

# Dennis Rental Assistance Program

Be sure to read the directions for completing the application very carefully! Do not leave blanks. If not applicable, write "n/a" or "0".

**Incomplete applications or those that do not include all necessary documentation will not be processed.**

*This program is funded by the Town of Dennis and is available to applicants who live in the Town of Dennis, or are currently employed in the Town of Dennis, or have children currently enrolled in the Dennis school system.*

Please check the Income Table to be sure that your household income is within the guidelines. Household income includes earned and unearned income received by all members of your household who are 18 and older.

Maximum Incomes set at 60% of area median income:

1 Person Household \$34,440	2 Person Household \$39,360	3 Person Household \$44,280
4 Person Household \$49,140	5 Person Household \$53,100	6 Person Household \$57,060

\*\*\*other requirements may apply, please be sure and read through the lottery description\*\*\*

**Applications Due: February 12, 2013 (postmark must be this date or before)**

**Lottery will be held February 21, 2013**

**For information or questions call 508-432-0015 or email [pam@HECH.org](mailto:pam@HECH.org)**  
Please Return Applications to HECH, PO Box 638, Harwich, MA 02671

*Discrimination on the basis of race, creed, color, sex, age, disability, marital status, familial status, veteran's status, sexual orientation, national origin and/or public assistance recipiency, or any other basis prohibited by law is specifically prohibited in the selection of applicants for this housing opportunity. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification to the application when such accommodations or modifications are necessary to afford the disabled person equal opportunity to apply for rental assistance.*



Harwich Ecumenical Council for the Homeless, Inc.  
PO Box 638  
West Harwich, MA 02671

**Applications must include the following documents:**

- A completed application with all signatures and required documents
- Last two Tax returns including ALL schedules (2010 and 2011/ or 2011 and 2012)
- Verification of all Income (see application sections for more detail)
- Verification you live in, are employed in, or have children in the Dennis school system
- Landlord/ Owner Intent to Participant signed document



Office use only:  
 Date application was received: \_\_\_\_\_  
 Received by: \_\_\_\_\_

## Dennis Rental Assistance Application

### Application: Page 1

(Faxed or e-mailed applications cannot be accepted)

**Return completed signed original form to:**  
**Harwich Ecumenical Council for the Homeless**  
**PO Box 638, Harwich, MA 02671**

For Information: Telephone 508-432-0015/ e-mail: pam@HECH.org



*Applicants are selected without regard to race, sex, national origin, color, creed, military status, marital status, familial status, sexual orientation, disability or handicap, genetic information, ancestry, children or public assistance reciprocity.*

#### Applicant/Co-applicant Information

Today's Date \_\_\_\_\_

This application is to be filled out jointly by ALL Adult Members of Household, 18 years old and over. If there are more than two adult members of household who are not full-time students, please request an additional application.

Applicant #1 \_\_\_\_\_ SS# \_ \_ - \_ - \_ - \_ - \_ -

Address of Current Residence: \_\_\_\_\_ Unit #: \_\_\_\_\_

City/ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Best phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

What is your current monthly rent amount? \_\_\_\_\_

Please check utilities INCLUDED in this rent?     Heat                       Hot Water                       Electric

Applicant #2 \_\_\_\_\_ SS# \_ \_ - \_ - \_ - \_ - \_ -

Address of Current Residence: \_\_\_\_\_ Unit #: \_\_\_\_\_

City/ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Best phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

How many people in your household (include everybody; all adults, all children)? \_\_\_\_\_

List all other people who reside in the unit, please add additional sheet if needed:

Name	Social Security #	Age	Relationship to Head of Household	Full Time Student y/n



## Application: Page 2

### **Former Household Residences:**

Please list all home addresses with Landlord names for the past five (5) years. Be sure to include all adult household members' former residences.

<u>Household Member</u>	<u>Former Address</u>	<u>Town</u>	<u>Former Landlord Name</u>	<u>Landlord Phone</u>	<u>Dates Occupied (beg to end)</u>

### **Local Preference Category Information:**

Applicants are required to provide information relative to the following for inclusion in the Local Preference pool (currently reside in The Town of Dennis). Please note applicants in the Local Preference lottery are also included in Open Pool of applicants (currently work in the Town of Dennis or have children currently enrolled in the Dennis School system)

YES    NO      Current residents of the Town of Dennis: **Please provide documentation of residency, such as rent receipts, utility bills, driver's license or voter registration listing.**

YES    NO      Current Employees of the Town of Dennis or Local Businesses: Employees of businesses located in the Town of Dennis. **Please provide documentation of employment (pay stubs, employment contract, etc).**

YES    NO      Households with children attending public schools in the Town of Dennis. **Please provide documentation of enrollment.**

Non-local applicants planning to move to Dennis may identify a future unit located in Dennis.

