# Program Guidelines

1. Arlington Resident only.
2. Grant can only pay rent, moving expenses, or security deposit.
3. HUD income limit applies to the applicant.
4. Maximum grant is $1500, twice in a 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 the 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 the prospective landlord.

**If available:** Eviction Letter

* + Notice to Quit.
	+ Summary Process Summons and Complaint

# 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** |  |  |  |  |  |
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**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 Moving Expenses First Month’s Rent

**Last Month’s Rent Rental Fee**

**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 ofAssistance | What was the assistance for? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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 for 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.*

**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** |  |  |  |