

**Wellfleet  
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

**Return Completed Application**

**Deliver: Homeless Prevention Council  
14 Old Tote Road  
Orleans MA 02653**

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

**Email: [help@hpccapecod.org](mailto:help@hpccapecod.org)**

**Fax: 508-255-4928**

Homeless Prevention Council, Inc. and the Wellfleet Housing Authority prohibit 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.

## Welfleet 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	Soc. Sec. #	Relationship 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 Wellfleet 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, etc.)

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

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

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

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

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 \$ \_\_\_\_\_

INCOME FROM OTHER SOURCES:

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

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

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

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

**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:**

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**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. I/We agree to actively participate in the case management services provided by Homeless Prevention Council, Inc. for the duration of my/our time in this Rental Assistance Program.

Your signature(s) below gives consent to the Homeless Prevention Council, Inc. 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