



# Town of Provincetown Community Housing Provincetown Self Sufficiency Local Voucher Program **GUIDELINES**

Rev 2022

The Town of Provincetown is offering a Provincetown *Self Sufficiency* Local Housing Voucher Program. This program is funded with grant assistance from the Community Preservation Fund as approved by town meeting. The Provincetown *Self Sufficiency* Program aims to allow a family to have affordable, year-round housing while participating in a program which will educate and/or enable them to become self-sufficient within a three (3) year period. Participants are required to certify household income and adequate progress toward sustainability on an annual basis. Participants will also be required to meet at least quarterly with case managers and monthly meetings if required to do so. Participants will be required to provide progress reports on forms provided. Lack of adequate progress and meeting milestones may lead to discontinuation of rental assistance. The Provincetown *Self Sufficiency* Program specifically targets households that will benefit from short-term assistance as a stepping stone to self-sufficiency; it is not intended to provide long-term rental assistance. The maximum timeframe for assistance is three years.

## **PROGRAM GOAL – Self Sufficiency:**

Affordable Housing is a critical issue for the Town of Provincetown and has been a top priority for over a decade with significant impacts on the character and the economy of the town. The Town has seen significant out-migration of residents who are unable to locate housing. The *Self Sufficiency* Local Voucher program aims to assist households to maintain stable year-round rental housing while participating in an educational program to build self-sufficiency. This will require regular counseling sessions with the case manager, goal setting, attendance at workshops, and quarterly reporting.

## **HOW THE SELF SUFFICIENCY PROGRAM WORKS:**

The Town provides rental assistance to eligible households for an initial period of 18-months; with a possible extension(s) for households making adequate progress towards their self-sufficiency goals. The total timeframe for rental assistance may not exceed a maximum of three years.

## **Monthly Voucher Amount:**

- ❖ Applicant is not eligible for the Provincetown *Self Sufficiency* Program if he/she receives another rental subsidy.
- ❖ 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 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 Counseling:**

Each participant will be required to regularly participate in financial counseling and case management provided through the Town of Provincetown to help him/her work toward financial self-sufficiency. This counseling is mandatory and integral to the program. The financial counseling and case management may include monthly meetings with the counselor, attendance at workshops, and quarterly reporting of progress towards the goals and milestones. At a minimum, the participants must have monthly contact with the case manager along with quarterly meetings and written reports on forms provided. Monthly updates will provide progress on goals and milestones. Voucher assistance may be terminated if participant does not meet these requirements.

**Rental Units:**

All rental housing must be legally registered with the Town and must have a year round lease.

**Priorities:**

Priority will be given to those applicants who:

- Can demonstrate the potential for meeting the goal of self-sufficiency within three years. This may be through education and gaining additional skills for promotion or different employment. The anticipation of greater income in the future or other ways.
- Whose annual income is less than 60% Barnstable Area Median Income [AMI].
- Currently have a year-round rental lease in Provincetown.
- 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.

**FY 2022 Income Guidelines:**

*These are adjusted annually and may change.*

<i>Income must be less than or equal to 60% AMI [maximum] and includes income for all household members over 18</i>	<b>Household [HH] Size</b>	<b><u>FY 2022: 60% AMI</u> Maximum HH Income</b>
	1	\$45,660
	2	\$52,200
	3	\$58,710
	4	\$65,220
	5	\$70,440
	6	\$75,660

**Maximum FY 2021 Rents including Utilities:**

These will be updated to FY 2022 when available

	<b>Efficiency</b>	<b>1-Bedroom</b>	<b>2-Bedrooms</b>	<b>3-Bedrooms</b>	<b>4 Bedrooms</b>
<b>MAXIMUM 110% of Fair Market Rent</b>	\$1872	\$2006	\$2406	\$2780	\$3102

**Application Process:**

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

- Completed application
- Proof of residency as defined under eligibility
- Landlord reference
- Copy of lease
- Proof of income and assets as described in the application

**Program Participation:**

Eligible participants shall be required to execute a Local Rental Voucher Agreement outlining their obligations under the program as well as that of the Town of Provincetown. This Agreement may be extended up to a maximum of three years if the participant is making satisfactory progress in reaching self-sufficiency goals and re-qualifies. This Agreement will include the length and viability of the Provincetown *Self-Sufficiency* Local Voucher Program.