### **Affirmative Marketing:**

Please complete the following section to assist us in fulfilling affirmative marketing requirements. (Responding to this question is optional).

Household Race:       Caucasian                       African American/Black                       Hispanic/Latino  
 Asian                                       Native American / Alaskan Native



**Income Qualifications:**

(Directions on page 3, worksheets must be completed on page 4 and 5)

**ANNUAL INCOME TOTALS:** What is your entire household's anticipated gross yearly income, from all sources? This is the income you expect for the next 12 months.

(Include all employment, benefits, pensions, public assistance, unemployment compensation, rental income, child support, etc., for **everyone over the age of 18** in the household.)

**INSTRUCTIONS FOR COMPLETEING THE FOLLOWING INCOME TABLE:**

- List **ALL** sources of income as requested below for **ALL household members** over 18 years old that you expect for the next 12 months.
- The gross income must include income for the next 12 months
- For self-employed applicants – please put net-income in the gross annual income column (please include a current business income/ expense report)
- For periodic payments (like Social Security and child support) please include the amount received per week or per month (*ex: \$100/month*) in the space provided under “Source / type of Income”. Then provide under “Gross Annual Income” provide the annual amount (*ex: \$1200*)
- Please attach verification for each source of income, including copies of two consecutive months pay stubs, or the most recent two months of paystubs for seasonal workers. If you are self-employed, provide a current year-to-date Income and Expense report signed by the preparer. Statements and documents that indicate the payment amounts from all other sources of income for all members listed on the application, such as alimony and/or child support, Social Security benefits, all types of pensions, employment, Unemployment Compensation, Workman's Compensation, alimony, disability or death benefits, and any other form of income must be on organization letterhead
- Copy of 2010 and 2011(unless 2012 has been filled) Federal and State tax returns, as filed, for every current or future person living in the household over the age of 18
- Copy of the two most recent bank or assets statements for all assets

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.



**Application: Page 4**

**ANNUAL INCOME – please enter annual numbers not monthly**

Source	Renter	Co-Renter	Other Household Member 18 or older	Total
Gross Salary (Employment) Include overtime pay, tips, commissions and bonuses				
Self-Employment (net amount)				
Cash Public Assistance/ TANF				
Unemployment Benefits				
Social Security, Pension, Retirement Funds, etc.				
Child Support/ Alimony				
Workers Compensation, etc.				
Net Rental Income				
Other (describe)				
<b>TOTALS</b>	\$	\$	\$	\$

**\*\*ADD ALL INCOME AND ENTER TOTAL HOUSEHOLD INCOME:**  
\$ \_\_\_\_\_

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

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**\*\* ATTACHMENTS REQUIRED \*\*:**

**Please include the following documents as applicable with your application:**

- Most recent consecutive pay stubs totaling 8 weeks
- Social Security Awards letter (the letter must reflect the current year)
- Unemployment Verification
- Court Order for Child Support or Alimony
- Proof of Retirement funds or benefits letter
- IF SELF-EMPLOYED, please include the last two tax returns with ALL schedules



## Application: Page 5

**ASSETS INCOME SECTION – Please enter Annual income from your bank accounts, these are all checking accounts, savings accounts, money markets, IRA’s, etc., for every member of your household**

**INSTRUCTIONS FOR COMPLETEING THE FOLLOWING ASSEST TABLE:**

- “Annual Income from assets” refers to any amount that you receive from any asset including amounts that you may be drawing down from a retirement account or 401K
- Total the value of all assets and enter into “total value of all assets” for all household members
- Proof of all assets including, but not limited to, checking, savings, IRA's, stocks, bonds and all other assets (ie. copies of bank statements for checking, savings and certificates of deposits, IRA or other retirement account statements – on organization letterhead). All statements must reflect current balances. \*Checking accounts REQUIRE the two most recent months of statements.

