

## WELLFLEET ACCESSORY APARTMENT PROGRAM



### Tenant Application Checklist

- \_\_\_ Tenant Application (Completed / Signed / Dated)
- \_\_\_ Most Recent Tax Return(s) (For all Adults in Home)
- \_\_\_ Employer Verification Form(s) (For all working adults in home)
- \_\_\_ 4 Weeks Consecutive Pay Stubs (For all working adults in home)
- \_\_\_ Full-Time Student / Unemployment Statement (*if applicable*)
- \_\_\_ Self-Employment Statement (*if applicable*)
- \_\_\_ Copy of Lease/Agreement with Landlord

Tenant(s) Name: \_\_\_\_\_  
\_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Checklist Completed By: Date \_\_\_\_\_



## **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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL YEARLY INCOME</b>		\$

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 understands 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

**DOCUMENTING YOUR INCOME  
THE FOLLOWING INFORMATION MUST BE INCLUDED  
WITH THE TENANT APPLICATION**

**DO NOT SEND ORIGINALS**

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

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

1. Copies of your IRS Tax Form1040 for the most recent year filed.
2. **Verification of Employment:** Attached form completed and signed by your employer.
3. **Current** pay stubs for **all** working members of the household 18 years and older. Pay stubs for **4 CONSECUTIVE WEEKS** are required.
4. 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.

**SELF EMPLOYMENT**

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

1. Copies of your IRS Tax Form1040 for the most recent year filed. Also, a copy of Schedule C for the most recent year filed.
2. If either the Applicant or Co-Applicant is self-employed and does not file taxes, a **NOTARIZED STATEMENT** reflecting your earnings and the expenses for the most recent filing year. This statement must include dates and addresses of jobs, and the amount you were paid.



**WELFLEET AFFORDABLE ACCESSORY DWELLING PROGRAM  
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. Gross income for the last 8 weeks \$ \_\_\_\_\_
6. Do you anticipate any change in the employee rate of pay in the near future? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes: Revised Rate \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_
7. Number of hours employee typically works per week: \_\_\_\_\_ Weeks per year: \_\_\_\_\_
8. Do you anticipate any change in the number of hours the employee works? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,  
please explain \_\_\_\_\_
9. Anticipated average amount of overtime per week \_\_\_\_\_
10. Gross annual earnings you anticipate for this employee for the next 12 months \$ \_\_\_\_\_
11. Does the employee receive tips, bonuses, overtime, commissions? Yes \_\_\_\_\_ No \_\_\_\_\_ Please indicate  
annual amount: Tips \$ \_\_\_\_\_ Bonuses: \$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Commissions \$ \_\_\_\_\_
12. If the employee's work is seasonal or sporadic, indicate lay-off periods \_\_\_\_\_
13. 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.

# 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 2023 (October 1, 2023 through September 30, 2024)

Monthly Rent (\$):

# of Persons

Lease Begin date:

Lease End date:

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, 2023