Participants are expected to contribute a minimum of 30% of their annual income toward their monthly rent. Because of limited funds, the subsidy for an individual applicant is anticipated to be no more than \$350 per month but may be less per month due to limited funds.

After the initial funding application round and lottery if needed, applications will be accepted on a rolling basis and will be processed in the order that they are received if funds are available.

**Questions? Contact:**

**Community Housing Specialist Michelle Jarusiewicz**

**508/487-7087**

**[mjarusiewicz@provincetown-ma.gov](mailto:mjarusiewicz@provincetown-ma.gov)**



## Town of Provincetown Community Housing Provincetown Self Sufficiency Local Voucher Program **2022 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 these programs. Applications without these documents cannot be processed.

### **PART 1: TENANT Information**

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

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

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

Telephone day: \_\_\_\_\_ evening: \_\_\_\_\_ cell: \_\_\_\_\_

Email address: \_\_\_\_\_

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

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

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

Telephone day: \_\_\_\_\_ evening: \_\_\_\_\_ cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Total number of people in applicant household: \_\_\_\_\_

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

List Head of Household First	Social Security #	Relationship to Head of Household	Age	Name of employer if applicable or student

**PART 2: PROPERTY/LANDLORD Information [add sheets as needed]**

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

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

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

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

**PART 3: EMPLOYMENT & INCOME Information [add sheets as needed]**

*Complete whether an employee or self-employed*  
TENANT employed by: \_\_\_\_\_  
Employer's Mailing Address: \_\_\_\_\_  
Contact phone: \_\_\_\_\_ Dates of employment for current employer: \_\_\_\_\_  
If employed on a seasonal basis, please supply dates: \_\_\_\_\_

TENANT employed by : \_\_\_\_\_  
Employer's Mailing Address: \_\_\_\_\_  
Contact phone: \_\_\_\_\_ Dates of employment for current employer: \_\_\_\_\_  
If employed on a seasonal basis, please supply dates: \_\_\_\_\_

CO-TENANT employed by : \_\_\_\_\_  
Employer's Mailing Address: \_\_\_\_\_  
Contact phone: \_\_\_\_\_ Dates of employment for current employer: \_\_\_\_\_

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

CO-TENANT employed by: \_\_\_\_\_

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

Contact phone: \_\_\_\_\_ Dates of employment for current employer: \_\_\_\_\_

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

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 4: 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 in the household.

NAME	SOURCE	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL ANNUAL INCOME:</b>		\$

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

Bank Accounts including 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

If YES, please explain: \_\_\_\_\_

**Additional Real Estate:** Complete for each property owned. Use additional sheets if needed.

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

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

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

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

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

**PART 5: TENANT(S)/POTENTIAL TENANT(S) [initial each certification]:**

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

I/We understand that the Self Sufficiency Local Voucher Program is a short-term rental subsidy targeting households that will benefit from short-term assistance as a stepping stone to self-sufficiency; it is not intended to provide long-term rental assistance. The maximum timeframe for assistance is three years. \_\_\_\_\_

I/We understand that we are required to participate in regular counseling sessions with a financial consultant, goal setting, attendance at workshops, and annual reporting regarding self-sufficiency attainment. \_\_\_\_\_

I/We understand that the Town of Provincetown and/or their designees will utilize the information provided on this application to determine eligibility for the Provincetown Self Sufficiency Local Voucher Program. \_\_\_\_\_

I/We understand that rental units enrolled in this program must be rented year-round to 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 may be required to have an inspection form the Building Inspector to ensure that the rental unit meets basic health and safety standards. \_\_\_\_\_

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

\_\_\_\_\_

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Tenant/Potential Tenant	Date
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Tenant/Potential Tenant	Date
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**Applications are accepted on a rolling basis, processed in the order received until all funds are committed. Submit to:**

Community Housing Specialist Michelle Jarusiewicz  
 Provincetown Self Sufficiency Local Voucher Program  
 Provincetown Town Hall  
 260 Commercial Street  
 Provincetown, MA 02657

**There is limited funding and only eligible applications will be funded within the allocation.**

**Questions contact:**

Community Housing Specialist Michelle Jarusiewicz at [mjarusiewicz@provincetown-ma.gov](mailto:mjarusiewicz@provincetown-ma.gov) or at 508/487-7087.



