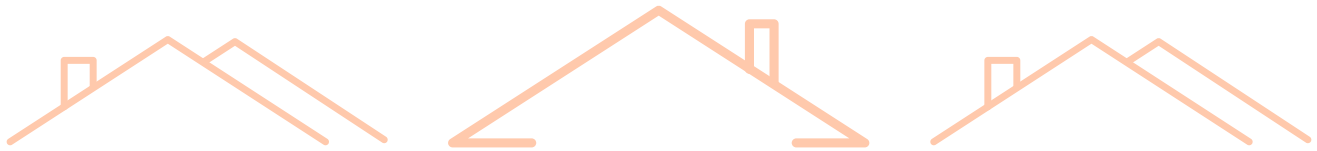




Town of Provincetown RENTAL ASSISTANCE SELF-SUFFICIENCY LOCAL VOUCHER PROGRAM



Monthly Rental Assistance Self-Sufficiency Local Voucher Program (SSLVP)

FY26 Gross, Combined Household Income Requirements [max]:

1 person: \$86,520	2 person: \$98,880	3 person: \$111,240
4 person: \$123,600	5 person: \$133,488	6 person: \$143,376

The Town of Provincetown is accepting rental assistance applications for the Self Sufficiency Local Voucher Program (SSLVP). This program promotes affordable, year-round housing while encouraging participants towards self-sufficiency during a three (3) year period. The Program specifically targets households that will benefit from short-term assistance as a stepping stone to self-sufficiency; it is not intended as long-term rental assistance. The initial program approval is 18 months, with a maximum timeframe for assistance of up to three (3) years. Applicants must be income and asset eligible. Participating rental units must be year-round and follow monthly allowable rent cap guidelines.

Other restrictions apply, including but not limited to:

- Landlord Agreement to Participate
- Year-round rental with written lease and tenancy in good standing
- Routine Case Management and goal evaluations

For additional questions & applications, contact:

Provincetown Housing Office

508-487-7087

mperry@provincetown-ma.gov





Town of Provincetown **RENTAL ASSISTANCE SELF-SUFFICIENCY LOCAL VOUCHER PROGRAM**

Eligibility Guidelines

- Income does not exceed the FY26 100% CPA AMI:

1 Person: \$86,520	2 Person: \$98,880	3 Person: \$111,240
4 Person: \$123,600	5 Person: \$133,488	6 Person: \$143,376

- Monthly rent does not exceed the allowed maximums listed below for units that include utilities:

Studio/1 bedroom: \$2,100	2 bedroom: \$2,400	3 bedroom: \$2,700
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- Utility allowance guidelines are utilized for households where tenants pay all or part of the utilities themselves
- Tenant holds / will enter into a year-round lease in Provincetown
- Tenant's residence under the program is the primary and sole domicile
- Tenant's lease is in good standing
- Tenant does not already hold another rental subsidy or voucher
- Rental unit complies with Town requirements and holds a rental certificate
- Landlord participation required; Contract Agreement & W-9 required
- Completed Application and provision of supporting documents (see checklist pg. 3)

How the Program Works

The SSLVP Program is designed to provide short-term assistance to Provincetown residents for the purpose of encouraging financial stability and growth. With submission of an application and supporting documents, applicants are reviewed for eligibility. If approved, the Tenant's landlord is required to submit a W-9 and both Tenant and Landlord will sign Contract Agreements with the Town of Provincetown for the length of the program. Rental stipends are paid monthly and direct to the Landlord, after receipt of goal progress reports from the Tenant. Tenant will meet monthly with the Homeless Prevention Council for goal progress support. Rental stipend and program will end if Tenant's lease is not renewed and/or Landlord terminates lease.

- 3 year maximum program allowance
- \$400/month stipend maximum (sliding scale determined by applicant's income and expenses)



Town of Provincetown **RENTAL ASSISTANCE SELF-SUFFICIENCY LOCAL VOUCHER PROGRAM**

Tenant Application & Supporting Documents Checklist

☐

Application: completed, signed, dated

☐

Employer Verification Form

☐

Landlord Intent to Participate Form

☐

Copy of signed, year-round lease

☐

Most recent month paystubs or income verification documents

☐

Most recent month statements for all assets (bank, investment, retirement)

☐

Federal Tax Returns for 2025

Application Submission

Applications can either be mailed or dropped off:

- Provincetown Town Hall
Attn: Housing Office
260 Commercial Street
Provincetown, MA. 02657