Type	Cash Value	Annual Income from Assets	Name of Financial Institution	Account Number
Checking Account(s)				
Savings Accounts(s)				
CD's				
IRA's				
Stocks				
Life Insurance				
Other (describe)				
Additional Real Estate*				
Estimated Value				
Mortgage Balance				
<b>Total only the Annual Income from your assets</b>	Do not enter into this line	\$	Do not enter into this line	Do not enter into this line

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

**\*\* ATTACHMENTS REQUIRED \*\*: Applications missing bank statements will be deemed “INCOMPLETE”**



## Application: Page 6

**TOTAL INCOME FROM ALL HOUSEHOLD APPLICANTS** – Please fill in total for each box from the worksheet above. Include all household income.

TOTAL HOUSEHOLD ANNUAL INCOME	
TOTAL INCOME from ALL ASSETS	
<b>TOTAL HOUSEHOLD INCOME</b>	<b>\$</b>

**TO BE SIGNED BY ALL HOUSEHOLD MEMBERS OVER 18 YEARS OLD**

### ACKNOWLEDGEMENTS

**Initials (Applicant/Co-Applicant)**

\_\_\_\_/\_\_\_\_ I/We hereby affirm that my/our answers to the questions on the application are true and correct, and that I/we have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my/our application unfavorably.

\_\_\_\_/\_\_\_\_ I/We acknowledge that occupancy of the housing is limited to the individuals named in this application

\_\_\_\_/\_\_\_\_ I/We certify that we will participate with WE CAN and our assigned Case Manager

\_\_\_\_/\_\_\_\_ I/We hereby authorize the program facilitator, Harwich Ecumenical Council for the Homeless, Inc, Monitoring Agent and the Municipality to inquire of credit agencies, employer and banking institutions to allow and assist them to determine my/our determination of eligibility as Participants.

\_\_\_\_/\_\_\_\_ I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process. If any program conflicts arrive, I/we agree that any determination made by the project-monitoring agent, is final.

Your signature(s) below gives consent to the lottery agent or its designee to verify information

Applicant Name (please print): \_\_\_\_\_

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

Co- Applicant Name (please print): \_\_\_\_\_

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

**PLEASE BE SURE ALL SIX (6) PAGES OF THE COMPLETED APPLICATION AND REQUIRED ATTACHMENTS ARE RETURNED VIA MAIL WITH A POSTMARK NO LATER THAN February 12, 2013**

**Applicants intending to access Rental Assistance funds for a home they currently reside in are required to obtain a Landlord Intent to Participate. Applicants searching for new units will be granted a 30 day period to secure an approved Lease. If local preference guidelines are not met the applicant must secure a home within the Town of Dennis.**



# Dennis Rental Assistance Program

## Landlord/ Owner Intent to Participate

Applicants intending to reside in current residence must include this form with a completed application.

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

Unit Address: \_\_\_\_\_ Town: \_\_\_\_\_

Current Landlord/ Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City/ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Landlord provisions:

The Landlord/Owner shall enter into a lease for each contract unit for which rental assistance is paid. All leases shall be for the term of one year. Leases will be signed only by the Landlord/Owner and the Tenant of the unit. The Lease shall not disclaim or modify any of the Landlord/Owner's legal obligations or provide for indemnification by the Tenant on account of breach of the Landlord/Owner's legal obligation(s). In addition, the lease shall incorporate as terms the following three Landlord/Owner obligations which shall be enforceable by the Tenant under the lease as a third party beneficiary of this Contract:

1. The Landlord/Owner shall not terminate the tenancy except for: violation of Federal, State or Local law which imposes obligations on the Tenant in connection with the occupancy of the contract unit and surrounding premises; or other good cause.
2. The Landlord/Owner shall maintain the contract unit in compliance with Article II of the State Sanitary Code, State Building Code and any other applicable law.
3. The Landlord/Owner shall not discriminate against any tenant or applicant for tenancy on the grounds of age, race, color, creed, religion, sex, sexual orientation, handicap, national origin, marital or family status, or welfare reciprocity.

Landlord/ Owner further understands all payments will be made directly to the Landlord/ Owner as it is the intention of this program to stabilize year-round income eligible households. Landlord/ Owner agrees if applicant is processed, a signed contract will be required.

The Intent to Participant does not create a contract or obligation to participate in the Dennis Rental Assistance Program but confirms the applicant has notified the Landlord/ Owner of their intent to submit an application.

Landlord/ Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**PLEASE BE SURE ALL DOCUMENTS LISTED BELOW ARE INCLUDED  
WITH YOUR APPLICATION**

**(please do not return the following two pages with your application)**

**APPLICATION ATTACHMENT CHECKLIST**

Thank you for requesting an application for the Dennis Rental Assistance Program opportunity presented by Harwich Ecumenical Council for the Homeless, Inc. Your application will be handled with confidentiality and in conformance with all Fair Housing Laws. Applications are not returned; please keep a copy for your files.