**Provincetown Self Sufficiency Local Voucher 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 #: \_\_\_\_\_  
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 agrees if applicant is processed, a signed contract will be required.

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

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

Date: \_\_\_\_\_



## Tenant Application Checklist

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

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

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

Telephone: day: \_\_\_\_\_ evening: \_\_\_\_\_ cell: \_\_\_\_\_

Email address: \_\_\_\_\_

		COMMENTS:
<input type="checkbox"/>	5 page Tenant Application <input type="checkbox"/> completed <input type="checkbox"/> signed <input type="checkbox"/> dated	
<input type="checkbox"/>	Federal Tax returns for 2019, 2020, 2021 or notarized statement re: not filing taxes for ALL ADULTS in home	
<input type="checkbox"/>	Cash benefit public assistance determination	
<input type="checkbox"/>	Employer verification form (for all working adults in home)	
<input type="checkbox"/>	8 weeks consecutive pay stubs (for all working adults in home)	
<input type="checkbox"/>	2 months consecutive bank statements for all checking & savings accounts (for all adults in home)	
<input type="checkbox"/>	Alimony/copies of child support receipts or order/notarized statement (if applicable)	
<input type="checkbox"/>	Pension and investment income (if applicable)	
<input type="checkbox"/>	Copy of lease with landlord	
<input type="checkbox"/>	Signed copy of credit check authorization	
<input type="checkbox"/>	Statement of household obligations	
<input type="checkbox"/>	Other:	

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

Applications should be sent to the attention of Provincetown Community Housing Specialist and can be mailed or dropped off at Town Hall by the due date and time in the directions:

Provincetown Self Sufficiency Local Voucher Program  
 Community Housing Specialist Michelle Jarusiewicz  
 Town Hall  
 260 Commercial Street  
 Provincetown, MA 02657

# Town of Provincetown Community Housing Provincetown Self Sufficiency Local Voucher Program 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 this 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 copies.
3. If a member of your household is 18 years old or older and enrolled 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. 2019, 2020, 2021 Federal Tax Returns: Copies with attachments. 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:  
Copies of IRS Tax Form 1040 including ALL schedules for the most recent year filed.  
Request the IRS Office to STAMP THE YEAR. The transcript will be mailed to your address within 10 days.

**FY 2022 Income Guidelines:**

*These are adjusted annually and may change.*

<i>Income must be less than or equal to 60% AMI [maximum] and includes income for all household members over 18</i>	<b>Household [HH] Size</b>	<b><u>FY 2022</u>: 60% AMI Maximum HH Income</b>
	1	\$45,660
	2	\$52,200
	3	\$58,710
	4	\$65,220
	5	\$70,440
	6	\$75,660

**VERIFICATION OF EMPLOYMENT**

APPLICANT INFORMATION (to be completed by Applicant):

Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_

Applicant address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature: \_\_\_\_\_

EMPLOYER INFORMATION (to be completed by Applicant):

Name of employer \_\_\_\_\_

Address of employer \_\_\_\_\_

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

Employment Information (to be completed by **Employer**):

Date of Employment: \_\_\_\_\_ Position/occupation: \_\_\_\_\_

Date of Termination (if applicable) \_\_\_\_\_

Current Rate of Regular Pay \$ \_\_\_\_\_ per hour, week, month, year (circle one)

Current Rate of Overtime Pay \$ \_\_\_\_\_ per hour, week, month, year (circle one)

Do you anticipate any change in the employee rate of pay in the near future?

yes -- Revised rate: \_\_\_\_\_ effective date: \_\_\_\_\_  no

Number of hours employee typically works per week: \_\_\_\_\_ weeks per year: \_\_\_\_\_

