



BOXBOROUGH RENTAL ASSISTANCE PROGRAM

ROLLING APPLICATION FORM



Fiscal Year 2020

Background

The Boxborough Rental Assistance Program (BRAP) is managed by the Boxborough Housing Board (BHB) and funded by the Community Preservation Act (CPA). The CPA funding is annually appropriated by Town Meeting; as such BRAP will make funding requests on an annual basis.

Application Process

Applications for assistance submitted after the **Friday, 4:00 pm August 16, 2019** will be placed on a waiting list and may be eligible to enter the program at a later date if a slot becomes available. If eligible and offered a slot in the program, rental assistance will continue for a one-year duration after the start of the assistance. Further assistance will depend upon the approval of next-year funding for the BRAP by Town Meeting and the household's successful recertification.

HOUSEHOLDS MUST IDENTIFY A CURRENT OR INTENDED BOXBOROUGH ADDRESS IN ORDER TO PARTICIPATE IN THIS PROGRAM.

HOUSEHOLDS RECEIVING ANY TENANT-BASED FEDERAL OR STATE HOUSING ASSISTANCE, SUCH AS SECTION 8, ARE NOT ELIGIBLE TO PARTICIPATE IN THE BRAP.

Completed applications and supporting materials must be submitted to:

**Lauren Abraham, LICSW
Council on Aging & Community Services
Boxborough Town Hall
29 Middle Road
Boxborough, MA 01719**

The deadline to submit this application is:

4:00 PM on Friday, August 16, 2019

Applications will continue to be accepted to the waitlist on a rolling basis

If you have questions or need assistance completing this application, please contact the Council on Aging & Community Services office at 978-264-1717 or LABraham@Boxborough-MA.gov.

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. Applicants who submit an incomplete application will be notified of the deficiencies in their application and will have the opportunity to correct them. Eligibility screening or assignment of ranking points will not be performed if an application is incomplete. 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 Council on Aging & Community Services Office 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 administering organization. Your application will be qualified and ranked by the BHB, 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 board.

Applicant Information

Application ID for Household (for office use only)

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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. #</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. #</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. #</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. #</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?	Date of Birth	Occupation (Employed, At Home, Student, etc.)
	Yes		

Language spoken at home:		Would you like an interpreter?	Yes	No	
Is a member of your household disabled?	Yes	No	Is a member of your household age 60 or older?	Yes	No
Is a member of your household under age 18?	Yes	No	Does anyone in the household currently live or work in Boxborough or attend the Acton-Boxborough Regional School System?	Yes	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 BRAP will be provided.

<i>Apartment Address</i>		<i>Apt. #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Does your household presently live in this apartment?		<i>Yes</i>	<i>No</i>	What is the monthly rent?	<i>Rent</i>
If your household lives in this apartment, is it under a lease agreement?		<i>Yes</i>	<i>No</i>	What are the dates in which the lease is in effect?	<i>From</i> <i>To</i>
If your household plans to move into this apartment, when will your household start to reside at this address?					
Please circle the utilities you pay separately from rent.		Electricity	Heat (gas)	Heat (electric)	Heat (oil or propane)
# of bedrooms					

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 BRAP will be provided.

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

Other Housing Assistance

Are you or anyone in the household currently receiving rental assistance from the Section 8 Program, Mass Rental Voucher Program, or any other tenant-based rental assistance program?		
	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 participation?		
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?		

Household Income

Provide the anticipated gross 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 Gross Income for Next 12 Months
	Gross Salaries, Wages, including Overtime / Tips		\$
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	Interest and Dividend		\$
	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		\$
	Family Assistance		
	Other Income		\$
TOTAL INCOME			\$

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

#	Item	√
1.	I/We have documented household income in one of the following ways: <ul style="list-style-type: none"> • Copies of last 5 paystubs or paystubs for the last 90-day period whichever is less AND bank statement and statements for any income producing assets covering the most recent 90-day period. AND • 2018 federal tax return for anyone age 18+. 	
2.	For self-employed persons, I/we have provided the most recent federal income tax returns and a year-to-date profit and loss statement.	
3.	I/We have provided current documentation of all other income sources. <i>This may include: pension and retirement account statements; Social Security Benefit Verification letter; the most recent statement of unemployment compensation; court ordered alimony and child support.</i>	
4.	For all persons age 18+ with no source of income, I/we have signed the “No Income Verification Form” attached to this application.	
5.	I/we have provided the required documentation for all applicable Preference criteria that our household is eligible for, including:	
	<ul style="list-style-type: none"> • Local preference: proof of Boxborough residency, employment, or student enrollment. 	
	<ul style="list-style-type: none"> • Documentation of disability status (Social Security statement, doctor’s letter, etc.) 	
	<ul style="list-style-type: none"> • Proof of household members age 18 or younger 	
	<ul style="list-style-type: none"> • Proof of household members age 60+ 	
	<ul style="list-style-type: none"> • Copy of lease or lease addendum confirming Boxborough address and rent amount • Documentation of whether or not utilities are included in rent 	

No Income Verification Form

To be completed by all household members age 18 and older with no source of income.

I, _____, do hereby certify that I do not have any sources of income. I rely on my family to provide my basic life necessities. I certify that this statement is true to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law.

Applicant Signature

Date

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

- I understand that it is my responsibility to inform the Council on Aging & Community Services Office in writing of any change of addresses, income, or household composition.
- I/We certify that all information furnished in this application for Rental Assistance 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 Assistance 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 is 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: _____