

HECH Rental Assistance Program

The HECH Rental Assistance Program provides **one-time emergency support** for individuals and families throughout Cape Cod facing rent arrears. This assistance is designed to help residents attain stability, secure their housing, and pursue self-sufficiency.

The program offers funds for either:

- **One time payment for back rent:** This can help you settle any outstanding rent and maintain your current housing situation, giving you a chance to stabilize financially; **or**
- **First and last month's rent for a new rental:** If you are struggling to afford a rental unit this will help you secure stable housing by covering the initial costs.

****Payments are made directly to landlords or management companies.**

Be sure to read the directions for completing the application very carefully! Do not leave blanks. If not applicable, write "n/a" or "0". **Incomplete applications will not be processed.**

Please check the Income Table to be sure that your household income is within the guidelines. Household income includes earned and unearned income received by all members of your household who are 18 and older. Income earned by full-time students is excluded.

Maximum Incomes set at 80% of area median income:

Households	80% AMI				
1 Person	68,500	2 Person	78,250	3 Persons	88,050
4 Person	97,800	5 Persons	105,650	6 Persons	113,450

Applications are reviewed "first come, first review"

*****THIS APPLICATION MUST BE SUBMITTED WITH A CURRENT ONE (1) YEAR SIGNED LEASE ATTACHED**

For information or questions call 508-432-0015 x 102 or martha@hech.org
Please Return Applications to HECH, PO Box 638, West Harwich MA 02671



Harwich Ecumenical Council for Housing
PO Box 638
West Harwich MA 02671

Discrimination on the basis of race, creed, color, sex, age, disability, marital status, familial status, veteran's status, sexual orientation, national origin and/or public assistance reciprocity, or any other basis prohibited by law is specifically prohibited in the selection of applicants for this housing opportunity. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification to the application when such accommodations or modifications are necessary to afford the disabled person equal opportunity to apply for rental assistance.



Office use only:
 Date application was received: _____
 Received by: _____

HECH Rental Assistance Application Application Page 1

Return completed signed form to:
 Harwich Ecumenical Council for Housing
 PO Box 638, West Harwich, MA 02671
 Telephone 508-432-0015 x102
 Fax: 508-258-3288 e-mail: martha@hech.org



Applicants are selected without regard to race, sex, national origin, color, creed, military status, marital status, familial status, sexual orientation, disability or handicap, genetic information, ancestry, children or public assistance recipiency.

Applicant/Co-applicant Information

Today's Date _____

This application is to be filled out jointly by ALL Adult Members of Household, 18 years old and over.

Applicant #1 _____

Applicant #2 _____

Applicant #3 _____

Address _____ Unit # _____ Bedrooms # _____ Monthly Rent _____

City/ Town: _____ State: _____ Zip Code: _____

Mailing Address (if different) _____

Best phone number: _____ E-mail address _____

Have you received a Notice to Quit or Vacate? Yes _____ No _____

How much do you currently owe in back rent? _____

Do you have a signed lease for the entire year? _____ (Must be attached)

If moving to a new rental, what is the address? _____

Name and address of new landlord: _____

First and Last monthly rent total amount: _____

List all other people who reside or will in the unit:

Name	Age	Relationship to Head of Household	Full Time Student Y/N



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Income Qualifications

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE:

- List **ALL** sources of income as requested below for **ALL household members** over 18 years old.
- The gross income must include income for the next 12 months
- For self employed applicants- please put net-income in the gross annual income column
- For periodic payments (like Social Security and child support) please include the amount received per week or per month (*ex: \$100/month*) in the space provided under “Source / type of Income”. Then provide under “Gross Annual Income” provide the annual amount (*ex: \$1200*)
- **TOTAL ALL INCOME AND CONTINUE TO ASSET SECTION**

TABLE A

EMPLOYMENT INCOME: List all household members who are employed. Include all employers for the next 12 months. For Gross Annual Income please write the anticipated gross income for the NEXT 12 months. Total all employment income.

Employed Household Member	Employer/Contact	Employer Address & Phone	Gross Annual Income
TOTAL EMPLOYMENT INCOME			

TABLE B

ADDITIONAL INCOME: List all other sources of recurrent income, such as Social Security, SSI, pensions, annuities, military pay, disability, public assistance, TANF, regular monetary contributions from outside sources, unemployment benefits, grants/scholarships, additional financial assistance in excess of tuition, etc.

Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income
TOTAL ADDITIONAL INCOME			



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TABLE C

<u>ALIMONY & CHILD SUPPORT</u>	
Are you legally entitled to receive alimony? If yes, list the amount you are entitled to receive: \$	Yes _____ No _____
Do you receive alimony? If yes, list the amount you receive: \$	Yes _____ No _____
Are you legally entitled to receive child support? If yes, list the amount you are entitled to receive: \$	Yes _____ No _____
Do you receive child support? If yes, list the amount you receive: \$	Yes _____ No _____
TOTAL ALIMONY and CHILD SUPPORT you are entitled to receive(annually)	

OTHER INCOME: List all other income including, but not limited to, inheritances, capital gains, lottery winnings and settlements on insurance claims if received in periodic payments. If anyone outside your household gives you money, pays your bills, or gives you money to assist student household members for educational expenses, you must report it as a source of income:

TABLE D

Household Member Who Receives Income	Source/Type of Income	Address of Source	Gross Annual Income
TOTAL OTHER INCOME			

Add Totals from all Tables (Table A, B, C and D)

TOTAL HOUSEHOLD ANNUAL INCOME	\$
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Monthly Housing Expenses:

Expenses	Monthly Amount
Average Monthly Electric Bill	
Average Monthly Gas Bill	
Average Monthly Oil Bill	
Child Care, Credit Cards, Loans, Other	



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ASSETS SECTION

INSTRUCTIONS FOR COMPLETING THE FOLLOWING ASSET TABLE:

- “Annual Income from assets” refers to any amount that you receive from any asset including amounts that you may be drawing down from a retirement account or 401K.
- Total the value of all assets and enter into “total value of all assets” for all household members

ASSETS – For all household members 18 years and older:

Type	Account No.	Bank Name	Cash Value	Annual Income from Assets
Cash held in savings and checking accounts, safe deposit boxes, homes, etc.				
Revocable Trusts				
Equity in rental properties or other capital investments				
Stocks, bonds, treasury bills, certificates of deposit, mutual funds and money market accounts				
Retirement and Pension Funds				
Cash value of life insurance policies available to the applicant before death				
Personal Property held as an investment				
A mortgage or deed of trust held by the applicant				
TOTAL VALUE OF ALL ASSETS				

TOTAL INCOME FROM ALL HOUSEHOLD APPLICANTS- Please fill in total for each box from the worksheet above. Include all household income.

TOTAL HOUSEHOLD ANNUAL INCOME	
TOTAL INCOME from ALL ASSETS	
TOTAL HOUSEHOLD INCOME	\$



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TO BE SIGNED BY ALL HOUSEHOLD MEMBERS OVER 18 YEARS OLD

I understand that a false statement or misrepresentation will result in the withdrawal of my application for rental assistance. I certify that the information I have given in this application is true, complete and correct.

Signed under the pains and penalties of perjury,

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Affirmative Marketing

Please complete the included household demographics page to assist us in fulfilling affirmative marketing requirements.

SEE ATTACHED



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Landlord/ Owner Intent to Participate

Tenant/Applicant Name: _____

Unit Address: _____ Town: _____ Zip Code: _____

Current or new Landlord/ Owner Name: _____

Mailing Address _____ Unit # _____

City/ Town: _____ State: _____ Zip Code: _____

Best phone number: _____ E-mail address: _____

Is rent past due for this tenant? _____

Monthly Rent Amount: _____ Monthly Rent Past Due Amount: _____

Has Notice to Quit or Vacate been issued? _____

Does tenant have a current, signed, year lease? _____

Landlord/ Owner further understands that if tenant is accepted into this program that all payments will be made directly to the Landlord/ Owner as it is the intention of this program to stabilize year-round income eligible households. Landlord/ Owner agrees if applicant is processed a signed contract will be required.

The Intent to Participant does not create a contract or obligation to participate in the HECH Rental Assistance Program but confirms the applicant has notified the Landlord/ Owner of their intent to submit an application.

Landlord/ Owner Signature: _____ Date: _____



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PLEASE BE SURE ALL 7 PAGES OF THE COMPLETED APPLICATION AND REQUIRED ATTACHMENTS ARE INCLUDED

ACKNOWLEDGEMENTS

Initials (Applicant/Co-Applicant)

_____/_____ I/We hereby affirm that my answers to the questions on the application for rental assistance are true and correct, and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably.

_____/_____ I/We acknowledge that occupancy of the housing is limited to the individuals named in this application

_____/_____ I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process. If any program conflicts arrive, I/we agree that any determination made by the project-monitoring agent, is final.

Your signature(s) below gives consent to verify applicant information

Applicant Name (please print): _____

Applicant Signature: _____ Date: _____

Co-Applicant Name (please print): _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Name (please print): _____

Co-Applicant Signature: _____ Date: _____

