



Town of Ashland

Rental Assistance Application

Applicant's First Name _____ Last Name _____

Co-Applicant's First Name _____ Last Name _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

E-Mail Address _____ Re-enter E-mail: _____

Language Preference (if other than English): _____

Total Number of People in Household (including yourself) _____

Total Number in Household 18 years or older _____

Total Number in Household Under 18 years _____

Total Number in Household 18 years or older AND
enrolled full-time in post-secondary education _____

This program is for people who have lost income due to COVID-19 related circumstances. Does your household meet this eligibility? ____ yes ____ no

What is your household's current monthly income (please include all income types from all household members 18 years and older) \$ _____

Number of bedrooms in your unit? _____

Do you have a Section 8 Voucher, MRVP or other rental assistance such as RAFT?

____ yes ____ no

If yes, what type of assistance _____

Is your mortgage currently under forbearance? ____ yes ____ no

What is your current rent each month? \$ _____

Do you owe back rent? ___ yes ___ no If yes, how much \$_____

I have an application for Unemployment Assistance pending ___ yes ___ no

Types of income being received by the household:

Yes| No

___|___ Wages

___|___ Unemployment Benefits

___|___ Social Security

___|___ SSI/Disability

___|___ Child Support

___|___ Alimony

___|___ Pension/Retirement

___|___ TANF

___|___ Other

Landlord's Contact Information:

Name: _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Best Phone Number _____ Email _____

*Landlord MUST participate in this program. If this is left blank the application is incomplete and will not be considered.

Certifications

Certification of Information

- 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 or mortgage assistance.
- 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 cancellation of this application and rental assistance.

Applicant’s Signature _____ Date _____

Co-Applicant’s Signature _____ Date _____

Release of Information

I/We understand that this authorization or the information obtained with its use may be given to and used to administer and enforce program rules and policies in compliance with HUD or Massachusetts DHCD or any other federal or state housing program guidelines

I/We agree that a photocopy or facsimile or other electronic transmission of this authorization may be used for the purposes stated above.

I/We understand that all decisions made by the Town of Ashland are final and that any appeals must be submitted in writing to the Ashland Town Manager’s Office.

Applicant’s Signature _____ Date _____

Co-Applicant's Signature _____ Date _____
APPLICATION CHECKLIST

Income Verification – provide all of the following:

- One most recent paystub for all employed household members over the age of 18.
 - If overtime is a part of the household income, please provide the most recent three months of paystubs. Income will be calculated based on the average monthly income.
- Evidence of any other income sources (unemployment, child support, alimony, pension/retirement, etc.)
- Most recent bank statement for all bank accounts for all household members over the age of 18.
 - If a member of the household is over the age of eighteen (18) and is pursuing post-secondary education on a full-time basis, please provide proof of enrollment. Any income from this household member will not be included as a part of the income verification.

Evidence of Reduced Income – provide one of the following:

- A second paystub showing reduced hours
- a lay-off notice from your employer
- multiple month's bank statements
- notices from Unemployment Assistance
- statement from employer stating reduction in hours

Rent/Mortgage Payment Verification – provide one of the following:

- Copy of Lease or letter from landlord evidencing monthly rent amount
- Current mortgage statement

THESE MUST BE INCLUDED WITH YOUR APPLICATION OR IT WILL BE DEEMED INCOMPLETE