

Littleton Rental Assistance Program

Application Form FY2025

Background: The Littleton Rental Assistance Program (LRAP) is managed by the Littleton Affordable Housing Trust (AHT), through the Elder and Human Services Department, and funded by the Community Preservation Act (CPA).

Application Process: Applications for assistance will be available on September 30, 2019 and must be submitted with all supporting documentation at your earliest convenience. Rental assistance will begin as early as December 2, 2019 and will continue for a minimum of 1 year after the start of the assistance. Further assistance will depend on the success of this year's program, and a household's successful re-application. Applications will be reviewed in the order they are received and completed.

Households must identify a current or intended Littleton address in order to participate in this program.

Households receiving any tenant-based Federal or State housing assistance, such as Section 8, are not eligible to participate on the LRAP.

Completed applications and supporting materials must be submitted to:

Amy DeMichele, Assistant Director
Elder and Human Services
Littleton Town Offices
33 Shattuck Street, Room 231
PO Box 1305
Littleton, MA 01460

If you have questions or need assistance completing this application, please contact the Elder and Human Services Department office at 978-540-2470

Please complete all information requested on the application and submit all required documentation to verify income and assets. If a question is not applicable, please write N/A. Applicants who submit an incomplete application will be notified of the deficiencies in their application and will have the opportunity to correct them prior to the application deadline. Eligibility screening or assignment of ranking points will not be performed if an application is incomplete. Please ensure that all adults (age 18+) in your household sign this application. If you need additional space to provide an answer, please attach additional sheet(s).

Privacy: The entire application and all supporting documents will be submitted to the Elder and Human Services Department at the Shattuck Street Town Offices. Your personal information will be kept confidential to the extent permitted by law except for necessary communications between you, your landlord, and the administering organization. Your application will be qualified and ranked by the EHS. Only data relevant to your qualification and ranking will be forwarded to the Affordable Housing Trust, and will be stripped of any identifying information to ensure that your identity is kept confidential from the Board.

LRAP APPLICANT INFORMATION

Applicant ID for Household (for office use only):

Please list information for all adults (age 18+) in the household. Continue on a separate sheet if necessary.

FIRST ADULT HOUSEHOLD MEMBER:

<i>Name of Household Member</i>			<i>Best Way to Reach Household Member</i>		
<i>Current Residence Address</i>		<i>Apt. #</i>	<i>City / Town</i>		<i>State</i>
<i>Home Phone</i>	<i>Cell Phone</i>		<i>Work Phone</i>	<i>E-mail Address</i>	
<i>Mailing Address (If Different)</i>		<i>Apt. #</i>	<i>City / Town</i>		<i>State</i>

SECOND ADULT HOUSEHOLD MEMBER:

<i>Name of Household Member</i>			<i>Best Way to Reach Household Member</i>		
<i>Current Residence Address</i>		<i>Apt. #</i>	<i>City / Town</i>		<i>State</i>
<i>Home Phone</i>	<i>Cell Phone</i>		<i>Work Phone</i>	<i>E-mail Address</i>	
<i>Mailing Address (If Different)</i>		<i>Apt. #</i>	<i>City / Town</i>		<i>State</i>

HOUSEHOLD INFORMATION

Please list all the individuals who will live in the intended rental unit:

First & Last Name	Primary Contact ?	Date of Birth	Occupation (Employed, At Home, Student, etc.)
	Yes		

Language spoken at home:			Would you like an interpreter?			
					Yes	No
Is a member of your household under age 18?			Is a member of your household age 60 or older?			
	Yes	No			Yes	No
Does anyone in the household currently live or work in Littleton or attend the Littleton School System?						
			Yes	No		

RENTAL APARTMENT

Please provide information on the apartment in which your household will be living during the period in which rental assistance through the LRAP is requested:

Apartment Address	Apt. #	City	State	Zip	
Does your household presently live in this apartment?	Yes	No	What is the monthly rent?	Rent	
If your household lives in this apartment, is it under a lease agreement?	Yes	No	What are the dates in which the lease is in effect?	From To	
If your household plans to move into this apartment, when will your household start to reside at this address?					
Please circle the utilities you pay separately from rent.		Electricity	Heat (gas)	Heat (electric)	Heat (oil or propane)
# of bedrooms					

LANDLORD

Please provide information on the landlord of the apartment in which your household will be living during the period in which rental assistance through the LRAP is requested:

<i>Landlord Name</i>		<i>Telephone Number</i>		
<i>Landlord Address</i>	<i>Apt. #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

OTHER HOUSING ASSISTANCE

Are you or anyone in the household currently receiving rental assistance from the Section 8 Program, Mass Rental Voucher Program, or any other tenant-based rental assistance program?

