stabilize your housing situation. Highlight specific goals and strategies.

1. _____

2. _____

3. _____

4. _____

5. _____

Race And Ethnicity

The following information is requested by the Rental Assistance Program to assure that Federal Laws prohibiting discrimination against applications on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to provide this information, choosing to not provide this information will in no way affect your application.

CHECK OFF WHAT APPLIES TO YOU IN BOTH CATEGORIES.

Ethnic Categories

Hispanic or Latino

Non-Hispanic
Latino

or

Racial Categories

American Indian

Black or African
American

Asian

Native Hawaiian or other
Pacific Islander

White

Other

Or

I do not wish to provide this information

Homeless Prevention Council prohibits discrimination based on race, creed, color, sex, age, disability, marital status, veteran status, sexual orientation, national origin or any other basis prohibited by law in the renting of units.



HOMELESS PREVENTION COUNCIL

There for our neighbors since 1991

Release of Information

I, _____, residing at _____

authorize Homeless Prevention Council (HPC) to release and/or to obtain information for the purpose of providing services. I understand that this information may include personally identifying details about myself and members of my household. I understand that individually identifying information will only be shared to the extent it is necessary for the referral process to housing and other services and to otherwise assist me. If I am not present to sign this release, I authorize the HPC staff person I am speaking with to sign this release on my behalf.

Signature: _____ Date: _____

Client is not present and authorizes me to sign this release on his or her behalf.

HPC staff member: _____ Date: _____

Release of Information to the Cape Cod Homeless Management Information System

I authorize HPC to provide personally identifying details about myself and members of my household for the purpose of sharing data with the Cape Cod and Islands Continuum of Care Homeless Management Information System. I understand this information is collected by the Barnstable County Department of Human Services to provide statistical reports to assess the need for homeless prevention services, but only aggregate data will be provided. I understand that HPC will not share information about a disability I may have other than to indicate that I have a disabling condition. I have been informed that a written explanation of this information sharing is available on the HPC website and that I will not be denied services by HPC if I do not sign this release of information. If I am not present to sign this release, I authorize the HPC staff person I am speaking with to sign this release on my behalf. I may revoke this consent at any time.

Signature: _____ Date: _____

Client is not present and authorizes me to sign this release on his or her behalf.

HPC staff member: _____ Date: _____

Local Preference Category:

Current Wellfleet Resident
Documentation must be provided. (i.e. copy of lease)

Applicant Signature Date

Co-Applicant Signature Date

Applicant Certification and Consent to Release Information

All adult household members must **initial**

- _____ I/We understand this program requires participation in case management.
- _____ I/We certify that the information in this application and in support of this application is true and correct to the best of my/our knowledge.
- _____ I/We understand the program provides for a maximum of three years rental stipend and is not intended to provide long-term assistance.
- _____ I/We will maintain monthly contact with my Case Manager to work on a goal for self-sufficiency.
- _____ I/We will notify my Case Manager within 10 days of any changes in household composition or income or if I/we receive financial assistance or a rental subsidy from any other source.
- _____ I/We understand the information provided on this application will be used to determine eligibility for the Wellfleet Rental Assistance Program.
- _____ I/We authorize the town of Wellfleet and/or the Program Administrator designee to verify my income and assets and landlord references for purposes of eligibility for the Rental Assistance Program.

Your signature(s) below gives consent to the town of Wellfleet and the Homeless Prevention Council to verify the information provided in this application. No applications will be considered complete unless signed and dated by the Applicant and Co-Applicant.

Applicant Signature: **Date:**

Co-Applicant Signature **Date:**