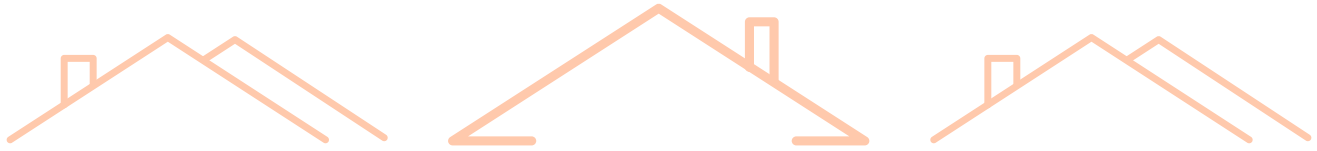


# Town of Provincetown RENTAL ASSISTANCE SELF-SUFFICIENCY LOCAL VOUCHER PROGRAM



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

**FY25 Gross, Combined Household Income Requirements [max]:**

**1 person: \$86,870      2 person: \$99,280      3 person: \$111,690**

**4 person: \$124,100      5 person: \$134,028      6 person: \$143,956**

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

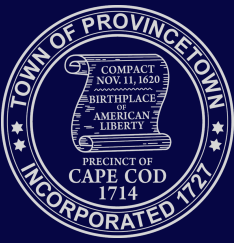
**For additional questions & applications, contact:**

**Provincetown Housing Office**

**508-487-7087**

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





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

## Eligibility Guidelines

- Income does not exceed the FY24 100% CPA AMI:

<b>1 Person: \$86,870</b>	<b>2 Person: \$99,280</b>	<b>3 Person: \$111,690</b>
<b>4 Person: \$124,100</b>	<b>5 Person: \$134,028</b>	<b>6 Person: \$143,956</b>

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

<b>Studio/1 bedroom: \$2,100</b>	<b>2 bedroom: \$2,400</b>	<b>3 bedroom: \$2,700</b>
----------------------------------	---------------------------	---------------------------

- 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)

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## 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 2024

## Application Submission

Applications are accepted the following ways:

- Drop off to the Provincetown Housing Office  
Veteran's Memorial Community Center  
2 Mayflower St. Provincetown MA 02657
- Mailed to  
Provincetown Town Hall  
Attn: Housing Office  
260 Commercial St. Provincetown MA 02657

**For additional questions, contact:**

**Provincetown Housing Office**

**508-487-7087**

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



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

## 2025 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 prior 5 years history

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  
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## 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**

# Provincetown Self Sufficiency Local Voucher Program Landlord Intent to Participate Form

TO BE COMPLETED BY LANDLORD

Applicant / Tenant Name:

Rental Property Address:

Monthly Rent: \$

Landlord / Property Owner Name:

Landlord Mailing Address:

Landlord Phone number:

Landlord 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 apply.*

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

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

# Provincetown Self Sufficiency Local Voucher Program Employment Verification Form

Applicant / Employee Name:

Place of Employment:

Employer Name:

Employer Mailing Address:

Employer Phone number:

Employer E-mail address:

## 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?

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

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

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: \$ \_\_\_\_\_

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

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