

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear \_\_\_\_\_

I am applying to the following waitlist, which I believe is open:

App Generated: \_\_\_\_\_

### Housing Authority or Management Office Only

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available by/from:**

\_\_\_\_\_

☐ **Any other info you wish to tell HousingWorks?**

\_\_\_\_\_

**Your position or title at this housing program:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

HousingWorks Fax: **617-536-8561**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH
○		○	

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME
-----------------------------

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE			# BEDROOMS	How much money does your family receive in a year?
○	# Adults	# Children	Total #	○
				.0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○



# BOXBOROUGH RENTAL VOUCHER PROGRAM

## APPLICATION FORM



June 30, 2016

---

### Application Process

The Boxborough Rental Voucher Program (BRVP) is a new Boxborough program funded by the Community Preservation Act (CPA). The CPA funding is annually appropriated by Town Meeting, and this first year of the BRVP is a pilot program. If the BRVP is successful, it will likely be continued by next year's Town Meeting.

Applications for assistance will be accepted from July 1, 2016 through August 16, 2016. Rental assistance will begin as early as September 1, 2016 and will continue for a one-year duration after the start of the assistance. Further assistance will depend upon the applicant's status and the approval of next-year funding for the BRVP by Town Meeting.

Complete applications and supporting materials must be submitted to:

**Community Services Coordinator  
Boxborough Town Hall  
29 Middle Road  
Boxborough, MA 01719**

The deadline to submit this application is:

**4:00 PM on Tuesday, August 16, 2016**

If you have questions or need assistance completing this application, please contact the Community Services Coordinator by phone at 978-263-1730 or email: [LAbraham@Boxborough-MA.gov](mailto:LAbraham@Boxborough-MA.gov).

Incomplete applications will not be processed. Please complete all information requested on the application and submit all required documentation to verify income. If a question is not applicable, please write N/A. **Please ensure that all adults (age 18+) in your household sign this application.** If you need additional space to provide an answer, please attach additional sheet(s).

### Privacy

The entire application and all supporting documents will be submitted to the Community Services Coordinator at Boxborough Town Hall. Your personal information will be kept confidential to the extent permitted by law except for necessary communications between you, your landlord, and the organization administering payments (Metro West Collaborative Development). Your application will be qualified and ranked by a small committee, who will review only the data relevant to your qualification and ranking. This data will be stripped of any identifying information to ensure that your identity is kept confidential from the committee.

## Applicant Information

Application Number for Household (for office use only)

Please list information for all adults in the household. Continue on a separate sheet if necessary.

### First Adult Household Member

<i>Name of Household Member</i>			<i>Best Way to Reach Household Member</i>	
<i>Current Residence Address</i>	<i>Apt. No</i>	<i>City / Town</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Work Phone</i>	<i>E-mail Address</i>	
<i>Mailing Address (If Different)</i>	<i>Apt. No</i>	<i>City / Town</i>	<i>State</i>	<i>Zip</i>

### Second Adult Household Member

<i>Name of Household Member</i>			<i>Best Way to Reach Household Member</i>	
<i>Current Residence Address</i>	<i>Apt. No</i>	<i>City / Town</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Work Phone</i>	<i>E-mail Address</i>	
<i>Mailing Address (If Different)</i>	<i>Apt. No</i>	<i>City / Town</i>	<i>State</i>	<i>Zip</i>

## Household Information

Please list all the individuals who will live in the intended rental unit.

First & Last Name	Primary Contact?	Sex	Date of Birth	Occupation (Employed, At Home, Handicapped, Student)
	Yes			

Language spoken at home:		Would you like an interpreter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------------	--	--------------------------------	---------------------------------	--------------------------------

Does anyone in your household currently live or work in Boxborough or attend the Acton-Boxborough Regional School System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	---------------------------------	--------------------------------

Is a member of your household disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	---------------------------------	--------------------------------

Is a member of your household age 60 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	---------------------------------	--------------------------------

Is a member of your household under age 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	---------------------------------	--------------------------------

## Rental Apartment

Please provide information on the apartment in which your household will be living during the period in which rental assistance through the BRVP will be available.

<i>Landlord Name</i>				<i>Telephone Number</i>	
<i>Apartment Address</i>	<i>Apt. #</i>	<i>City</i>		<i>State</i>	<i>Zip</i>
Does your household presently live in this apartment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	What is the monthly rent?	<input type="text"/> <i>Rent</i>
If your household lives in this apartment, is it under a lease agreement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	What are the dates in which the lease is in effect?	<input type="text"/> <i>From</i> <input type="text"/> <i>To</i>
If your household plans to move into this apartment, when will your household start to reside at this address?					

