



Housing Corporation of Arlington

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PROGRAM GUIDELINES FOR HOMELESSNESS PREVENTION PROGRAM FOR RENT (FIRST/LAST/BACK RENT), SECURITY DEPOSIT, OR MOVING EXPENSES

1. Arlington Residents Only.
2. Grant can only pay: Rent (First/Last or Back Rent), Security Deposit, or Moving Expenses.
3. HUD Income Limits Apply to All Applicants (60%AMI).
4. Maximum Grant is **\$2,500.00** (Limit: **once** in a lifetime)
5. Must be able to show financial sustainability after receiving this assistance.
6. A Review Committee, along with HCA staff, makes funding decisions based on eligibility requirements as well as the availability of funds.

DOCUMENT CHECKLIST

INCOME VERIFICATION (ALL APPLICANTS):

PLEASE BRING THE FOLLOWING DOCUMENTS TO YOUR APPOINTMENT (IF APPLICABLE):

- ☐ One month's worth of most recent AND 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)
- ☐ Most Recent Bank Statements

PROOF OF RESIDENCY

➤ For Applicants Requesting Back Rent Assistance:

- ☐ Utility Bill
- ☐ Current Lease

➤ For Applicants Requesting First/Last Month, Security Deposit or Moving Expenses Assistance:

- ☐ Lease or Letter of Approval from Prospective Landlord

ADDITIONAL DOCUMENTS (IF APPLICABLE)

- ☐ Eviction Letter
- ☐ Summary Process Summons and Complaint
- ☐ Notice to Quit

PROGRAM GUIDELINES FOR COVID-19 EMERGENCY RESPONSE PROGRAM RENT (BACK RENT/CURRENT RENT/FUTURE RENT)

1. Arlington Residents Only.
2. Grant can only pay: Rent (Back/Current/Future Rent) or Moving Costs (Security Deposit, Movers, etc.)
3. HUD Income Limits Apply to Applicants (80% AMI).
4. Monthly rent amount cannot exceed the Fair Market Rent (FMR) for the area.
5. Applicants must be able to describe their plan for achieving financial recovery.
6. Applicants will receive referrals from Social Workers as needed.
7. A Review Committee, along with HCA staff, makes funding decisions based on the eligibility requirements as well as the availability of funds.

DOCUMENT CHECKLIST

INCOME VERIFICATION (ALL APPLICANTS):

PLEASE BRING THE FOLLOWING DOCUMENTS TO YOUR APPOINTMENT (IF APPLICABLE):

- ☐ Two months' worth of most recent AND 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 or job loss)
- ☐ Self-declaration of loss of income

PROOF OF RESIDENCY

➤ For Applicants Requesting Rent Assistance:

- ☐ Utility Bill (if you do not have a lease)
- ☐ Current Lease

HOMELESSNESS PREVENTION PROGRAM APPLICATION

DATE OF APPLICATION: ____ / ____ / 20____

DATE OF ASSESSMENT: ____ / ____ / 20____ Social Worker: _____

☐ In-Person

☐ By phone

Social Worker Notes:

CONTACT INFORMATION

Name:

Current Address:

How long have you lived at this address? ____ Years ____ Months

How long have you lived in Arlington? ____ Years ____ Months

Cell Phone: _____ Home Phone: _____

Email:

Preferred contact method: ☐ Cell Phone ☐ Home Phone ☐ Email

May we text you? ☐ Yes (Please provide a cell phone number) ☐ No

Preferred time for contact: ☐ Morning (9AM-12PM) ☐ Lunchtime (12-2PM) ☐ Afternoon (2-5PM)

HOUSEHOLD INFORMATION

Household Members (Last, First, Middle Initial)	Relationship	Age	Gender (M/F)	Ethnicity: (Hispanic or Latino)	Race Write all that apply: Alaskan Native/Native American Asian/Pacific Islander Black/African American Native Hawaiian White
	Head of Household*				

ADDITIONAL INFORMATION

Are you a U.S. Veteran?

