

# **Wellfleet Housing Authority**

**Town Hall, 300 Main Street, Wellfleet, MA 02667**

## **PACKET FOR RENTAL ASSISTANCE**

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To Prospective Rental Assistance Applicants:

**Thank you for your interest in the Wellfleet Housing Authority Rental Assistance Program.**

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
8. Release of Information

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 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 would be 2 years.

**Please note that submissions are approved 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.

If you have any questions, please call 508-349-0300.

Very truly yours,

Wellfleet Housing Authority

Enclosures

This program was developed in cooperation with the Community Development Partnership.

# WHA Rental Assistance Program Guidelines

The Town of Wellfleet (the Town) has voted at Town Meeting to provide ongoing funding from the Community Preservation Funds for rental assistance to tenants who rent year-round units in Wellfleet. The Wellfleet Housing Authority (WHA) has developed a Rental Assistance Program 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 Program Will Work

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 would be 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 Counselling:

- Each participant will register with Homeless Prevention Council in Orleans (508-255-9667) and comply with their program of consultations and counselling to help him/her toward financial self-sufficiency.

### Rental Units:

- Participating landlords will be required to have the rental units comply with basic health and safety requirements, including but not limited to smoke and carbon dioxide detectors and a secondary mode of egress.

### 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 (AMI).**

No. of Persons	80 % AMI	60% AMI
1	\$48,300	\$36,240
2	\$55,200	\$41,400
3	\$62,100	\$41,650
4	\$68,950	\$51,720
5	\$74,500	\$55,860
6	\$80,000	\$60,000

### Maximum Rents\*

	Efficiency	1-bedroom	2-bedroom	3-bedroom	4-bedroom
Fair Market Rent	\$979	\$1,152	\$1,524	\$1,931	\$2,101
110% of Fair Market Rent	\$1,077	\$1,267	\$1,676	\$2,124	\$2,311

\*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

### 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 publicized 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 landlord and tenant shall be required to sign an Agreement, which explains the length and viability of the program subject to the Town of Wellfleet Housing Authority's ability to fund the program. No subsidy will be paid until this requirement is met.
- Each eligible participant will be required to register with Homeless Prevention Council and participate in the financial management counseling they provide.

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? Homeless Prevention Council  
Wellfleet Housing Authority**

**508-255-9667  
508-349-0300**

# 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

**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.)**

<b>NAME</b>	<b>SOURCE</b>	<b>AMOUNT</b>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL YEARLY INCOME</b>		\$

**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.)

<b>Name of Institution</b>	<b>Name of Person on Account</b>	<b>Type of Account</b>	<b>Account Number</b>	<b>Balance</b>

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 meet 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.

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Tenant/Potential Tenant Date

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Tenant/Potential Tenant Date

**WELLFLEET HOUSING AUTHORITY  
RENTAL ASSISTANCE PROGRAM**

**Tenant Application Checklist**

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

Rental Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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Notes

- \_\_\_\_\_ 5 page Tenant Application \_\_\_ Completed \_\_\_ Signed \_\_\_ Dated \_\_\_\_\_
- \_\_\_\_\_ Most Recent Tax Return or Notarized Statement Re: Not \_\_\_\_\_  
Filing Taxes (For all Adults in Home)
- \_\_\_\_\_ Certified Tax Return Transcript (For all Adults in Home) \_\_\_\_\_
- \_\_\_\_\_ Cash Benefit Public Assistance Determination \_\_\_\_\_  
(if applicable, all Adults in Home)
- \_\_\_\_\_ 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 Form 1040, 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 2006 (or 2005 if not available)

(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

# WELLFLEET HOUSING AUTHORITY

## VERIFICATION OF EMPLOYMENT

### PART I. APPLICANT INFORMATION (To be completed by Applicant)

Applicant: \_\_\_\_\_ SSN: \_\_\_\_\_  
Applicant Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_

### PART II. EMPLOYER INFORMATION (To be completed by Applicant)

Name of Employer \_\_\_\_\_  
Address of Employer \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

### PART III. EMPLOYMENT INFORMATION (To be completed by Employer)

1. Date of Employment \_\_\_\_\_ Position/Occupation \_\_\_\_\_
2. Date of Termination (if applicable) \_\_\_\_\_
3. Current Rate of Regular Pay \$ \_\_\_\_\_ per hour, week, month or year (circle one)
4. Current Rate of Overtime Pay \$ \_\_\_\_\_ per hour, week, month or year (circle one)
5. Do you anticipate any change in the employee rate of pay in the near future? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes:  
Revised Rate \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_
6. Number of hours employee typically works per week: \_\_\_\_\_ Weeks per year: \_\_\_\_\_
7. Do you anticipate any change in the number of hours the employee works? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,  
please explain \_\_\_\_\_
8. Anticipated average amount of overtime per week \_\_\_\_\_
9. Gross annual earnings you anticipate for this employee for the next 12 months \$ \_\_\_\_\_
10. Does the employee receive tips, bonuses, overtime, commissions? Yes \_\_\_\_\_ No \_\_\_\_\_ Please  
indicate annual amount: Tips \$ \_\_\_\_\_ Bonuses: \$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Commissions \$ \_\_\_\_\_
11. If the employee's work is seasonal or sporadic, indicate lay-off periods \_\_\_\_\_
12. Additional Comments: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Title

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

## 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](mailto: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](mailto: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 RENTAL ASSISTANT PROGRAM STATEMENT OF HOUSEHOLD OBLIGATIONS**

In order to become eligible and maintain eligibility for the Wellfleet Housing Authority's (WHA) 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 pay at least 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  
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**





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**There for our neighbors since 1991**

### RELEASE OF INFORMATION

I/We \_\_\_\_\_, authorize the Homeless Prevention Council & Wellfleet Housing Authority to Release/Exchange/Obtain information pertaining to myself and/or my household as needed for the purpose of my participation in the Wellfleet Rental Assistance Program for:

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Property Name

I/We understand that this authorization shall remain valid for eighteen [18] months from the date of my/our signature(s). I/We also understand that I/we may revoke this authorization in writing at any time. A photocopy or faxed copy may be used in place of the original.

Signature

Date

Signature

Date

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14 Old Tote Road PO Box 828 Orleans, MA 02653 ☐ Phone (508) 255-9667 ☐ Fax: (508) 255-4928 ☐ HPCcapecod.org  
*Homeless Prevention Council is a 501(c)3 nonprofit agency. Federal Tax ID number 04-3104858*