

Eastham Rental Assistance Program

Be sure to read the directions for completing the application very carefully! Do not leave blanks. If not applicable, write “n/a” or “0”. **Incomplete applications or those that do not include all necessary documentation will not be processed**

Please check the Income Table to be sure that your household income is within the guidelines. Household income includes earned and unearned income received by all members of your household who are 18 and older. Income earned by full-time students is excluded.

Maximum Incomes set at 60% of area median income:

1 Person Household \$45,660	2 Person Household \$52,200	3 Person Household \$58,740
4 Person Household \$65,220	5 Person Household \$70,440	6 Person Household \$75,660

other requirements may apply

Applications are reviewed “first come, first review”

For information or questions call 508-432-0015 x 102 or martha@hech.org
Please Return Applications to HECH, PO Box 638, West Harwich MA 02671

Discrimination on the basis of race, creed, color, sex, age, disability, marital status, familial status, veteran's status, sexual orientation, national origin and/or public assistance recipiency, or any other basis prohibited by law is specifically prohibited in the selection of applicants for this housing opportunity. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification to the application when such accommodations or modifications are necessary to afford the disabled person equal opportunity to apply for rental assistance.



Harwich Ecumenical Council for Housing
PO Box 638
West Harwich MA 02671



Office use only:
 Date application was received: _____
 Received by: _____

Eastham Rental Assistance Application Application Page 1

(Faxed or e-mailed applications cannot be accepted)
Return completed signed original form to:
Harwich Ecumenical Council for Housing
PO Box 638, West Harwich, MA 02671
 For Information: Telephone 508-432-0015
 e-mail: martha@hech.org



Applicants are selected without regard to race, sex, national origin, color, creed, military status, marital status, familial status, sexual orientation, disability or handicap, genetic information, ancestry, children or public assistance reciprocity.

Applicant/Co-applicant Information

Today's Date _____

This application is to be filled out jointly by ALL Adult Members of Household, 18 years old and over. If there are more than two adult members of household who are not full-time students, please request an additional application.

Applicant #1 _____ SS# ____ - ____ - _____
 Address of Current Residence _____ **Unit #** _____
 City/ Town: _____ State: _____ Zip Code: _____
 Mailing Address (if different) _____ how long have you resided here: ____yrs.
 Best phone number: _____ E-mail address _____

Applicant #2 _____ SS# ____ - ____ - _____
 Address of Current Residence _____ **Unit #** _____
 City/ Town: _____ State: _____ Zip Code: _____
 Mailing Address (if different) _____
 Best phone number: _____ E-mail address _____

How many people in your household (include everybody; all adults, all children)? _____

List all other people who reside in the unit:

Name	Social Security #	Age	Relationship to Head of Household	Full Time Student y/n



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Former Household Residences:

Please list all home addresses with Landlord names for the past five (5) years. Be sure to include all adult household members' former residences.

<u>Household Member</u>	<u>Former Address</u>	<u>Town</u>	<u>Former Landlord Name</u>	<u>Landlord Phone</u>	<u>Dates Occupied (beg to end)</u>

Preferences and Affirmative Marketing

Local Preference Category Information:

Applicants are required to provide information relative to the following for inclusion in the Local Preference pool. Please note applicants in the Local Preference lottery are also included in the Open Pool lottery.

- YES NO Current residents of the Town of Eastham: Please provide documentation of residency, such as rent receipts, utility bills, street listing or voter registration listing.
- YES NO Eastham Municipal Employees: Employees of the Town of Eastham: Please provide documentation of employment (pay stubs, employment contract, etc.).
- YES NO Employees of Local Businesses: Employees of businesses located in the Town of Eastham. Please provide documentation of employment (pay stubs, employment contract, etc.).
- YES NO Households with children attending public schools in the Town of Eastham. Please provide documentation of enrollment.

Non-local applicants planning to move to Eastham may identify a future unit located in Eastham.

Affirmative Marketing:

Please complete the following section to assist us in fulfilling affirmative marketing requirements. (Responding to this question is optional).

