

WELLFLEET ACCESSORY APARTMENT PROGRAM



TENANT APPLICATION

Please read the Information Sheet 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 Name	Relationship to Head of Household	Age	Employed/ Student

PART II: PROPERTY INFORMATION

Landlord Name: _____

Landlord Residential Address: _____

Landlord Mailing Address: _____

Landlord Phone Number: _____

Property Address: _____ **Unit#:** _____

Rent Amount: \$ _____/Mo

Utilities Included: YES / NO

PART III: EMPLOYMENT INCOME INFORMATION

Complete whether an employee or self-employed

• **Tenant** employed by: _____

Employer's Address: _____

Work Phone: _____ Years worked for current employer: _____

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

• **Co-Tenant** Employed by: _____

Employer's Address: _____

Work Phone: _____ Years worked 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 gross yearly income, from all sources? (Include all employers, benefits, pensions, public assistance, unemployment compensation, rental income, child support, etc for **everyone over the age of 18** in the household.)

TENANT NAME	SOURCE	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL YEARLY INCOME		\$

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

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

I/We, the tenant/ potential tenant understand the information provided on this application will be utilized by the staff of the Town of Wellfleet to determine income eligibility for the Wellfleet Accessory Apartment 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 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. Also, tenants living in units can be assured that the housing units meet minimum health and safety codes.

I / We certify that all information given is true to the best of my/our knowledge. In addition, I give the Town of Wellfleet permission to verify my income.

Tenant/Potential Tenant

Date _____

Tenant/Potential Tenant

Date _____