## Landlord

Please provide information on the landlord of the apartment in which your household will be living during the period in which rental assistance through the BRVP will be available.

<i>Landlord Name</i>				<i>Telephone Number</i>	
<i>Landlord Address</i>	<i>Apt. #</i>	<i>City</i>		<i>State</i>	<i>Zip</i>

## Household Income

Provide the anticipated income for ALL household members over age 18 from all sources for the next 12 months. Please specify all sources. You are also required to submit verification documents.

Household Member Name	Type of Income	Name & Address of Employer or Source of Income	Estimate of Income for Next 12 Months
	Gross Salaries, Wages, including Overtime / Tips		\$
	Gross Salaries, Wages, including Overtime / Tips		\$
	Interest and Dividend		\$
	Tax Refunds		\$
	Regular Alimony-Support Payments		\$
	Regular Child-Support Payments		\$
	Net Income from Business or Profession		\$
	Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and / or SSI		\$
	VA Disability Income		\$
	Other Income		\$
Total Income:			\$

Please list any other income-related factor that we should know about.	
--	--

## Assistance

Are you or anyone in the household now receiving assistance from the Federal Section 8 **OR** Mass Rental Voucher Program

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

## Waiting Lists

	YES	NO
Are you currently on a waiting list for federal or state or local subsidized housing?		
Will you agree to maintain your position on such list/s if selected for a voucher?		
If not on a waiting list for federal, state or local subsidized housing will you agree to be listed as a condition of consideration for this program?		

## Required Documentation Checklist

- I/We have provided the five (5) most recent pays stubs for all employment income: ☐ **Yes** ☐ **N/A**
  - If you are paid weekly, this includes your pay stubs for the past five weeks.*
  - If you are paid bi-weekly, this includes your pay stubs covering the past five weeks.*
  - If you are paid monthly, this includes your pay stubs for the past five months.*
- I/We have provided 2015 federal tax returns for all household members who filed: ☐ **Yes** ☐ **N/A**
- For self-employed persons, I/we have provided the most recent federal income tax returns and a year-to-date profit and loss statement: ☐ **Yes** ☐ **N/A**
- I/We have provided current documentation of all other income sources: ☐ **Yes** ☐ **N/A**  
*This may include: pension and retirement account statements; Social Security Benefit Verification letter; the most recent statement of unemployment compensation detailing your compensation; court ordered alimony and child support.*
- For all persons with no source of income, I/we have provided a signed and notarized 'No Income Verification Form': ☐ **Yes** ☐ **N/A**
- I/We have provided the required documentation of all asset accounts, including:
  - Three (3) most recent monthly statements for all checking accounts: ☐ **Yes** ☐ **N/A**
  - Three (3) most recent monthly statements for all savings accounts: ☐ **Yes** ☐ **N/A**
  - Most recent statement for all other asset accounts: ☐ **Yes** ☐ **N/A**
- I/We have provided current documentation (enrollment letter) for all dependent household members age 18 years and older who are full-time students: ☐ **Yes** ☐ **N/A**
- If applying for Local Preference, I/we have provided the required documentation for the Local Preference criteria that our household is eligible for, including:
  - For residents, proof of residency: ☐ **Yes** ☐ **N/A**

- For those employed by the Town of Boxborough, a Town of Boxborough paystub or a signed letter from your supervisor detailing you employment status:   \_\_\_**Yes**  \_\_\_ **N/A**
- For those employed by a business or organization in Boxborough, a paystub that includes the business organization address or a signed letter from your employer stating the location of your place of employment:   \_\_\_**Yes**  \_\_\_ **N/A**
- For those households with a student enrolled in the Acton-Boxborough Regional School System, a current school transcript or an enrollment letter:   \_\_\_**Yes**  \_\_\_ **N/A**

**APPLICANT’S CERTIFICATION: All household members over age 18 must sign.**

- I understand that it is my responsibility to inform the Community Services Coordinator in writing of any change of addresses, income, or household composition.
- I/We certify that all information furnished in this application for a Rental Voucher is true and complete to the best of my/our knowledge.
- I/We understand that any false statement, made knowingly and willfully, will be sufficient cause for rejection of my/our application.
- I/We do not maintain or receive housing assistance through any federal or state housing voucher program.
- I/We understand that a security deposit must be paid for this apartment prior to occupancy.
- I/We understand that enrollment in the Rental Voucher Program does not guarantee that I/we will be able to lease an apartment through the program.
- I/We understand that ANY false information on this application or statements given are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature as valid as the original.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Printed Name: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Printed Name: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Printed Name: \_\_\_\_\_