

Dennis Rental Assistance Program

The Dennis 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 of Dennis with a total household income that does not exceed 80% of area median income.(AMI)

INCOME ELIGIBILITY TABLE

Household Size	1	2	3	4	5	6	7	8
80% Income Limit	\$69,608	\$79,552	\$89,496	\$99,440	\$107,395	\$115,350	\$123,306	\$131,261

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



CLICK HERE TO FILL OUT FORM AND SUBMIT ONLINE





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 full-time student status.
Copy of year round lease
Last two months account statements for all accounts

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

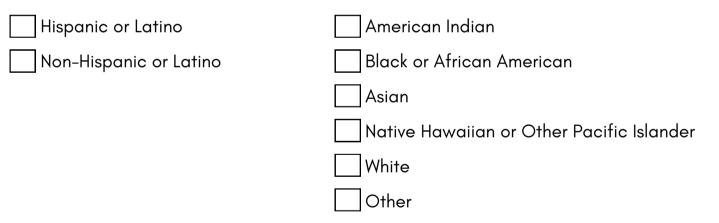
The following information is requested by the Rental Assistance Program to assure that Federal Laws prohibiting discrimination against applications on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to provide this information,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

CHECK OFF WHAT APPLIES TO YOU IN BOTH CATEGORIES, OR:

I do not wish to provide this information

ETHNIC CATEGORIES

RACIAL CATEGORIES



Dennis Rental Assistance Application

Do you or another househo	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.	I HOMEI	E22	<i>KEVE</i>		LOUN	ICIL
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 Dennis 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.)

Year round	Seasonal Dates of seasonal employment:
	s:
Phone:	Position:
ADDITIONAL INC	OME FROM OTHER SOURCES:
Source	Income per Month \$
Source:	Income per Month \$
Employer's Addre	xss:
Do you own any	property? yes no
	s.
Employer Addres	s:
Phone:	Position:
ADDITIONAL INC	OME FROM OTHER SOURCES:
Source:	Income per Month:
Source:	Income per Month:
Employer's Addre	ess:
Do you own any j	property? yes no
Childcare Expe	nses Necessary for Employment: Annual Amount:
This progr	am lasts for a maximum of three years. Please indicate below whe
strateg	y/goal is going forward regarding stabilizing your housing situati
	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.

Local Preference Category:

1			
	_		

Current Dennis Resident

Documentation must be provided. (i.e. copy of lease, rent reciept, voter registration listing)

Applican	t Signature	Date
Co-Appli	icant Signature	Date
APPLICA	NT CERTIFICATION AND CONSENT TO RELEASE	INFORMATION
(all adul	t household members must initial)	
	 I/We certify that the information in this application and in succorrect to the best of my/our knowledge and belief under full I/We understand that perjury will result in disqualification from program. 	Ill penalty of perjury.
	I/We understand this program requires participation in case	management.
	I/We understand the program provides for a maximum of the — int <mark>en</mark> ded to provide long term assistance.	ree years rental stipend and is not
	I/We will maintain monthly contact with my Case Manager t	o work on a goal for self-sufficiency.
	I/We will notify my Case Manager within 10 days of any chan income or if I/we receive financial assistance or a rental sub	
	_ I/We understand the information provided on this application for the Dennis Rental Assistance Program.	n will be used to determine eligibility
	_ I/We authorize the town of Dennis and/or Program Administ and assets and landlord references for purposes of eligibility	°
	Your signature(s) below gives consent to the town of Dennis verify information provided in this application. No applicatio unless signed and dated by the Applicant and Co-Applicant	ns will be considered complete

Applicant Signature:

Date: