

Program Guidelines

1. Arlington Resident only.
2. Grant can only pay rent, moving expenses or security deposit.
3. HUD income limit applies to applicant.
4. Maximum grant is \$1500, twice in lifetime (min. two years apart).
5. Three person review committee makes the decision.

Homelessness Prevention Program Document Checklist

PLEASE BRING IN THE FOLLOWING TO YOUR APPOINTMENT:

Income Verification (as applicable):

- _____ One month's worth of most recent consecutive pay stubs;
- _____ Social Security, SSI, SSDI Benefit/check;
- _____ TAFDC Benefit/check;
- _____ Veteran's Benefit/check;
- _____ Four consecutive unemployment checks;
- _____ Pension Benefit Letter;
- _____ Child Support/Alimony Court Documents or DOR Statement;
- _____ Letter from employer stating rate of pay and number of hours worked in a week; and
- _____ Most Recent Bank Statements.

Proof of Residency If Rental Arrears (Rent Owed) Needed:

- _____ Utility Bill
- _____ Current Lease

Proof of Residency If Security Deposit/ Needed:

- _____ Copy of lease or letter of approval from prospective landlord

If available: _____ Eviction Letter

- _____ Notice to Quit
- _____ Summary Process Summons and Complaint



Housing Corporation of Arlington

252 Massachusetts Avenue, Office, Arlington, MA 02474

tel: 781.859.5294

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info@housingcorporation.org

www.housingcorporation.org

Homelessness Prevention Program Application

Date: _____

Name: _____ Telephone: _____

Email: _____

Address: _____

How long have you lived at this address? _____

How long have you lived in Arlington? _____

HOUSEHOLD, FULL NAMES	RELATIONSHIP	BIRTHDATE	AGE	SEX	ETHNICITY: Hispanic or Latino? OPTIONAL	RACE (Please write all that apply): White, Black/African American, Asian/Pacific Islander, American Indian/Alaskan Native, Native Hawaiian or Other OPTIONAL
	HEAD					

List Gross Monthly Income from *all* sources.

(Include salary, child support, food stamp benefits, DTA benefits and Social Security Benefits)

Monthly Amount	Source

Are you a U.S. Veteran? _____

How did you hear about this program? _____

Have you ever applied for or received a grant from this program? _____

What type of assistance are you in need of? (Please circle)

Security Deposit

Last Month's Rent

Moving Expenses

Rental Fee

First Month's Rent

Back Rent

What is the amount of assistance you are requesting? \$ _____ .00

Why do you need assistance?

One of the guidelines of this program is that we can only assist when there is a reasonable assurance that it will stabilize a family's housing for at least six months. How will you be able to pay your expenses after assistance?

Have you ever received housing assistance from another agency? :

Agency	Date	Amount of Assistance	What was the assistance for?



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Please list the type and source of any family assets:

Household Member	Type and Source of Asset (e.g. bank accounts, investments)	Cash Value of Asset

Please list your current landlord (or new landlord if you have been approved for another unit):

Landlord's Name: _____ Phone: _____

Address: _____

Do you receive rental assistance? **Yes No** Do you reside in public housing? **Yes No**

What is the asking rent for your apartment? \$ _____

What do you pay towards your rent? \$ _____

Are there any utilities included in your rent? **Yes No**

Please list utilities included in rent: _____

Application Certification: I/We certify the information that I have given in this application is true and correct, and I/We understand that any false statement or misrepresentation may result in the rejection of my application. **I/We authorize the Housing Corporation of Arlington to make inquires to verify the information that I have provided in this application.** I/We authorize the Housing Corporation of Arlington to discuss this application with the Homelessness Prevention Program Review Committee. I understand that my records cannot be disclosed without my written consent and that I may revoke this consent at any time, although I recognize some actions may have already been taken on my behalf. I also understand that the information so released will be held in the strictest confidence by its recipient. I understand that this release form is valid for one year from the date it is signed.

Head of Household Signature

Date

Before finalizing rental payment, HCA requires a letter from the landlord with the resident's name, address & arrearage (if applicable) as well as a W-9 form. If assisting with moving costs, HCA will need an invoice and W-9 from the moving company.



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BUDGET (OFFICE USE)

INCOME	MONTHLY AMOUNT	WEEKLY/BI-WEEKLY AMOUNT
Job wages		
TAFDC, EAEDC		
SSI, SSDI		
Unemployment		
Child Support		
Food stamps		
Other		
TOTAL		

Expense	Paid to	Monthly amount	Weekly budget
Rent			
Oil Heat			
Hot water			
Electricity			
Gas			
Water			
Home phone			
Cell phone			
Food			
Eating out			
MBTA			
Car payment			
Car insurance			
Auto Gas			
Childcare			
Back bills			
Cable/Internet			
Household (laundry, etc.)			
Misc. (cigarettes, etc.)			
TOTAL			