

Office Use Only:

Date received: \_\_\_\_\_

Control Number: \_\_\_\_\_

Date Application Complete: \_\_\_\_\_

## Georgetown Affordable Housing Trust (GAHT) Rental Assistance Program Application

**If you have questions about this application or if you need help filling it out, please call the GAHT at (978) 234-5060.**

***Información en español disponible.***

APPLICANT'S FULL NAME: _____
CO-APPLICANT'S FULL NAME (IF APPLICABLE): _____
CURRENT ADDRESS: _____
CITY/TOWN: _____ STATE: _____ ZIP: _____
MAILING ADDRESS (IF DIFFERENT): _____
TELEPHONE DAY: (     ) _____ EVENING: (     ) _____
E-MAIL ADDRESS (ES): _____
NUMBER OF ADULTS IN HOUSHOLD: _____ TOTAL NUMBER IN HOUSEHOLD: _____

**Check here** if there are any other adult members of the household and please attach a separate sheet of paper for each with their information as described above.

**COMPLETED APPLICATIONS WITH REQUIRED ATTACHMENTS (SEE CHECKLIST ON FOLLOWING PAGE) WILL BE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED.**

Return completed application in person or by mail to:

Georgetown Affordable Housing Trust  
Memorial Town Hall  
One Library Street  
Georgetown, MA 01833



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Your application must include:**

*Please check off attached items below:*

- Completed application form including all pages, completely filled out. ALL adult household members are applicants
- Documentation of your sources of income, including three (3) month's recent pay stubs and most recent U.S. tax return, as described under Annual Household Income Section (p.5)
- Documentation of all liquid assets, as described under Household Liquid Assets Section (p.7)
- Documentation of your current rental information and your rental assistance request, including a copy of your current lease (p. 8)
- Signed Sworn Statement and Authorization for the Release of Information form (p. 9) and CORI Acknowledgement Form for all adult household members (pgs.10 and 11)

**NO STAPLES. PAPER-CLIPS ONLY.**

- Important: All fields must be filled in with the information requested or with "N/A" for "not applicable". Do not leave fields blank. **If we cannot read your writing, your application will not be processed. Please print clearly.**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Household Information

**1. Please list all household members, (including yourself (Note: if a household member is pregnant, please state))**

NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT
1. _____		(Self)
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		

**Check here** if you currently receive rental assistance under a subsidy program (Section 8, MRVP, AHVP, RAFT, etc.)? If yes, specify which program: \_\_\_\_\_

**2. OPTIONAL: Please complete the following section to assist us in fulfilling affirmative marketing requirements (For informational purposes only: responses will not affect your application):**

Household Race (head of household) is:

- |   |  |
|---|--|
| <input type="checkbox"/> Caucasian                        | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other (not White)                   |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Hispanic or Latino ethnicity        |
| <input type="checkbox"/> Native American or Alaska Native |  |

## Annual Household Income

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Households must meet certain maximum income limits in order to be eligible for assistance under the GAHT Rental Assistance program. Gross Annual Household Income will be determined in a manner set forth in 24 CFR 5.609 or any successor regulations.

Annual income is income anticipated to be received in the coming 12-month period from all sources, including all wages and salaries prior to deductions, overtime pay, commissions, tips, fees and bonuses, and other compensation for personal services, net business income, interest/dividend income, social security, supplemental security income, pension payments, disability income, unemployment compensation, alimony/child support, and veterans' benefits, for **all adult household members over the age of 18, unless the member is a full-time student**. For such students, the first \$480 of the student's income must be counted in the household's income. The entire income for full-time students who are the head of household or spouse must be counted in annual income.

Completed application must include:

1) **Third party documentation** of your sources of income as follows (NO STAPLES PLEASE):

*Please check off attached items:*

- Most recent U.S. tax return and W-2 forms
- For earned income: 12 weeks' recent pay stubs
- For interest and dividend income: Recent six (6) months statement showing balance in all accounts
- For IRA or other income derived from restricted accounts: a recent statement indicating regular amounts received and annual amount received for current year.
- For social security income: official statement of monthly amount received for current year
- For welfare assistance and pension income: statements indicating amount received for current year
- For unemployment benefits: a recent statement or verification from the Department of Revenue of benefits received.
- For child support and alimony: documents indicating the recent payment amount.
- If self-employed, please attach copies of tax returns for the most recent tax year showing self-employment income

3) **Completed income worksheet** on following page

# Annual Household Income Worksheet

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## 1. Primary Applicant's Information

**Current Salary/Wage/Self-employment received per week:** \_\_\_\_\_

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

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Additional Income from other source(s):

SOURCE	AMOUNT PER WEEK
1. _____	_____
2. _____	_____
3. _____	_____

**Combined Weekly Income from Wages and Other Sources:** \_\_\_\_\_

## 2. Co-Applicant's Information

**Current Salary/Wage/Self-employment received per week:** \_\_\_\_\_

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

Employer Address: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Position: \_\_\_\_\_

