

**Truro  
Rental Assistance Program Application**

**Application Checklist**

- Signed Application Form (ALL adult household members are applicants)
- Documentation of your income sources and childcare expenses
- Documentation of eligibility for local preference
- Last two months account statements for all accounts (checking, money market, other assets including securities and virtual currency)

**Return Completed Application to:**

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

**Or email at  
[help@hpccapecod.org](mailto:help@hpccapecod.org)**

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.

## Truro Rental Assistance Application

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

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

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

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

\_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

\_\_\_\_\_

**List All Household Members Including Yourself:**

| Name     | Date of Birth | Relationship<br>to Applicant |
|----------|---------------|------------------------------|
| 1. _____ | _____         | Self                         |
| 2. _____ | _____         |                              |
| 3. _____ | _____         |                              |
| 4. _____ | _____         |                              |
| 5. _____ | _____         |                              |
| 6. _____ | _____         |                              |

**ANNUAL HOUSEHOLD INCOME INFORMATION**

Households must meet certain maximum income limits to be eligible to participate in the Truro 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, pension payments, disability income, unemployment compensation, alimony/child support, and veterans' benefits, for **all adult household members over the age of 18, unless the member is 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-misc, copies of bank statements, social security statements, brokerage & securities holdings, virtual currency etc.)

**Annual Income (Applicant) : Gross Income for the Past 12 Months: \$ \_\_\_\_\_**

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

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

Phone: \_\_\_\_\_ Position \_\_\_\_\_ Wages/Salary per week \$ \_\_\_\_\_

ADDITIONAL INCOME FROM OTHER SOURCES:

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

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

**Annual Income (Co-Applicant): Gross Income for the Past 12 Months: \$ \_\_\_\_\_**

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

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

Phone: \_\_\_\_\_ Position \_\_\_\_\_ Wages/Salary per week \$ \_\_\_\_\_

ADDITIONAL INCOME FROM OTHER SOURCES:

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

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

**Childcare Expense Necessary for Employment: Annual Amount \$ \_\_\_\_\_**

**Current Landlord: Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Email** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Current Monthly Rent: \$ \_\_\_\_\_**

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

Current Municipal Employee. Documentation of pay stubs must be provided

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

\_\_\_\_\_  
Date

**APPLICANT CERTIFICATION AND CONSENT TO RELEASE INFORMATION**

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.

Your signature(s) below gives consent to the Truro Housing Authority 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