# Wellfleet Housing Authority

Town Hall, 300 Main Street, Wellfleet, MA 02667

To Prospective Rental Assistance Applicants:

**Thank you for your interest in the Wellfleet Housing Authority Rental Pilot Programs.**

Enclosed please find a copy of the following:

1. Program Guidelines
2. Application
3. Tenant Application Checklist
4. Income Verification Requirements
5. Verification of Employment
6. Credit Check Authorization
7. Statement of Household Obligation

The exact number of households awarded rental assistance will be based on the total amount of funds requested by qualified applicants. The WHA may conduct a lottery if the number of qualified applications exceeds the amount of funds that are available. The WHA provides rental assistance to eligible households for one year. If needed, the household may request additional rental assistance for an additional 12 months. The maximum time period for the rental assistance voucher is usually 2 years.

Loans are at a rate of 3% simple interest to be repaid on a schedule agreed by the applicant and the Housing Authority. Loans will cover first and last months' rent and security deposit. **Applicants may receive either a loan or a subsidy, but not both.**

Applications will be accepted on a rolling basis and will be processed in the order that they are received.

**Applications should be sent to the attention of the Wellfleet Housing Authority and can be mailed or dropped off at the Wellfleet Town Hall.**
**Mailing address: Wellfleet Housing Authority**
**Town Hall, 300 Main Street**
**Wellfleet, MA 02667**

Community response to this program is expected to be very strong and we may receive more "qualified" applicants than funds available. All qualified applicants will be put on a wait list once existing funds are committed. Therefore, we urge you to return the application and ***all*** supporting documentation as quickly as possible.

Please call Paul @ 508-349-5114 if you have any questions.

Very truly yours,

Wellfleet Housing Authority

Enclosures

This program was developed in cooperation Community Development Partnership.

**Wellfleet Housing Authority**

Town Hall, 300 Main Street, Wellfleet, MA 02667

# WHA Rental Assistance & Revolving Loan Pilot Program Guidelines

The Town of Wellfleet (the Town) has voted at Town Meeting to provide ongoing funding from Community Preservation Funds for rental assistance to tenants who rent year-round units in Wellfleet. The Wellfleet Housing Authority (WHA) has developed Rental Assistance and Revolving Loan Pilot Programs for the purpose of aiding eligible families/individuals in the Town of Wellfleet.

## What the Program Will Achieve

Affordable housing is a vital concern to both the social and economic fabric of the Town.
This program allows families and individuals to maintain affordable, year-round rental housing by ensuring that their monthly rent contribution does not exceed 30% of the household's monthly income. The goals of this program are to assist in financially stabilizing individuals and families, provide education to program participants on the budgeting process and assist in self-sufficiency.

## How the Rental Assistance Program Works

The WHA intends to provide rental assistance to eligible households for one year. If needed, the household may request additional rental assistance for a period not to exceed an additional 12 months. The maximum time period for the rental assistance voucher is usually 2 years.

**Monthly Voucher Amount:**

- Participant's vouchers will be calculated based on their annual income, current percentage of the rent contribution and utility expenses.
- The Voucher Amount is paid directly to the Landlord and the Participant is responsible for prompt payment of their share of the monthly rent. Vouchers cannot be used to pay rental arrears.
- When the tenant pays for all or part of the utilities, the allowable monthly rent will be adjusted according to the Barnstable County HOME Program utility allowance guidelines.
- Monthly rents cannot exceed 110% of the HUD Fair Market Rent with utility allowances if indicated.

**Financial Management Classes:**

- Each participant will participate in financial management counseling paid for by WHA to help him/her work toward financial self-sufficiency. This counseling is mandatory and an integral part of the program. Each participant must also register as a client with Homeless Prevention Council (HPC) in Orleans.

**Rental Units:**

- All rental housing must be legally registered with the Town. Participating landlords will be required to have the rental unit inspected by the Wellfleet Building Inspector to ensure that basic health and safety issues such as smoke and carbon dioxide detectors and a secondary mode of egress are being addressed.

**Wellfleet Housing Authority**

Town Hall, 300 Main Street, Wellfleet, MA 02667

**How the Revolving Loan Program Works**

The WHA will provide loans at a simple 3% interest rate to eligible tenants for their first month, last month and security deposit in a qualified Wellfleet rental (see above).

The loan proceeds are paid directly to the Landlord. The WHA will hold a lien on the security deposit until the loan has been paid off in full by the Tenant(s).