For additional questions, contact:
Provincetown Housing Office
508-487-7087
mperry@provincetown-ma.gov



Town of Provincetown
**RENTAL ASSISTANCE
SELF-SUFFICIENCY LOCAL VOUCHER PROGRAM**

2026 Tenant Application

Primary Tenant Information

Full Name :

Residential Address :

Mailing Address :

Email :

Phone :

Household Composition

Total number of people to be living in household, including primary tenant : #

Name	Relationship to Primary Tenant	Date of Birth
	Head of Household	



Town of Provincetown

RENTAL ASSISTANCE

SELF-SUFFICIENCY LOCAL VOUCHER PROGRAM

Landlord & Rental Property Information

Landlord

Full Name :

Mailing Address :

Email :

Phone :

Rental Property

Address :

Monthly rent : \$ Utilities Included? : yes/no

Circle tenant utilities : General Electric Heating Water Cooking

Length of time at address :

Previous Landlords

List 2 most recent prior residences

Landlord Name & Contact	Rental Property Address	Length of time lived



Town of Provincetown RENTAL ASSISTANCE SELF-SUFFICIENCY LOCAL VOUCHER PROGRAM

Employment & Income Information

Primary Tenant's Income

Employer	:				
Contact #	:				
Est. Annual Income	:	\$	Seasonal?	:	yes/no
Dates of employment	:				

Primary Tenant's Secondary Income (if applicable)

Employer	:				
Contact #	:				
Est. Annual Income	:	\$	Seasonal?	:	yes/no
Dates of employment	:				

ESTIMATED TOTAL GROSS ANNUAL INCOME: \$

Additional Household Member Income & Employment

For household members aged 18+

Household Member	Income source/employer	Est. annual income
		\$
		\$
		\$
		\$



Town of Provincetown

RENTAL ASSISTANCE

SELF-SUFFICIENCY LOCAL VOUCHER PROGRAM

Banking & Asset Information

Primary Tenant's Banking

1.) Banking Institution :			
Checking or Savings :		Est. Balance :	\$
2.) Banking Institution :			
Checking or Savings :		Est. Balance :	\$

Primary Tenant's Assets

1.) Asset Institution :			
Type: IRA, 401K, CDs :		Est. Balance :	\$
2.) Asset Institution :			
Type: IRA, 401K, CDs :		Est. Balance :	\$

Additional Household Member Banking & Assets

For household members aged 18+

Household Member	Asset Source	Est. value/balance
		\$
		\$
		\$
		\$



Town of Provincetown RENTAL ASSISTANCE SELF-SUFFICIENCY LOCAL VOUCHER PROGRAM

Additional Questions & Goals Assessment

Expected Income / Household Changes

Do you anticipate any changes in your income or household composition within the next year? :

Comments:

Real Estate Ownership

Have you owned or had ownership of any real property at any time in the last 12 months? :

Comments:

Out of Pocket Expenses

Please list any routine expenses that make it challenging to maintain a sustainable monthly budget, including health care costs or childcare. Documentation may be required. Eligible costs are at the discretion of the application reviewer.

Personal / Professional / Financial Goals

List five priorities you would like to focus on in the next year. Highlight goal achievements and important milestones that you would like to work towards.

1.)

2.)

3.)

4.)

5.)

Other

Please highlight any other areas of need you and your family may have. i.e.; food access, education, transportation, child care, job training, mental health support.



Town of Provincetown **RENTAL ASSISTANCE SELF-SUFFICIENCY LOCAL VOUCHER PROGRAM**

Applicant Acknowledgements & Signature

Initial each statement, sign & date at bottom of the page.

Acknowledgements

- ☐ 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, not intended to provide long-term rental assistance. The maximum timeframe for rental stipends is three years.
- ☐ I / we understand that we are required to participate in goal progress reporting and support with the Homeless Prevention Council
- ☐ I / we understand that the Town of Provincetown will utilize the information provided in this application to determine eligibility for the Provincetown Self Sufficiency Local Voucher Program. Eligibility determination is at the sole discretion and decision of the Town.
- ☐ I / we understand that rental units enrolled in this program must be rented year-round to income eligible tenants at an affordable rate for a minimum of one year, as outlined in the guidelines.
- ☐ I / we certify that all information given is true and to the best of my/our knowledge.

Signature & Date

Primary Tenant / Head of Household

Date