**APPLICATION CHECKLIST**

Please read carefully to make sure that you submit a complete application with all the required attachments.

**Missing a step may disqualify your application.**

- ✓ You have completely filled out the application, paying careful attention to all instructions. You and all applicants over the age of 18 have signed the last page of the application.
- ✓ You have attached one of the following documents to verify local preference status: a current driver's license, a current paystub, verification of school enrollment, or a utility bill with the applicant's name
- ✓ Copy of 2010 and 2011 (or 2012 and 2011) Federal and State tax returns, as filed, with schedules, for every current or future person living in the household over the age of 18
- ✓ Copy of two consecutive months pay stubs, for all employed household members over 18, the last two months of paystubs for seasonal workers. If you are self-employed, you have provided a current year-to-date Income and Expense report signed by the preparer
- ✓ Current statements and documents that indicate the payment amounts from all other sources of income of all members listed on the application, such as alimony and/or child support, Social Security benefits, all types of pensions, employment, Unemployment Compensation, Workman's Compensation, alimony, disability or death benefits and any other form of income – on organization letterhead
- ✓ You have provided proof of all assets including but not limited to checking, savings, IRA's, stocks, bonds and all other assets (i.e. copies of bank statements for checking, savings and certificates of deposits, IRA or other retirement account statements – on organization letterhead). All statements must reflect current balances.
- ✓ Landlord/ Owner Intent to Participant signed document

Mail the completed application and the required attachments to:  
HECH, PO Box 638, West Harwich, MA 02671

**THE APPLICATION POSTMARK MUST BE NO LATER THAN February 12, 2013.**

**(Please note, you are responsible for ensuring the correct postmark is on the envelope. We therefore suggest that you walk your application to the postal window to ensure that it is correctly stamped.)**



**LOTTERY DESCRIPTION: Please keep this page for your own files**

- An application will be available on-line and/or mailed to anyone interested in the lottery. Notice of the lottery will be advertised and communicated widely through local, regional and state channels.
- Applications received will be date stamped and then checked for completion of all required components. An application will be considered complete when all required items on the checklist have been provided.
- The applicant's income will be verified and compared to the income and asset limits. The applicant household is required to be at or less than the 60% Area Median Income limits for the Barnstable County Area as published by HUD. This includes all income prior to any deductions from all adult household members. Income and assets are determined using the method as in the HUD Section 8 program, defined at 24 CFR 5.609. The 2013 household income limits used for this development include:

Maximum Incomes set at 60% of area median income:

1 Person Household \$34,440	2 Person Household \$39,360	3 Person Household \$44,280
4 Person Household \$49,140	5 Person Household \$53,100	6 Person Household \$57,060

- Persons who have not submitted all the necessary information by the deadline will waive their rights to proceed. No faxed applications will be accepted. Late applications (applications mailed and/or received after the due date) and applications that are incomplete will not be accepted.
- All applicants will be screened for eligibility. Applicants who have been deemed ineligible will be notified in writing of the decision.
- Once the Lottery Agent has verified the information contained in the application and confirmed eligibility, a lottery number or numbers and lottery form will be issued, and the applicant will move forward to the lottery.
- A letter will be mailed to each applicant indicating the following information: You have been deemed (eligible/ineligible) based upon the information provided. Enclosed is your lottery number. You must contact the lottery agent in writing if you disagree with the determination you have qualified for. Failure to contact the lottery agent in writing will result in the waiving of your rights for further review. Disagreements received after the postmark deadline for the lottery will result in applicant the possibility of being added to the waitlist only.
- The lottery numbers will be pulled by an independent third party and witnessed by representatives of the Town of Dennis in a public setting. All lottery numbers from the general pool will be assigned a number in the sequence in which they are drawn and recorded in the order of selection on the Lottery Drawing List. The list of numbers drawn will be posted and letters will be mailed within three business days to the winners.
- The lottery coordinator shall maintain the Lottery Drawing List. In the event that any of the applicants are unable to obtain Landlord contract participation, withdraw for any other reason, or do not comply with guidelines, the next qualified applicant will be offered that particular slot.
- Applicants will be further processed in the order picked in the lottery. Applicants are required to contact WE CAN to be assigned a Case Manger within seven (7) days of the lottery. Applicants that have not contacted WE CAN within the seven days will forfeit their place to participate and deemed ineligible.