Monthly rents must comply with the same guidelines as for the rental assistance program. Eligibility requirements are identical as for rental assistance applicants with the additional provision that loan applicants must have no liquid assets with which they could make said payments, and their household income must be deemed sufficient by WHA to pay the monthly rent on an ongoing basis.

**Eligibility:**

Applicants for this program shall meet the following eligibility criteria:

- must live and/or work in the Town of Wellfleet or have graduated from a local high school while living in Wellfleet or have family ties currently living in the Town of Wellfleet.
- the household is current in rent payments to their current landlord. There are community agencies who may be able to assist you with payment of past due rent. Such agencies include:
  - Homeless Prevention Council 508-255-9667
  - Lower Cape Outreach Council 508-240-0694
- the household is a tenant in good standing with their current landlord and has not committed any material lease violations since their tenancy.
- the household has not been subject to eviction to their current tenancy or any other previous residency in the last five (5) years.
- the Applicant's household income must be less than 80% of the HUD Barnstable County area medium income (AMI) with priority given to households with annual income less than 60% AMI.
- the Applicant must not currently be receiving other housing subsidies. Please note that a household will be required to relinquish the WHA rental subsidy if they are approved for a Section 8 voucher or any other rental subsidy.
- the Applicant must not have a tax-lien or bankruptcy on their credit report.
- the Applicant must not have owned nor had ownership in any real property for the last five (5) years.
- the Applicant resides or will reside in a legal rental unit.
- the Applicant must have a year round lease or will have a year round lease with their landlord.
- monthly rent cannot exceed 110% of the HUD Fair Market Rent with priority being given to household's whose monthly rent does not exceed the HUD Fair Market Rent.
- under no circumstances are the funds to be used for rental units outside of Wellfleet.

# Wellfleet Housing Authority

Town Hall, 300 Main Street, Wellfleet, MA 02667

**Priorities:**

Priority will be given to those applicants who:

- currently have a year round rental lease in Wellfleet
- whose annual income is less than 60% of the area medium income
- whose monthly rent does not exceed the Barnstable County Fair Market Rent as established by HUD. Utility allowance guidelines are utilized for households that pay all or part of the utilities.

**Income and Rent Guidelines:**

**Income must be less than 80% of Area Medium Income (maximum) with Priority being given to less than 60% of Area Medium Income**

| No. of Persons | 80% AMI | 60% AMI |
|---|---|---|
| 1 | $47,900 | $35,925 |
| 2 | $51,550 | $38,663 |
| 3 | $58,000 | $43,500 |
| 4 | $64,400 | $48,300 |
| 5 | $69,000 | $51,750 |
| 6 | $74,750 | $56,063 |

**Maximum Rents***

| | Efficiency | 1-bedroom | 2-bedroom | 3-bedroom | 4-bedroom |
|---|---|---|---|---|---|
| Fair Market Rent (Priority) | $847 | $945 | $1267 | $1,657 | $1,740 |
| 110% of Fair Market Rent | $932 | $1033 | $1,394 | $1,823 | $1,914 |

*including utilities

**Application Process:**

Applicants will be required to submit all necessary paperwork, which will include but may not be limited to:

- completed application
- proof of residency as defined under eligibility
- credit check
- landlord reference
- copy of lease
- proof of income and assets as described in the application

**Wellfleet Housing Authority**

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**Outreach:**

It is the intention of the Wellfleet Housing Authority to achieve maximum outreach to potential applicants meeting the above criteria through local media and information sessions to be held in November of each year.

**Program Participation:**

Eligible participants shall be required to sign a statement of household obligations and a one (1) year rental voucher agreement outlining their obligations under the program as well as that of the Wellfleet Housing Authority. This rental voucher agreement may be renewed for up to one additional year. Prior to receiving a renewal of the rental voucher agreement, current participants will need to be re-qualified to ensure that the household continues to meet the program guidelines.

Participants will be expected to contribute 30% of their annual income toward the monthly rent.

Each eligible participant shall be required to sign a Limited Funding Agreement, which explains the length and viability of the program subject to the Town of Wellfleet Housing Authority's ability to fund the program.

Each eligible participant will be required to participate in financial management counseling.

Each eligible participant will be required to register as a client with Homeless Prevention Counsel of Orleans (HPC

Applications will be accepted on a rolling basis and will be processed in the order that they are received. The WHA may conduct a lottery if the number of qualified applications exceeds the amount of funds that are available.