Do you anticipate any change in the number of hours the employee works?

yes -- Revised number: \_\_\_\_\_ effective date: \_\_\_\_\_  no

Anticipated average amount of overtime per week: \_\_\_\_\_

Gross annual earnings you anticipate for this employee for the next 12 months \$ \_\_\_\_\_

Does the employee receive tips, bonuses, overtime, commissions?  yes  no

Please indicate annual amount:

tips: \$ \_\_\_\_\_ bonuses \$ \_\_\_\_\_ overtime: \$ \_\_\_\_\_ commissions: \$ \_\_\_\_\_

If the employee's work is seasonal or sporadic, indicate lay-off periods \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name & Title

\_\_\_\_\_ Date: \_\_\_\_\_

Signature

## CREDIT CHECK AUTHORIZATION

### Applicant/Tenant Release Form

In consideration for being permitted to apply for the Provincetown Self Sufficiency Local Voucher Program, I/APPLICANT, do represent all information in this application to be true and accurate and that the Town of Provincetown and/or their designees may rely on this information when investigating and accepting this application. I/Applicant hereby authorize the Town of Provincetown and/or 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 Town of Provincetown and/or their designees or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the Town of Provincetown 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.

Applicant Name (Print): \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Other Name (s) you have used: \_\_\_\_\_  
Date: \_\_\_\_\_

### Co-Applicant/Tenant Release Form

In consideration for being permitted to apply for the Provincetown Local Voucher Program, I/CO-APPLICANT, do represent all information in this application to be true and accurate and that the Town of Provincetown and/or their designees may rely on this information when investigating and accepting this application. I/Co-Applicant hereby authorize the Town of Provincetown and/or 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 Town of Provincetown and/or their designees or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the Town of Provincetown 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.

Co-Applicant Name (Print): \_\_\_\_\_  
Co-Applicant Signature: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Other Name (s) you have used: \_\_\_\_\_  
Date: \_\_\_\_\_

## **Provincetown Self Sufficiency Local Voucher Program STATEMENT OF HOUSEHOLD OBLIGATIONS**

In order to become eligible and maintain eligibility for the Town of Provincetown's Self Sufficiency Local Voucher Program, it is necessary for the participant to fulfill the obligations established by the Town. 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 Town 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 Town relating to whether the household is residing in the unit or whether the family is absent from the unit.
- Promptly notify the Town in writing when the household is absent from the unit for a period of time in excess of 30 days.
- Notify the Town and the owner in writing before moving out of the unit or terminating the lease.
- Promptly notify the Town in writing if there is a change in household size.
- Give the Town 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 contribute 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 and are allowable under the terms of the lease.
- Commit any serious or repeated violation of the lease.
- Commit fraud, bribery, or any corrupt or criminal act in connection with this 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 PROVINCETOWN SELF SUFFICIENCY LOCAL HOUSING VOUCHER PROGRAM, AND THAT A VIOLATION OF THESE OBLIGATIONS MAY RESULT IN TERMINATION FROM THE PROGRAM.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Provincetown Local Voucher Program

## Self-Sufficiency Program Evaluation Form

*The Town of Provincetown is presenting a Provincetown Self Sufficiency Local Housing Voucher Pilot Program. This program is funded with grant assistance from the Community Preservation Fund as approved by town meeting. The Provincetown Self Sufficiency Local Voucher Program aims to allow a family to have affordable, year-round housing while participating in a program which will educate and/or enable them to become self-sufficient within a three (3) year period. Participants are required to certify household income and adequate progress toward sustainability on an annual basis. Participants will also be required to meet at least quarterly with case managers and monthly meetings if required to do so. Participants will be required to provide quarterly reports on progress on forms provided. Lack of adequate progress and meeting milestones may lead to discontinuation of rental assistance. The Provincetown Self Sufficiency Local Voucher Program specifically targets households that will benefit from short-term assistance as a stepping stone to self-sufficiency; it is not intended to provide long-term rental assistance. The maximum timeframe for assistance is three years.*

Please list all family/household members who live in your housing unit, including the head of the household. Give the relationship of each family/household member to the head of the household.