Yes No

WAITING LISTS

	YES	NO
Are you currently on a waiting list for federal or state or local subsidized housing?		
Will you agree to maintain your position on such list/s if selected for participation?		
If not on a waiting list for federal, state or local subsidized housing will you agree to be listed as a condition of consideration for this program?		

HOUSEHOLD INCOME

Provide the anticipated gross income for ALL household members over age 18, from all sources for the next 12 months. Please specify all sources. You are also required to submit verification documents.

Household Member Name	Type of Income	Name & Address of Employer or Source of Income	Estimate of Gross Income for Next 12 Months
	Gross Salaries, Wages, including Overtime / Tips		\$
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	Interest and Dividend		\$
	Regular Alimony-Support Payments		\$
	Regular Child-Support Payments		\$
	Net Income from Business or Profession		\$
	Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and / or SSI		\$
	VA Disability Income		\$
	Family Assistance		
	Other Income		\$
TOTAL INCOME			\$

Please list any other income-related factor that we should know about.

Required Documentation Checklist

#	Item	✓
1.	I/We have documented household income in one of the following ways: <ul style="list-style-type: none"> Copies of last 5 paystubs or paystubs for the last 90-day period whichever is less AND bank statement and statements for any income producing assets covering the most recent 90-day period. AND Most recent tax filing, if applicable, for anyone age 18+. 	
2.	For self-employed persons, I/we have provided the most recent federal income tax returns and a year-to-date profit and loss statement.	
3.	I/We have provided current documentation of all other income sources. <i>(This may include: pension and retirement account statements; Social Security Benefit Verification letter; the most recent statement of unemployment compensation; court ordered alimony and child support.)</i>	
4.	For all persons age 18+ with no source of income, I/we have signed the "No Income Verification Form" attached to this application.	
5.	I/we have provided the required documentation for all applicable Preference criteria that our household is eligible for, including: <ul style="list-style-type: none"> Local preference: proof of Littleton residency, employment, or student enrollment. Proof of household members age 18 or younger Proof of household members age 60+ Copy of lease or lease addendum confirming Littleton address and rent amount Documentation of whether or not utilities are included in rent 	

LRAP - NO INCOME VERIFICATION FORM

To be completed by all household members age 18 and older with no sources of income.

I, _____, do hereby certify that I do not have any sources of income. I rely on my family to provide my basic life necessities. I certify that this statement is true to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law.