**EXCEPTIONS TO THE FOREGOING GUIDELINES MAY ONLY BE MADE BY THE WELLFLEET HOUSING AUTHORITY**

**QUESTIONS?** Please call Paul Pilcher 508-349-5114 you have any questions.

WELLFLEET HOUSING AUTHORITY RENTAL ASSISTANCE PROGRAM

Tenant Application Checklist

Name:_____

Rental Property Address:_____

_____

Mailing Address:_____

_____

Phone #:_____

| | Notes |
|---|---|
| _____ 5 page Tenant Application ___Completed ___Signed ___Dated | _____ |
| _____Most Recent Tax Return or Notarized Statement Re: Not Filing Taxes (For all Adults in Home) | _____ |
| _____Cash Benefit Public Assistance Determination | |
| _____Employer Verification Form (For all working Adults in Home) | _____ |
| _____8 Weeks Consecutive Pay stubs (For all working Adults in Home) | _____ |
| _____2 Mos. Consecutive Bank Statements for All Checking and Savings Accounts (For all Adults in Home) | _____ |
| _____Alimony/Copies of Child Support Receipts or Order/Notarized Statement (if applicable) | _____ |
| _____Pension and Investment Income (if applicable) | _____ |
| _____Copy of Lease with Landlord | _____ |
| _____ Signed copy of Credit Check Authorization | _____ |
| ____ Documentation of Local Qualification | _____ |
| ____ Statement of Household Obligations | |

**PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR COMPLETED APPLICATION**

**Applications should be sent to the attention of the Wellfleet Housing Authority and can be mailed or dropped off at the Wellfleet Town Hall.**
**Mailing address: Wellfleet Housing Authority, Town Hall, 300 Main Street, Wellfleet, MA 02667**

# WHA RENTAL ASSISTANCE PROGRAM
# INCOME VERIFICATION REQUIREMENTS

## DOCUMENTING YOUR INCOME

### THE FOLLOWING INFORMATION *MUST* BE INCLUDED WITH THE APPLICATION

**DO NOT SEND ORIGINALS**

⇨ Please remember that **ALL HOUSEHOLD** income must be included.

In order to be eligible for the program, **RETURN A COMPLETED APPLICATION** plus the following valid confirmations:

1. **Current** pay stubs for **all** working members of the household 18 years and older. Pay stubs for **8 WEEKS** are required.

2. **Verification of Employment:** Attached form completed and signed by your employer. If you need more, please make photocopies of the form provided.

3. If a member of your household is **18 YEARS OLD OR OLDER** and enrolled as a **FULL-TIME STUDENT** or **NOT** currently working, a **NOTARIZED STATEMENT** stating such is needed. This also pertains to Applicant and Co-Applicant.

4. If you have children and do **NOT** receive child support, you must provide a **NOTARIZED STATEMENT** to that effect. Otherwise, you must provide a Child Support Order, Copy of Divorce Decree, or Copies of Child Support Checks.

5. Verification of all other household income**: Benefit statements** for Public Assistance, VA, Unemployment, SS, SSI, Disability, etc.

6. Submit bank statements for **past two months** for ALL **CHECKING** and **SAVINGS** accounts.

7. Most recent copy of **statements from pension and investment income**, including **retirement savings** (if applicable)

8 **Tax Returns:** Call* the IRS Office to get a copy of your federal income tax return transcript for the most recent year filed. Request the IRS Office to **STAMP THE YEAR.** Even if you did not file taxes, you will need to request the federal income tax return transcript (it will state that the IRS has nothing on file). The transcript will be mailed to your address within 10 days. Their phone number is 800-829-1040. You will also need to submit copies of your personally prepared income taxes for the most recent year filed.

If you did not file, you will need a notarized statement, which documents all income sources, including savings and other related investments.

9. **Tax returns and SELF EMPLOYMENT**

People who are self-employed need to provide the following:

1. Copies of your IRS Tax Form1040, including all Schedules for the most recent year filed.

2. You will need to call* the IRS Office to get a copy of your federal income tax return transcript for the most recent year filed. Request the IRS Office to **STAMP THE YEAR.** Even if you did not file taxes, you will need to request the federal income tax return transcript (it will state that the IRS has nothing on file). The transcript will be mailed to your address within 10 days. Their phone number is 800-829-1040.