- Household Race:
- Caucasian
 - African American/Black
 - Hispanic/Latino
 - Asian
 - Native American / Alaskan Native



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Income Qualifications

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE:

- List **ALL** sources of income as requested below for **ALL household members** over 18 years old.
- The gross income must include income for the next 12 months
- For self employed applicants- please put net-income in the gross annual income column (please include a current business income/ expense report)
- For periodic payments (like Social Security and child support) please include the amount received per week or per month (*ex: \$100/month*) in the space provided under “Source / type of Income”. Then provide under “Gross Annual Income” provide the annual amount (*ex: \$1200*)
- Please attach verification for each source of income to include copies of **most recent three consecutive months** pay stubs, for salaried employed household members over 18, longer for seasonal and hourly workers. If you are self-employed, you have provided a current year-to-date **Income & Expense** report signed by the preparer. Statements and documents that indicate the payment amounts from all other sources of income of all members listed on the application, such as alimony and/or child support, Social Security benefits, all types of pensions, employment, unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income – on organization letterhead
- Copy of most recent **TWO YEARS** of Federal and State tax returns, as filed, with 1099's, W-2's and schedules, for every current or future person living in the household over the age of 18
- **TOTAL ALL INCOME AND CONTINUE TO ASSET SECTION**

TABLE A

EMPLOYMENT INCOME: List all household members who are employed. Include all employers for the next 12 months. For Gross Annual Income please write the anticipated gross income for the NEXT 12 months. Total all employment income.			
Employed Household Member	Employer/Contact	Employer Address & Phone	Gross Annual Income
TOTAL EMPLOYMENT INCOME			

TABLE B

ADDITIONAL INCOME: List all other sources of recurrent income, such as Social Security, SSI, pensions, annuities, military pay, disability, public assistance, TANF, regular monetary contributions from outside sources, unemployment benefits, grants/scholarships, additional financial assistance in excess of tuition, etc.			
Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income
TOTAL ADDITIONAL INCOME			



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TABLE C

<u>ALIMONY & CHILD SUPPORT</u>	
Are you legally entitled to receive alimony? If yes, list the amount you are entitled to receive: \$	Yes _____ No _____
Do you receive alimony? If yes, list the amount you receive: \$	Yes _____ No _____
Are you legally entitled to receive child support? If yes, list the amount you are entitled to receive: \$	Yes _____ No _____
Do you receive child support? If yes, list the amount you receive: \$	Yes _____ No _____
TOTAL ALIMONY and CHILD SUPPORT you are entitled to receive(annually)	

OTHER INCOME: List all other income including, but not limited to, inheritances, capital gains, lottery winnings and settlements on insurance claims if received in periodic payments. If anyone outside your household gives you money, pays your bills, or gives you money to assist student household members for educational expenses, you must report it as a source of income:

TABLE D

Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income
TOTAL OTHER INCOME			

Add Totals from all Tables (Table A, B, C and D)

TOTAL HOUSEHOLD ANNUAL INCOME	\$
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Please enter this number into the chart below then calculate income from assets.

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ASSETS SECTION

INSTRUCTIONS FOR COMPLETING THE FOLLOWING ASSET TABLE:

- “Annual Income from assets” refers to any amount that you receive from any asset including amounts that you may be drawing down from a retirement account or 401K.
- Total the value of all assets and enter into “total value of all assets” for all household members
- Proof of all assets including but not limited to checking, savings, IRA's, stocks, bonds and all other assets (i.e. Copies of **three months** bank statements for checking, savings and certificates of deposits, IRA or other retirement account statements- on organization letterhead). All statements must reflect current balances.

ASSETS – For all household members 18 years and older:

Type	Account No.	Bank name	Cash Value	Annual Income from Assets
Cash held in savings and checking accounts, safe deposit boxes, homes, etc.				
Revocable Trusts				
Equity in rental properties or other capital investments				
Stocks, bonds, treasury bills, certificates of deposit, mutual funds and money market accounts				
Retirement and Pension Funds				
Cash value of life insurance policies available to the applicant before death				
Personal Property held as an investment				
A mortgage or deed of trust held by the applicant				
TOTAL VALUE OF ALL ASSETS				

TOTAL INCOME FROM ALL HOUSEHOLD APPLICANTS- Please fill in total for each box from the worksheet above. Include all household income.