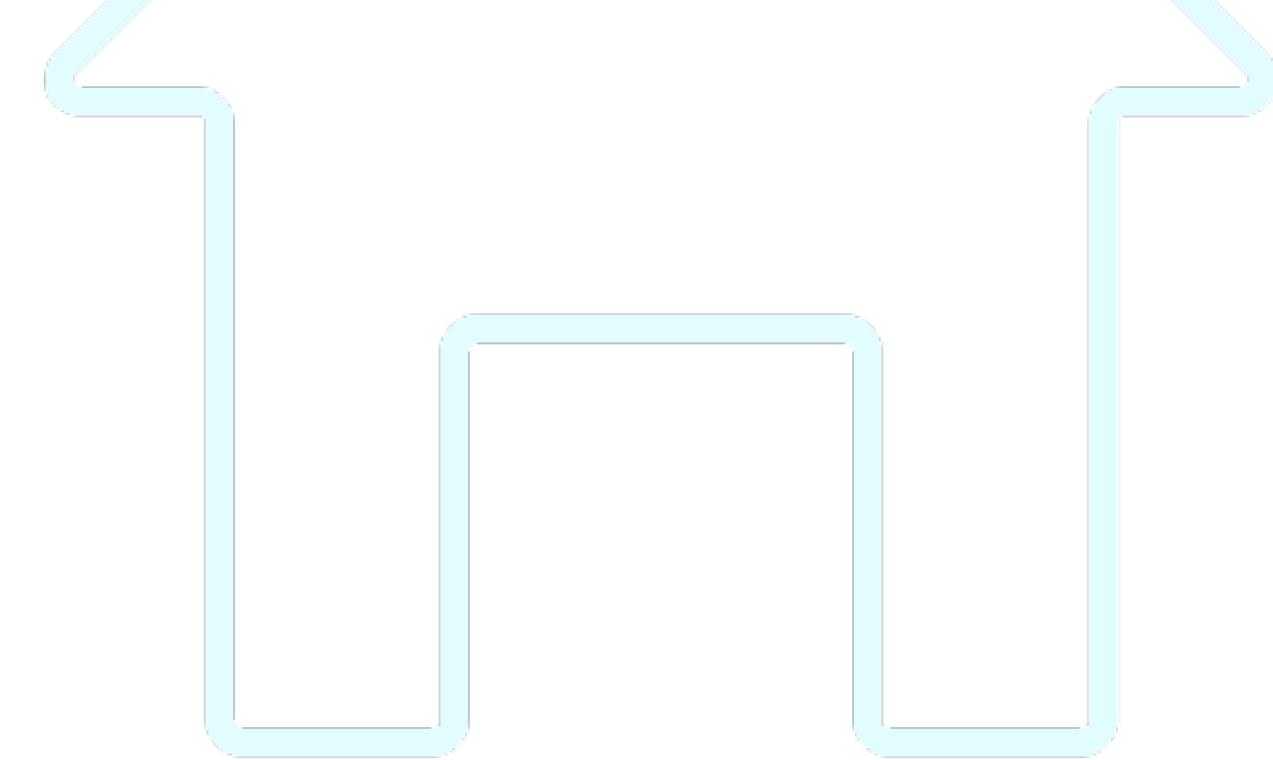
Applicant Signature

Date

I, _____, do hereby certify that I do not have any sources of income. I rely on my family to provide my basic life necessities. I certify that this statement is true to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law.

Applicant Signature

Date



ASSET INFORMATION

- List all household financial assets, including: cash, savings and checking accounts, stocks and bonds, retirement accounts (pension, 401K, etc.) and any other forms of capital investment.
- DO NOT include the value of personal property such as furniture and automobiles.
- Include any real estate.
- Attach additional pages if necessary

Name of account holder	Name of financial institution	Account type	Last 4 digits of account #	Account balance	Are there any restrictions and/or penalties for withdrawal?
	-----	<i>Cash on hand</i>	-----		-----
		<i>Checking</i>			
		<i>Checking</i>			
		<i>Checking</i>			
		<i>Savings</i>			
		<i>Savings</i>			
		<i>Cash Value of Whole Life Insurance</i>			
		<i>401(k)/403(b)</i>			
		<i>IRA/Roth IRA</i>			
		<i>Other</i>			
		<i>Retirement/Pension</i>			
		<i>Stocks/Bonds</i>			
		<i>Money Market CD</i>			
		<i>Investment Property</i>			
		<i>Funds held in trust for:</i>			
		<i>Other:</i>			
		<i>Other:</i>			

APPLICANT'S CERTIFICATION: All household members age 18+ must sign.

- I understand that it is my responsibility to inform the Elder and Human Services Department in writing of any change of address, income, or household composition.
- I/We understand that we will be working with Elder and Human Services on a program to move toward more stable housing.
- I/We certify that all information furnished in this application for Rental Assistance is true and complete to the best of my/our knowledge.
- I/We understand that any false statement, made knowingly and willfully, will be sufficient cause for rejection of my/our application.
- I/We do not maintain or receive housing assistance through any Federal or State housing voucher program.
- I/We understand that a security deposit must be paid for this apartment prior to occupancy.
- I/We understand that enrollment in the Rental Assistance Program does not guarantee that I/we will be able to lease an apartment through the program.
- 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 or termination of tenancy after occupancy.
- I/We understand that I/we must remain in good standing to remain in the Rental Assistance Program.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature is as valid as the original.

Applicant Signature: _____

Date: _____

Applicant Printed Name _____

Co-applicant Signature: _____

Date: _____

Co-applicant Printed Name _____

Co-applicant Signature: _____

Date: _____

Co-applicant Printed Name _____

Co-applicant Signature: _____

Date: _____

Co-applicant Printed Name _____

Co-applicant Signature: _____

Date: _____

Co-applicant Printed Name _____