If any member of the household is self-employed and does not file taxes, you will need a notarized statement, which documents all income sources, including savings and other related investments. This statement must reflect the earnings and the expenses for the most recent filing year and include dates and addresses of jobs, and the amount you were paid.

## * IRS TRANSCRIPT DIRECTIONS

The phone number is **1-800-829-1040**. Listen carefully to the directions.
Select option **2** – for questions about your account
Select **2** again – for questions about your account
**Enter your SS#, press 1**, listen while it repeats it
**Press 1 if correct** (Press 2 if incorrect and follow instructions.)
**Select 3** – to request a transcript or photocopy of your return
**Enter the numbers in your address** – do not enter letters or fractions
Listen to the long message.
**Select 2.**
**Follow instructions to request transcripts for year desired**
(Enter year/it will repeat it)
Press 1 if correct (Press 2 if incorrect and follow instructions.)
It will tell you what you requested
Press 1 if correct (Press 2 if incorrect and follow instructions.)

**Listen to instructions to request additional transcripts**
Please do this immediately to avoid delays in processing your application

# CREDIT CHECK AUTHORIZATION

## Applicant/Tenant Release Form

In consideration for being permitted to apply for the Wellfleet Housing Authority Rental Assistance Program, I, Applicant, do represent all information in this application to be true and accurate and that Wellfleet Housing Authority and/or their designees may rely on this information when investigating and accepting this application. Applicant hereby authorizes the Wellfleet Housing Authority and/or their designees to make independent investigations to determine my credit and financial standing. Applicant authorizes any person, or credit-checking agency having any information on him/her to release any and all such information to the Wellfleet Housing Authority and/or their designees or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, the Wellfleet Housing Authority and/or their designees and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report will be done thru the facilities or First Advantage SafeRent, Consumer Relations Department, 7300 Westmore Rd., Suite 3 Rockville, MD 20850-5223 (Consumer Disclosure Request forms 888-333-2413; Reinvestigation forms 800-815-8664) or consumerrelations@FADVSafeRent.com

Applicant Name
(Print)_____

Applicant
Signature_____

Social Security# _____

Date of Birth (*optional*) _____

Other Name(s) you have used _____

Date_____

## Co-Applicant/Tenant Release Form

In consideration for being permitted to apply for the Wellfleet Housing Authority Rental Assistance Program, I, Co-Applicant, do represent all information in this application to be true and accurate and that the Wellfleet Housing Authority and/or their designees may rely on this information when investigating and accepting this application. Co-Applicant hereby authorizes the Wellfleet Housing Authority and/or their designees to make independent investigations to determine my credit and financial standing. Co-Applicant authorizes any person, or credit-checking agency having any information on him/her to release any and all such information to the

Wellfleet Housing Authority and/or their designees or credit checking agencies. Co-Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, Wellfleet Housing Authority and/or their designees and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report will be done thru the facilities or First Advantage SafeRent, Consumer Relations Department, 7300 Westmore Rd., Suite 3 Rockville, MD 20850-5223 (Consumer Disclosure Request forms 888-333-2413; Reinvestigation forms 800-815-8664) or consumerrelations@FADVSafeRent.com

Co-Applicant Name
(Print)_____

Co-Applicant
Signature_____

Social Security# _____

Date of Birth (*optional*) _____

Other Name(s) you have used _____

Date_____

# WELLFLEET HOUSING AUTHORITY
# PILOT RENTAL ASSISTANT PROGRAM
# STATEMENT OF HOUSEHOLD OBLIGATIONS

In order to become eligible and maintain eligibility for the Wellfleet Housing Authority's (WHA) Pilot Rental Assistance Program, it is necessary for the participant to fulfill the obligations established by the WHA. If a household violates any of these obligations, then the household can be terminated from the program. The obligations of the program are as follows:

**The Household Shall**:

- Supply any information that the WHA determines to be necessary, including evidence of local qualification, and information for use in a regularly scheduled reexamination or interim reexamination of household income and composition.
- Submit consent forms for obtaining requested information.
- Supply any information or verification requested by the WHA relating to whether the household is residing in the unit or whether the family is absent from the unit.
- Promptly notify the WHA in writing when the household is absent from the unit for a period of time in excess of 30 days.
- Notify WHA and the owner in writing before moving out of the unit or terminating the lease.
- Promptly notify WHA in writing if there is a change in the size of the household.
- Give WHA a copy of any owner eviction notice.
- Pay for utilities and supply and maintain any appliance that the household is required to provide under the lease.
- The rental unit must be the household's only residence.
- Participants shall contribute pay 30% of their annual income toward the monthly rent.

