



# Wellfleet Rental Assistance Program

The Wellfleet Rental Assistance program provides a stipend to bridge the gap between an individual's income and the high cost of rent. To be eligible, the applicant must be a year-round resident, or be an employee in the town of Wellfleet, with a total household income that does not exceed 100% of area median income.(AMI)

## INCOME ELIGIBILITY TABLE

Household Size	1	2	3	4	5	6	7	8
100% Income Limit	\$76,100	\$87,000	\$97,850	\$108,700	\$117,400	\$126,100	\$134,800	\$143,500

**Applicants are accepted on a rolling basis.  
 Program participation will be awarded to eligible  
 households and as funding allows.  
 To submit an application or to learn more, please contact  
 our office at 508-255-9667.**

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**

questions can be emailed to [help@hpccapecod.org](mailto:help@hpccapecod.org)



**EQUAL HOUSING  
OPPORTUNITY**

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



## APPLICATION CHECKLIST



- Completed, initialed and signed Application Form (ALL adult household members must sign)
- Documentation of eligibility for local preference
- Documentation of your income sources for each household member 18 or older, or verification of fulltime student status.
- Copy of year round lease
- Last two months account statements for all accounts
- Documentation of childcare expenses

*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.*

## Race And Ethnicity

The following information is requested by the Rental Assistance Program to assure that Federal Laws prohibit discriminations 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, OR:

I do not wish to provide this information

### ETHNIC CATEGORIES

- Hispanic or Lation
- Non-Hispanic or Latino

### RACIAL CATEGORIES

- American Indian
- Black or African American
- Asian
- Native Hawaiin or Other Pacific Islander
- White
- Other

## Wellfleet Rental Assistance Application

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: \_\_\_\_\_

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

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

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? \_\_\_\_\_

**Households must meet certain maximum income limits to be eligible to participate in the Wellfleet Rental Assistance Program.  
Annual income is income from all sources, including:**

- all wages and salaries prior to deductions
- overtime pay
- commissions, tips, fees and bonuses, 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
- 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.

*\*\*Verification of student status is required if any member of the household is over 18 and a full time student.  
(Income for full-time students who are the head of household or spouse must be counted in annual income.)*

***Please attach all third-party documentation for your sources of income (i.e. 4 weeks of paystubs, W-2, 1099-NEC, 1099- MISC, Schedule C, copies of bank statements, social security statements, retirement account values, life insurance cash value, brokerage & securities holdings, virtual currency etc.)***

**Annual Income (Applicant): Gross Income for the Past 12 Months** (Net income if self employed) \_\_\_\_\_

Year round      Seasonal      Dates of seasonal employment: \_\_\_\_\_

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

Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

ADDITIONAL INCOME FROM OTHER SOURCES: \_\_\_\_\_

Source \_\_\_\_\_ Income per Month \$ \_\_\_\_\_

Source: \_\_\_\_\_ Income per Month \$ \_\_\_\_\_

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

Do you own any property?      yes      no

**Annual Income (Co-Applicant): Gross Income for the Past 12 Months** (Net income if self employed) \_\_\_\_\_

Year round      Seasonal      Dates of seasonal employment \_\_\_\_\_

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

Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position: \_\_\_\_\_

ADDITIONAL INCOME FROM OTHER SOURCES: \_\_\_\_\_

Source: \_\_\_\_\_ Income per Month: \_\_\_\_\_

Source: \_\_\_\_\_ Income per Month: \_\_\_\_\_

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

Do you own any property?      yes      no

**Childcare Expenses Necessary for Employment:** Annual Amount: \_\_\_\_\_

**This program lasts for a maximum of three years. Please indicate below what your strategy/goal is going forward regarding stabilizing your housing situation:**

- I am on a fixed income (i.e. social security) and am currently seeking more affordable housing.
- I expect my income to increase to the point where my rent is affordable.
- I expect my expenses to decrease to the point where my rent is affordable.

**Other:**

**Local Preference Category:**

Current Wellfleet Resident  
Documentation must be provided. (i.e. copy of lease, rent receipt, voter registration listing)

Current Employee in the Town of Wellfleet  
Documentation of pay stubs must be provided.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**APPLICANT CERTIFICATION AND CONSENT TO RELEASE INFORMATION  
(all adult household members must initial)**

\_\_\_\_\_  
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 and belief under full penalty of perjury. I/We understand that perjury will result in disqualification from further consideration in this program.

\_\_\_\_\_  
I/We understand this program requires participation in case management.

\_\_\_\_\_  
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 have received and understand the program guidelines.

\_\_\_\_\_  
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 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 Homeless Prevention Council to verify 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:**