Additional Income from other source(s):

SOURCE	AMOUNT PER WEEK
1. _____	_____
2. _____	_____
3. _____	_____

**Combined Weekly Income from Wages and Other Sources:** \_\_\_\_\_

**Check here** if there are any other adult members of the household and please attach a separate sheet of paper for each with their information as described above. Third party documentation is required.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Household Liquid Assets

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Households must meet certain maximum liquid asset limits in order to be eligible for assistance under the GAHT Rental Assistance program. The total gross household asset limitation is \$25,000. **Liquid assets include:**

1. Cash
2. The net cash value after deducting reasonable costs that would be incurred in disposing of real property (Do not include the value of personal property such as furniture and automobiles),
3. All savings and checking bank accounts for past six (6) consecutive months or third party verification
4. Stocks, bonds and other forms of capital investment, excluding equity accounts in homeownership programs or state assisted public housing escrow programs.

Completed application must include **one recent month's** bank statements for all checking, savings and other accounts. **Please complete the worksheet on the following page.**

# Household Liquid Assets Worksheet

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## 1. Applicant's Information

Name on Bank Account: \_\_\_\_\_

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

Savings Account Number: \_\_\_\_\_ Recent Balance: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Recent Balance: \_\_\_\_\_

Other Account Number: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Additional Assets (e.g. cash not in bank, stocks and bonds, real estate):

ASSET	VALUE
1. <u>Cash Not in Bank Account</u>	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Combined value of bank accounts, cash, and other assets:** \_\_\_\_\_

## 2. Co-Applicant's Information

Name on Bank Account: \_\_\_\_\_

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

Savings Account Number: \_\_\_\_\_ Recent Balance: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Recent Balance: \_\_\_\_\_

Other Account Number: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Additional Assets (e.g. cash not in bank, stocks and bonds, real estate):

ASSET	VALUE
1. <u>Cash Not in Bank Account</u>	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Combined value of bank accounts, cash, and other assets:** \_\_\_\_\_

**Check here** if there are any other adult members of the household and please attach a separate sheet of paper for each with their information as described above, attaching the appropriate materials as above.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Rental Assistance

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## 1. Current Rental Information

Please provide your current landlord's name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide your landlord's phone number: \_\_\_\_\_

**Check here** if you have a signed lease and if so, please include a copy of the lease.

**Check here** if you are related to the landlord

How long have you lived at your current address? \_\_\_\_\_

How much rent do you pay your landlord? \$\_\_\_\_\_ per week/month (circle one)

Are you current with your rent? YES NO If not, how much rent do you owe as of today?  
\$\_\_\_\_\_

What utilities are INCLUDED in the rent?

Heat:	YES	NO	TYPE: OIL	GAS	ELECTRIC
Hot Water:	YES	NO	TYPE: OIL	GAS	ELECTRIC
Stove Fuel:	YES	NO	TYPE: OIL	GAS	ELECTRIC
Lights/other electric:	YES	NO			

## 2. Rental Assistance Request

How much monthly assistance per month do you think would be helpful to your household?

\$\_\_\_\_\_

Have you, in the past 12 months, received any cash assistance from any sources? YES NO  
(including Elder Services of Merrimack Valley, Salvation Army, Community Teamwork, Inc., local churches, or other sources)

If YES, from whom? \_\_\_\_\_

when? \_\_\_\_\_

how much? \$ \_\_\_\_\_

Describe in your own words, in detail, why you need assistance at this time (if more space is needed, attach your own paper):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## Sworn Statement and Authorization for the Release of Information

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I certify that the information I have given in this application is true and correct to the best of my knowledge and I understand that any false statement, fraud, or misrepresentation will result in the immediate cancellation of my application and I will be ineligible for assistance for a three year period. **INITIAL HERE:** \_\_\_\_\_

I agree to provide any and all additional information requested to the GAHT in order for the Trust to process my application per their guidelines. I understand that if my application is incomplete or illegible in any way, it may not be processed. **INITIAL HERE:** \_\_\_\_\_

I agree to attend a personal interview and regular goal planning meetings that may be necessary for my application to be processed and/or for assistance to be started and/or continued. I understand that if I fail to appear for a scheduled meeting, my application/assistance will be terminated, and I will need to re-apply. **INITIAL HERE:** \_\_\_\_\_

I authorize GAHT and its staff or authorized representative to contact any agencies, police departments, charities, credit bureaus, employers, banks, landlords (past or present), offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my eligibility for assistance under this program. **INITIAL HERE:** \_\_\_\_\_

I understand that it is my responsibility to notify the GAHT IN WRITING if my mailing address changes. Failure to do so may result in my application's being immediately cancelled. **INITIAL HERE:** \_\_\_\_\_

A copy of this form is acceptable for up to three years of the date of signature.

Signed under the pains and penalties of perjury:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_