**The Household Shall Not:**

- Own or have any interest in the unit.
- Engage in profit making activities in the unit unless such activities are incidental to the primary use of the unit as a residence by the family and are allowable under the terms of the lease.

**WELLFLEET HOUSING AUTHORITY**
**PILOT RENTAL ASSISTANT PROGRAM**
**STATEMENT OF HOUSEHOLD OBLIGATIONS**
**Continued**

- Commit any serious or repeated violation of the lease.
- Commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
- Participate in drug-related criminal activity or violent criminal activity.
- Sublease, let or transfer the unit or assign the lease.
- Receive another housing subsidy for the same rental unit or for a different rental unit under any other federal, state or local housing assistance program.
- Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.

**I/WE HEREBY CERTIFY THAT I/WE UNDERSTAND THE HOUSEHOLD OBLIGATIONS OF THE WELLFLEET PILOT RENTAL ASSISTANCE PROGRAM, AND THAT A VIOLATION OF THESE OBLIGATIONS MAY RESULT IN TERMINATION FROM THE PROGRAM.**

| | |
|---|---|
| _____ | _____ |
| **Signature** | **Date** |
| _____ | _____ |
| **Signature** | **Date** |

# WELLFLEET HOUSING AUTHORITY RENTAL ASSISTANCE PROGRAM

## TENANT APPLICATION

*Please read the Program guidelines prior to filling out this application.*

**REQUIRED ATTACHMENTS**: Please include the documents listed on the tenant application checklist when submitting this application. Copies of these documents are required to determine your eligibility for this program. Applications without these documents cannot be processed.

**PART I: TENANT INFORMATION**

**NAME:**_____

Street Address:_____

Mailing Address:_____

Telephone: (Day)_____ (Evening)_____

Email address:_____

**CO–TENANT:**_____

Mailing Address:_____

Street Address: _____

Telephone: (Day)_____(Evening)_____

Email Address: _____

**NUMBER OF PEOPLE IN APPLYING HOUSEHOLD:** _____

**Household Composition: Please list below the head of your household and all members who live or will be living in the home. Give the relationship of each person to the head of household.**

| List Head of Household First | Social Security # | Relationship to Head of Household | Age Student | Name of Employer If applicable |
|---|---|---|---|---|
| | | | | |
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**LOCAL QUALIFICATION**

Please check one of the following local qualification categories, if applicable (please provide documentation which verifies your local qualification):

___ Current Wellfleet Resident

___ Child of a Wellfleet Resident

___ Parent of a Wellfleet Resident

___Sibling of a Wellfleet Resident

____ Current Wellfleet Town Employee

____ Current employee of Wellfleet Local Business

___ Grandchild of Wellfleet Resident

___ Close family tie to Wellfleet (describe): _____

____ Graduated from a local high school while living in Wellfleet

**PART II: PROPERTY/LANDLORD INFORMATION**

Landlord Name:_____
Landlord Residential Address:_____
Landlord Mailing Address:_____
Landlord Phone Number: _____

**Property Address:**_____**Unit#**_____
Rent Amount: $_____
Utilities Included: YES NO
Please list any utilities that you are responsible for (do not include cable TV, internet access or telephone)
_____
Is it a year round rental? YES NO
Do you have a written lease? YES NO
Length of time at present address: _____

*Previous Landlord(s) in last five (5) years*

A. Landlord Name:_____
Landlord Residential Address:_____
Landlord Mailing Address:_____
Landlord Phone Number: _____
Length of time at this address: _____

B. Landlord Name:_____
Landlord Residential Address:_____
Landlord Mailing Address:_____
Landlord Phone Number: _____
Length of time at this address: _____

C Landlord Name:_____
Landlord Residential Address:_____
Landlord Mailing Address:_____
Landlord Phone Number: _____
Length of time at this address: _____

**PART III: EMPLOYMENT INCOME INFORMATION.** Complete whether an employee or self-employed.

- **Tenant** employed by:_____

Employer's Mailing Address:_____

Work Phone:_____ Dates of employment for current employer:_____

If employed on a seasonal basis, please supply dates:_____

- **Co-Tenant** Employed by:_____

Employer's Mailing Address:_____

Work Phone:_____ Dates of employment for current employer:_____

If employed on a seasonal basis, please supply dates:_____

**NOTICE: If there are other adults in the household currently employed or receiving cash benefits, include them in chart below. Please list Head of Household first.**