Family Member	Name	Relationship to Head of Household	Age	Sex
Head of Household		Self		

Are you (head of household) employed?  Yes  No

If yes, list your job and rate of pay:

JOB: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ per  hour  day  week

If unemployed, what type of income do you receive? \_\_\_\_\_

Are any other family members employed?  Yes  No

If yes, please fill out the following information:

Family Member	Job	Rate of pay	Hour/week
		\$	Per:
		\$	Per:
		\$	Per:

Please check any items below that you consider a current need. Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Need a better job                  | <input type="checkbox"/> Need better transportation              |
| <input type="checkbox"/> Need childcare                     | <input type="checkbox"/> Need to see doctor for medical problems |
| <input type="checkbox"/> Need money to pay bills each month | <input type="checkbox"/> Need help being a better parent         |
| <input type="checkbox"/> Want to finish school              | <input type="checkbox"/> Counseling                              |
| <input type="checkbox"/> Need food assistance               | <input type="checkbox"/> Need nutritional advice                 |
| <input type="checkbox"/> Job training                       | <input type="checkbox"/> Need help managing money                |

Please list other needs for services, or goals you or your family have:

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Please check the different agencies you have visited or received services from in the last six months:

- |   |  |
|---|--|
| <input type="checkbox"/> Health dept., doctor, or clinic    | <input type="checkbox"/> Community Action Agency or Community Services |
| <input type="checkbox"/> Job Training program               | <input type="checkbox"/> Welfare Department                            |
| <input type="checkbox"/> Mental health center               | <input type="checkbox"/> Alcohol or drug program                       |
| <input type="checkbox"/> Food pantry                        | <input type="checkbox"/> Free meals program                            |
| <input type="checkbox"/> Head start for child(ren)          | <input type="checkbox"/> Children's services program                   |
| <input type="checkbox"/> Community college                  | <input type="checkbox"/> Vocational/tech school                        |
| <input type="checkbox"/> Shelters                           | <input type="checkbox"/> None of the above                             |
| <input type="checkbox"/> Other: please list/describe: _____ |  |

Do you speak English?  Yes  No

If no, what language(s) do you speak: \_\_\_\_\_

Do other family members speak English?  Yes  No

If no, what language(s) do they speak: \_\_\_\_\_

Do you have a high school GED?  Yes  No

If you were to get a job or change your job, would you need help finding someone to watch your children (childcare)?  Yes  No



Do you now work with one person or a case manager who helps you and your family find the services that you need?  Yes  No

If yes, please list the person's name: \_\_\_\_\_

What agency does she/he work for? \_\_\_\_\_

Are you currently receiving Case Management Services form any agency?  Yes  No

If yes, what agency? \_\_\_\_\_

What are two or three biggest problems that YOU are facing now? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are two or three biggest problems currently faced by YOUR FAMILY? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**DREAM A LITTLE DREAM. LIVE A BIG LIFE....**

**ALLOW YOURSELF TO DREAM BY COMPLETING THESE SENTENCES:**

If I had a wish, I would: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

One person I highly respect is: \_\_\_\_\_

I spend most of my time \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

One goal I really want is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am happiest when \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am most proud of my ability to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

One area I need to improve in my life is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Read this exercise over and get to know yourself better so that you know exactly who you are and what you want and what you need to do. Then GO AFTER YOUR DREAMS!*

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

**Financial Self-Assessment – Please check the box if it applies to you:**

- I have a spending plan.
- I organize my bills.
- I have a checking account.
- I use my check register to record my checks and withdrawals.
- I have a savings account.
- I deposit money in my savings account monthly.
- I have a retirement account.
- I contribute to my retirement account monthly.
- I have good credit.
- I have seen my credit report in the last year.
- I know my credit score.
- I need to repair my credit.
- I need credit counseling.
- I have \_\_\_\_\_ credit cards. [Number]
- I have filed for bankruptcy.
- I plan to file for bankruptcy.

Any other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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