☐ Yes

☐ No

Do you receive rental assistance?

☐ Yes

☐ No

Do you reside in public housing?

☐ Yes

☐ No

What is the current rent for your apartment?

\$ _____

How much do you pay for rent?

\$ _____

Are there any utilities included in your rent?

☐ Yes

☐ No

Please list which utilities are included in your rent:

Please provide contact information for your current landlord (or new landlord if you have been approved for another unit)

Landlord's Name: _____

Landlord's Phone Number: _____

Landlord's Address: _____

INCOME AND ASSETS

Please List Monthly Gross Income from *ALL SOURCES* for *ALL* household members:

Household Member	Type and Source of Income (e.g. salary, alimony and/or child support, food stamp benefits, DTA benefits, Social Security Benefits, etc.)	Amount
TOTAL		

☐ 30% (VLI)
 ☐ 50% (LI)
 ☐ 60%
 ☐ 80% (Low-Mod)
 ☐ 100% AMI or above (not eligible)

FY20 Income Limit Category	PERSONS IN FAMILY							
	1	2	3	4	5	6	7	8
Extremely Low (30%)	26,850	30,700	34,550	38,350	41,450	44,500	47,600	50,650
Very Low (50%)	44,800	51,200	57,600	63,950	69,100	74,200	79,300	84,450
Very Low (60%)	53,750	61,450	69,100	76,750	82,900	89,050	95,150	101,350
Low-Mod (80%)	67,400	77,000	86,650	96,250	103,950	111,650	119,350	127,505

Please list the type and source assets for *ALL* household members:

Household Member	Type and Source of Assets (e.g. checking and savings accounts, money market accounts, CDs, retirement accounts, investments, etc.)	Amount

ASSISTANCE REQUEST

How did you hear about this program?

Have you ever applied for or received a grant from this program? ☐ Yes ☐ No

If yes, when? _____

What kind of assistance do you need?

	Type of Assistance	Amount
<input type="checkbox"/>	Security Deposit	
<input type="checkbox"/>	First Month Rent	
<input type="checkbox"/>	Last Month Rent	
<input type="checkbox"/>	Back Rent	
<input type="checkbox"/>	Moving Expenses	

What total amount are you requesting? \$_____ (\$2500 max)

Emergency Response

	Type of Assistance	Amount
<input type="checkbox"/>	Back Rent	
<input type="checkbox"/>	Current Month Rent	
<input type="checkbox"/>	Next Month Rent	

What total amount are you requesting? \$_____ (monthly rent cannot exceed FMR)

Please explain why you need assistance:

What is your plan to stabilize your housing situation in future months? How will you be able to pay for your housing after receiving assistance?

Have you ever received housing assistance from another agency? ☐ Yes ☐ No

If the answer is yes, please provide additional information below:

Agency	Date	Amount	What was the assistance for?

APPLICATION CERTIFICATION:

- I/We certify that all information furnished in this application for affordable housing assistance is true and complete to the best of my/our knowledge.
- I/We certify that our household is not receiving any other government-funded rental assistance for the months and amounts requested on this application
- I/We certify that our household does not have access to other resources sufficient to cover the rent.
- I/We understand that any false statement, made knowingly and willfully, will be sufficient cause for rejection of my/our application.
- I/We understand that landlord participation in this program is required.
- I/We understand that ANY false information on this application or statements given are punishable by law and will lead to the cancellation of this application and rental assistance

I/We authorize the Housing Corporation of Arlington to make inquiries 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

PLEASE NOTE:

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

PERSONAL/HOUSEHOLD BUDGET

INCOME	MONTHLY AMOUNT	Notes
Job wages		
TAFDC, EAEDC		
SSI, SSDI		
Unemployment		
Child Support		
Food stamps		
Other		
TOTAL		

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