**PART IV. ANNUAL INCOME TOTALS:** What is your household's current gross yearly income, from all sources? (Include all employers, benefits, pensions, public assistance, unemployment compensation, rental income, child support, alimony, etc for **everyone over the age of 18** in the household.)

| NAME | SOURCE | AMOUNT |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |
| | | $ |
| | | $ |
| | | $ |
| | | $ |
| | | $ |
| TOTAL YEARLY INCOME | | $ |

**If you expect a dramatic change in your annual income in the coming 12 months, please explain:**

_____

A. **Bank Accounts:** (Checking, Savings, Money Market, IRAs, CDs, Stocks, etc.)

| Name of Institution | Name of Person on Account | Type of Account | Account Number | Balance |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Do you earn over $100.00 in interest from your total assets annually? ☐**Yes** ☐**No**

B. **Additional Real Estate:** *Complete for each property owned. (Use back of page if needed.)*

**Have you owned or had ownership in any real property for the last five (5) years? YES NO**

1) Address:_____
Date of sale if sold within last five years _____

2) Address:_____
Date of sale if sold within last five years _____

## PART V: TENANT(S)/POTENTIAL TENANT(S)

I/We, the applicant(s), have received and read the Program Guidelines.

I/We understand the Wellfleet Housing Authority and/or their designees will utilize the information provided on this application to determine eligibility for the Wellfleet Housing Authority Rental Assistance Program.

I/We understand that additional information including, but not limited to, verification of employment, income tax statements and credit information are required by the program regulations, and I/we will provide such information as required.

I/We understand that rental units enrolled with this program must be rented to year round, income eligible tenants at an affordable rent level for a minimum of one year.

I/We understand that rental units enrolled with this program must be legal rental units and that the landlord will be required to have an inspection from the Building Inspector to ensure that the rental units meets basic health and safety issues.

**I / We certify that all information given is true to the best of my/our knowledge. In addition I/we give the Wellfleet Housing Authority and/or their designees permission to conduct a credit check, verify my income and landlord references.**

_____

Tenant/Potential Tenant Date

_____

Tenant/Potential Tenant Date

Applications will be accepted on a rolling basis and will be processed in the order that they are received.

# WELLFLEET HOUSING AUTHORITY RENTAL ASSISTANCE PROGRAM

## TENANT APPLICATION

*Please read the Program guidelines prior to filling out this application.*

**REQUIRED ATTACHMENTS**: Please include the documents listed on the tenant application checklist when submitting this application. Copies of these documents are required to determine your eligibility for this program. Applications without these documents cannot be processed.

**PART I: TENANT INFORMATION**

**NAME:**_____

Street Address:_____

Mailing Address:_____

Telephone: (Day)_____ (Evening)_____

Email address:_____

**CO–TENANT:**_____

Mailing Address:_____

Street Address: _____

Telephone: (Day)_____(Evening)_____

Email Address: _____

**NUMBER OF PEOPLE IN APPLYING HOUSEHOLD:** _____

**Household Composition: Please list below the head of your household and all members who live or will be living in the home. Give the relationship of each person to the head of household.**

| List Head of Household First | Social Security # | Relationship to Head of Household | Age Student | Name of Employer If applicable |
|---|---|---|---|---|
| | | | | |
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# WELLFLEET HOUSING AUTHORITY RENTAL ASSISTANCE PROGRAM

## TENANT APPLICATION

*Please read the Program guidelines prior to filling out this application.*

**REQUIRED ATTACHMENTS**: Please include the documents listed on the tenant application checklist when submitting this application. Copies of these documents are required to determine your eligibility for this program. Applications without these documents cannot be processed.