TOTAL HOUSEHOLD ANNUAL INCOME	
TOTAL INCOME from ALL ASSETS	
TOTAL HOUSEHOLD INCOME	\$



TO BE SIGNED BY ALL HOUSEHOLD MEMBERS OVER 18 YEARS OLD

I understand that a false statement or misrepresentation will result in the withdrawal of my application for housing. I certify that the information I have given in this application is true, complete and correct.

Signed under the pains and penalties of perjury,

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

ACKNOWLEDGEMENTS

Initials (Applicant/Co-Applicant)

_____/_____. I/We hereby affirm that my answers to the questions on the application for residency are true and correct, and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably.

_____/_____. I/We understand that the development of this property has been supported by Town, County, State and other government funds and residency is subject to income eligibility and other requirements. I understand all my household income and assets will be verified by a 3rd party source.

_____/_____. I/We acknowledge that occupancy of the housing is limited to the individuals named in this application

_____/_____. I/We certify that we will participate with Homeless Prevention Council and our assigned Case Manager

_____/_____. I/We hereby authorize the program facilitator, Harwich Ecumenical Council for the Homeless, Inc., Monitoring Agent and the Municipality to inquire of credit agencies, employer and banking institutions to allow and assist them to determine my/our determination of eligibility as Participants.

_____/_____. I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by the project-monitoring agent, is final.

Your signature(s) below gives consent to the lottery agent or its designee to verify information

Applicant Name (please print): _____

Applicant Signature: _____ Date: _____

Co- Applicant Name (please print): _____

Co-Applicant Signature: _____ Date: _____

PLEASE BE SURE ALL 6 PAGES OF THE COMPLETED APPLICATION AND REQUIRED ATTACHMENTS ARE INCLUDED

Applicants intending to access Rental Assistance funds for a home they currently reside in are required to obtain a Landlord Intent to Participate. Applicants searching for new units will be granted a 30 day period to secure an approved Lease, if local preference guidelines are not met the applicant must secure a home within the Town of Eastham



Eastham Rental Assistance 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 # _____

City/ 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 agree if applicant is processed a signed contract will be required.

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

Landlord/ Owner Signature: _____ Date: _____



**PLEASE BE SURE ALL DOCUMENTS LISTED BELOW ARE INCLUDED
WITH YOUR APPLICATION**

APPLICATION ATTACHMENT CHECKLIST

Thank you for requesting an application for the Eastham Rental Assistance Program opportunity presented by Harwich Ecumenical Council for the Homeless, Inc. Your application will be handled with confidentiality and in conformance with all Fair Housing Laws. **Please retain a copy of this page for future reference.**

APPLICATION CHECKLIST

Please read carefully to make sure that you submit a complete application with all the required attachments.

Missing a step may disqualify your application.

- ✓ You have completely filled out the application, paying careful attention to all instructions. You and all applicants over the age of 18 have signed the last page of the application.
- ✓ Copy of past 2 years most recent Federal and State tax returns, as filed, with 1099's, W-2's and schedules, for every current or future person living in the household over the age of 18
- ✓ Copy of three consecutive months pay stubs, for salaried employed household members over 18, longer for seasonal and hourly workers. If you are self-employed, you have provided a current year-to-date Income & Expense report signed by the preparer.
- ✓ Current statements and documents that indicate the payment amounts from all other sources of income of all members listed on the application, such as alimony and/or child support, Social Security benefits, all types of pensions, employment, Unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income – on organization letterhead
- ✓ You have attached one of the following documents to verify local preference status: a current driver's license, a current paystub, verification of school enrollment or a utility bill with the applicant's name.
- ✓ You have provided proof of all assets including but not limited to checking, savings, IRA's, stocks, bonds and all other assets (i.e. Copies of bank statements for checking, savings and certificates of deposits, IRA or other retirement account statements- on organization letterhead). All statements must reflect current balances.
- ✓ Landlord/ Owner Intent to Participant signed document

Mail the completed application and the required attachments to:
HECH, PO Box 638, West Harwich, MA 02671

