



BOXBOROUGH RENTAL ASSISTANCE PROGRAM

APPLICATION FORM

Fiscal Year 2022



Application Process

Applications for assistance will be available by **Monday, June 14, 2021** and must be submitted with all supporting documentation by **Friday, 4:00 pm August 13, 2021**. Rental assistance will begin **October 1, 2021** and will continue for a one-year duration after the start of the assistance. Further assistance will depend upon the approval of next-year's funding for the BRAP at Town Meeting and the household's successful recertification.

HOUSEHOLDS MUST IDENTIFY A CURRENT OR INTENDED BOXBOROUGH 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 IN THE BRAP.

You must meet the following income limits:

INCOME LIMITS FOR THE BRAP

Household Size	1	2	3	4	5
Total Household Income must be LESS THAN	\$50,750	\$58,000	\$65,250	\$72,500	\$78,300

Completed applications and supporting materials must be submitted to:

Rose Gage, M.A.
Community Services Coordinator
Boxborough Town Hall
29 Middle Road
Boxborough, MA 01719
rgage@boxborough-ma.gov

The deadline to submit this application is:

4:00 PM on Friday, August 13, 2021

If you have questions or need assistance completing this application, please contact the Community Services office at 978-264-1719 or rgage@boxborough-ma.gov

Please complete all information requested on the application and submit all required documentation to verify income. If a question is doesn't apply, please write N/A. Applicants who submit an incomplete application will be notified about any missing information in their application and will have the opportunity to provide the correct information. If an application remains incomplete, it will not be reviewed. **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). Applications that meet the criteria will be sent to MetroWest CD, a Newton-based consulting organization, for income determination.

Privacy

The entire application and all supporting documents will be submitted to the Community Services Office at Boxborough Town Hall. 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 reviewed by the Boxborough Housing Board (BHB), who will only see the information relevant to your qualification and ranking. Any identifying information will be removed to keep your identity confidential from the board.

Applicant Information

Application ID for Household (for office use only)

Please list information for all adults 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>Zip</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>	<i>Zip</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>Zip</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>	<i>Zip</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 disabled?		Yes	No	Is a member of your household age 60 or older?		Yes	No
Is a member of your household under age 18?	Yes	No	Does anyone in the household currently live or work in Boxborough or attend the Acton-Boxborough Regional 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 BRAP will be provided.

<i>Apartment Address</i>		<i>Apt. #</i>	<i>City</i>		<i>State</i>	<i>Zip</i>
Does your household presently live in this apartment?		Yes	No	What is the monthly rent?		<i>Rent</i>
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?		<i>From To</i>
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 BRAP will be provided.

<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 **gross¹ 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		\$
	Gross Salaries, Wages, including Overtime / Tips		\$
	Regular Alimony-Support Payments		\$
	Regular Child-Support Payments		\$
	Net Income ² from Business or Profession		\$
	Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and / or SSI		\$
	VA Disability Income		\$
	Other Income		\$
TOTAL INCOME			\$

¹ **Gross Income** is the income that you receive before any deductions, such as for taxes, benefits, or pensions.

² **Net Income** is the profit made from a business, after taxes.

<p>Please list any other income-related factor that we should know about. For example, is your income seasonal? Is there any reason why your current annual income cannot be correctly estimated from your recent income?</p>	
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Required Documentation Checklist

#	Item	√
1.	<p>I/We have documented household income in the following ways:</p> <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 if self-employed, • Federal tax returns for the past three years, including the tax forms that report the profit for each source of income 	√
3.	<p>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></p>	
4.	<p>For all household members age 18 or older with no source of income, I/we have signed the “No Income Verification Form” attached to this application.</p>	
5.	<p>I/we have provided proof of the enrollment of a household member in the Acton-Boxborough Regional School System, current residence in Boxborough, or current employment in Boxborough. Additional Preference Points will not be awarded if more than one condition is satisfied.</p>	
6.	<p>I/we have provided proof of household members age 18 or younger</p>	
7.	<p>I/we have provided proof of household members age 60 or older</p>	
8.	<p>I/we have provided documentation of disability status (Social Security statement, doctor’s letter, etc.)</p>	
9.	<p>I/we have provided a copy of lease or lease addendum confirming Boxborough address and rent amount</p>	
10.	<p>I/we have provided documentation of whether utilities are included in rent</p>	

No Income Verification Form

To be completed by all household members age 18 and older with no source 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

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

- I/We understand that it is my responsibility to inform the Community Services Office in writing of any change of addresses, income, or individuals living in the apartment.
- I/We certify that all information in this application is true and complete to the best of my/our knowledge.
- I/We understand that any false statement on this application, made knowingly and willfully, will be sufficient cause for rejection of my/our application or termination of rental assistance.
- 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 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: _____