**PART I: TENANT INFORMATION**

**NAME:**_____

Street Address:_____

Mailing Address:_____

Telephone: (Day)_____ (Evening)_____

Email address:_____

**CO–TENANT:**_____

Mailing Address:_____

Street Address: _____

Telephone: (Day)_____(Evening)_____

Email Address: _____

**NUMBER OF PEOPLE IN APPLYING HOUSEHOLD:** _____

**Household Composition: Please list below the head of your household and all members who live or will be living in the home. Give the relationship of each person to the head of household.**

| List Head of Household First | Social Security # | Relationship to Head of Household | Age Student | Name of Employer If applicable |
|---|---|---|---|---|
| | | | | |
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**LOCAL QUALIFICATION**

Please check one of the following local qualification categories, if applicable (please provide documentation which verifies your local qualification):

___ Current Wellfleet Resident

____ Current Wellfleet Town Employee

___ Child of a Wellfleet Resident

____ Current employee of Wellfleet Local Business

___ Parent of a Wellfleet Resident

___ Grandchild of Wellfleet Resident

___Sibling of a Wellfleet Resident

___ Close family tie to Wellfleet (describe): _____

____ Graduated from a local high school while living in Wellfleet

**PART II: PROPERTY/LANDLORD INFORMATION**

Landlord Name:_____
Landlord Residential Address:_____
Landlord Mailing Address:_____
Landlord Phone Number: _____

**Property Address:**_____**Unit#**_____
Rent Amount: $_____
Utilities Included: YES NO
Please list any utilities that you are responsible for (do not include cable TV, internet access or telephone)
_____
Is it a year round rental? YES NO
Do you have a written lease? YES NO
Length of time at present address: _____

*Previous Landlord(s) in last five (5) years*

A. Landlord Name:_____
Landlord Residential Address:_____
Landlord Mailing Address:_____
Landlord Phone Number: _____
Length of time at this address: _____

B. Landlord Name:_____
Landlord Residential Address:_____
Landlord Mailing Address:_____
Landlord Phone Number: _____
Length of time at this address: _____

C Landlord Name:_____
Landlord Residential Address:_____
Landlord Mailing Address:_____
Landlord Phone Number: _____
Length of time at this address: _____

**PART III: EMPLOYMENT INCOME INFORMATION.** Complete whether an employee or self-employed.

- **Tenant** employed by:_____

Employer's Mailing Address:_____

Work Phone:_____ Dates of employment for current employer:_____

If employed on a seasonal basis, please supply dates:_____

- **Co-Tenant** Employed by:_____

Employer's Mailing Address:_____

Work Phone:_____ Dates of employment for current employer:_____

If employed on a seasonal basis, please supply dates:_____

**NOTICE: If there are other adults in the household currently employed or receiving cash benefits, include them in chart below. Please list Head of Household first.**

**PART IV. ANNUAL INCOME TOTALS:** What is your household's current gross yearly income, from all sources? (Include all employers, benefits, pensions, public assistance, unemployment compensation, rental income, child support, alimony, etc for **everyone over the age of 18** in the household.)

| NAME | SOURCE | AMOUNT |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |
| | | $ |
| | | $ |
| | | $ |
| | | $ |
| | | $ |
| TOTAL YEARLY INCOME | | $ |

**If you expect a dramatic change in your annual income in the coming 12 months, please explain:**

_____

A. **Bank Accounts:** (Checking, Savings, Money Market, IRAs, CDs, Stocks, etc.)

| Name of Institution | Name of Person on Account | Type of Account | Account Number | Balance |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Do you earn over $100.00 in interest from your total assets annually? ☐**Yes** ☐**No**

B. **Additional Real Estate:** *Complete for each property owned. (Use back of page if needed.)*

**Have you owned or had ownership in any real property for the last five (5) years? YES NO**

1) Address:_____
Date of sale if sold within last five years _____

2) Address:_____
Date of sale if sold within last five years _____

## PART V: TENANT(S)/POTENTIAL TENANT(S)

I/We, the applicant(s), have received and read the Program Guidelines.

I/We understand the Wellfleet Housing Authority and/or their designees will utilize the information provided on this application to determine eligibility for the Wellfleet Housing Authority Rental Assistance Program.

I/We understand that additional information including, but not limited to, verification of employment, income tax statements and credit information are required by the program regulations, and I/we will provide such information as required.

I/We understand that rental units enrolled with this program must be rented to year round, income eligible tenants at an affordable rent level for a minimum of one year.

I/We understand that rental units enrolled with this program must be legal rental units and that the landlord will be required to have an inspection from the Building Inspector to ensure that the rental units meets basic health and safety issues.

**I / We certify that all information given is true to the best of my/our knowledge. In addition I/we give the Wellfleet Housing Authority and/or their designees permission to conduct a credit check, verify my income and landlord references.**

_____

Tenant/Potential Tenant Date

_____

Tenant/Potential Tenant Date

Applications will be accepted on a rolling basis and will be processed in the order that they are received.