

# Town Rental Assistance

## Program Overview

The Chatham Housing Authority offers a Town Voucher Program for the purpose of aiding families and individuals in the Town of Chatham who meet the criteria and eligibility guidelines as outlined in this program overview for a period of three (3) years.

### How the Program Works

**Subsidy Amount:** Each eligible participant's Voucher will be calculated based on their income, expenses and current rental amount, not to exceed \$350. The Subsidy is paid directly to the Landlord and the Participant is responsible for prompt payment of the balance. At no time will any Voucher exceed this amount.

**Voucher Participation Term:** The Chatham Voucher Program is funded for three (3) years at which time the subsidy will end. The goal is to help families and individuals reach a point where they are financially self-sufficient in their current rental unit or in a new unit.

**What the Program will Achieve:** Affordable housing is a vital concern to both the social and economic fabric of the Town. This program allows families and individuals to maintain affordable, year-round housing while working toward financial independence.

### Eligibility:

Applicants for this program shall meet the following Eligibility criteria:

- must live and/or work in the Town of Chatham
- currently have students in the Monomoy School System.
- the household is current in rent payments to their current landlord;
- the household is a tenant good standing with their current landlord and has not committed any material lease violations since their tenancy;
- the household has not been subject to eviction to their current tenancy or any other previous residency in the last five (5) years; and
- the household shall remain employed full time during the three (3) year program.
- the Applicant meets the income guidelines set by the Barnstable HOME Consortium at 80% of AMI
- the Applicant must not currently be receiving other housing subsidizes
- applicant must not have owned or had ownership in any real property for the last five (5) years.

**Program Participation:**

Each eligible participant shall be required to sign a three (3) year Program Participation Agreement outlining their obligations under the program as well as that of the Chatham Housing Authority. They will also sign a list of "Family Obligations" that must be adhered to in order to retain the Voucher. Each Voucher holder will be required to produce updated verification of income on an annual basis for the purpose of re-determining the amount that the participant receives. If that amount decreases it CANNOT increase again over the life of the Voucher term. The Housing Authority will send a letter annually to the tenant regarding this re-determination and it must be responded to in a timely manner.

The landlord is also required to enter into a Voucher Payment Contract with the Chatham Housing Authority. Both parties will be asked to sign a Request for Program Payment

**Chatham Housing Authority  
Rental Assistance Program Application**

**Application Checklist**

- ☐ Signed Application Form (ALL adult household members are applicants)
- ☐ Documentation of your income sources and childcare expenses
- ☐ Documentation of eligibility for local preference

**Return Completed Application to:**

**CHATHAM HOUSING AUTHORITY  
240 Crowell Rd  
Chatham, MA 02633**

Chatham Housing Authority prohibits discrimination based on race, creed, color, sex, age, disability, marital status, veteran status, sexual orientation, national origin or any other basis prohibited by law in the renting of units.

## RENTAL ASSISTANCE APPLICATION – CHATHAM HOUSING AUTHORITY

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Employer's Name and Address:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Employer's Name and Address:** \_\_\_\_\_

### **List All Household Members Including Yourself:**

	<b>Name</b>	<b>Date of Birth</b>	<b>Soc. Sec. #</b>	<b>Relationship to Applicant</b>
1.	_____	_____	_____	Self
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

### **ANNUAL HOUSEHOLD INCOME INFORMATION**

Households must meet certain maximum income limits in order to be eligible to participate in the Chatham Rental Voucher Program. Annual income is income from all sources, including all wages and salaries prior to deductions, overtime pay, commissions, tips, fees and bonuses, and other compensation for personal services, net business income, interest/dividend income, Social Security, Supplemental Social Security Income, pension payments, disability income, unemployment compensation, alimony/child support, and veterans' benefits, for **all adult household members over the age of 18, unless the member is a full-time student**. Income for full-time students who are the head of household or spouse must be counted in annual income.

Please attach all third-party documentation for your sources of income (i.e. 4 weeks of paystubs, W-2, 1099-misc, copies of bank statements, social security statements, etc.)



**Annual Income (Applicant) : Gross Income for the Past 12 Months: \$** \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position \_\_\_\_\_ Wages/Salary per week \$ \_\_\_\_\_

ADDITIONAL INCOME FROM OTHER SOURCES:

Source: \_\_\_\_\_ Income per Month \$ \_\_\_\_\_

Source: \_\_\_\_\_ Income per Month \$ \_\_\_\_\_

**Annual Income (Co-Applicant): Gross Income for the Past 12 Months: \$** \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Position \_\_\_\_\_ Wages/Salary per week \$ \_\_\_\_\_

ADDITIONAL INCOME FROM OTHER SOURCES:

Source: \_\_\_\_\_ Income per Month \$ \_\_\_\_\_

Source: \_\_\_\_\_ Income per Month \$ \_\_\_\_\_

**Childcare Expense Necessary for Employment: Annual Amount \$** \_\_\_\_\_

**Current Landlord: Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Current Monthly Rent: \$** \_\_\_\_\_

This program lasts for a maximum of three years. Please indicate below what your strategy/goal is going forward regarding stabilizing your housing situation:

\_\_\_\_\_ I am on a fixed income (i.e. social security) and am currently seeking more affordable housing.

\_\_\_\_\_ I expect my income to increase to the point where my rent is affordable.

\_\_\_\_\_ I expect my expenses to decrease to the point where my rent is affordable.

Other: \_\_\_\_\_

**LOCAL PREFERENCE CATEGORY INFORMATION**

☐ Current Chatham Resident. Documentation must be provided. ( i.e. copy of lease, rent receipt, voter registration listing)

☐ Current Municipal Employee. Documentation of pay stubs must be provided

☐ Current Employee of a Chatham-based Company. Documentation of pay-stubs must be provided.

☐ Child/children enrolled in the Monomoy Regional School System. Documentation of enrollment required.

I, \_\_\_\_\_ have never received rental assistance from the Town of Chatham in the past:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**APPLICANT CERTIFICATION AND CONSENT TO RELEASE INFORMATION**

I/We certify that the information in this application and in support of this application is true and correct to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that perjury will result in disqualification from further consideration in this program.

Your signature(s) below gives consent to the Chatham Housing Authority to verify information provided in this application. No applications will be considered complete unless signed and dated by the Applicant and Co-Applicant.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date