

# Town of Wellfleet

## Affordable Housing Tax Exemption Program

### Annual Rent Confirmation Form

(Lease must be attached to this form)

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#### PROPERTY OWNER INFORMATION

First Name

Last Name

E-mail Address

Phone

Property Address

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#### RENT INFORMATION FOR CURRENT FEDERAL PROGRAM YEAR

Current Program Year - Federal Fiscal Year 2021 (October 1, 2021 through September 30, 2022)

Monthly Rent (\$):

# of Persons

Lease Begin date:

Lease End date:

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Current Tenant or Last Tenant - lease details (utilities included, etc)

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SECTION 2. Households leasing and occupying the affordable dwelling unit shall upon initial application and annually thereafter, on September first, submit to the town of Wellfleet or its agent, documentation necessary to confirm their eligibility for the dwelling unit. Dwelling units shall be rented to those meeting the guidelines for a low or moderate income family. For the purposes of this act, low income households shall have an income less than 80 per cent of the town of Wellfleet median household income, as established by the United States Department of Housing and Urban Development for Barnstable Town Metropolitan Statistical Area and moderate income households shall have an income between 80 per cent and 120 per cent of the town of Wellfleet median household income as calculated on the basis of the same area median income statistic as determined by the United States Department of Housing and Urban Development published income guidelines, as calculated on the basis of the same area median income statistic.

SECTION 3. Maximum rents shall not exceed fair market rents established by the United States Department of Housing and Urban Development for the period commencing October 1 of the most recent year. Property owners shall submit to the Town of Wellfleet or its agent information on the rents to be charged. Each year thereafter, on or before the first day of September, they shall submit information on annual rents charged and a signed lease to the town or its agent. Forms for this purpose shall be provided.

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Signature: Sign below to complete the application

I hereby declare, under the pains and penalty of perjury, that I have completed this application and that, to the best of my knowledge and belief, the information contained herein is true and accurate

Signature

Date

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A copy of the lease must be attached to this form.  
Due on or before September 1, 2021