



AYER RENTAL ASSISTANCE PROGRAM (ARAP)



Application Form

Calendar Year 2024

Application Process

Applications for assistance will be available by **Tuesday, January 2, 2024**, and must be submitted with all supporting documentation by **Thursday, 4:00 pm February 15, 2024**. Rental assistance will begin **April 1, 2024**, 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 ARAP at Town Meeting and the household's successful recertification.

HOUSEHOLDS MUST IDENTIFY A CURRENT OR INTENDED AYER 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 AYER RENTAL ASSISTANCE PROGRAM (ARAP).

You must meet the following income limits:

INCOME LIMITS FOR THE ARAP

Household Size	1	2	3	4	5
Total Household Income must be LESS THAN	\$62,700	\$71,650	\$80,600	\$89,600	\$96,750

Completed applications and supporting materials must be submitted to:

**Ayer Office of Community & Economic Development
Ayer Rental Assistance Program
Attn: Alicia Hersey
Ayer Town Hall
One Main Street
Ayer, MA 01432
ahersey@ayer.ma.us**

The deadline to submit this application is:

If you have questions or need assistance completing this application, please contact the Ayer Office of Community Economic Development at 978-772-8220 ext.142 or email Alicia Hersey at ahersey@ayer.ma.us.

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).

Privacy

The entire application and all supporting documents will be securely held at the Community & Economic Development Office at Ayer 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 Ayer Affordable Housing Trust (AAHT), 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 Trust.

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>Email 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 in Ayer and/or attend the Ayer/Shirley Regional School System?	Yes	No
Is any member of your household under age 7?	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 ARAP will be provided.

Apartment Address	Apt.#	City	State	Zip Code
Does your household presently live in this apartment?		Yes	No	What is the monthly rent? Rent
If you 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 is not currently residing at this address, when will your household start				

to reside at this address?				Date
Please circle the utilities you pay separately from rent.	Electricity	Heat Gas	Heat Electric	Heat Oil
Number of bedrooms: _____				

Landlord

Please provide information about the landlord of the apartment in which your household will be living during the period in which rental assistance through the ARAP will be provided.

Landlord Name		Landlord Telephone #		
Landlord Address	Apt.#	City	State	Zip Code

Other Housing Assistance

Are you or anyone in the household currently receiving rental assistance from the Section 8 program, Mass Rental Voucher Program, or another 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.**

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?	

Required Documentation Checklist

<ul style="list-style-type: none"> <input type="checkbox"/> Verification of income, 12 weeks of pay stubs for the most recent past. <i>(for all working household members over 18 years of age.)</i> <input type="checkbox"/> Last 3 months of Bank Statements (Once again this is just for you and anyone over 18 living in the household.) <input type="checkbox"/> Annual Social Security and/or Pension verification letter. <i>(Pension, Social Security, etc.)</i> <input type="checkbox"/> Copy of most recent federal income tax return for each household member who filed <input type="checkbox"/> Other income investment statement <i>(interest, dividends, investment accounts, etc.)</i> <input type="checkbox"/> Most recent statement for unemployment benefits, court ordered alimony and child support. <input type="checkbox"/> If self-employed, Federal tax returns for the past three years, including the tax Forms that report the profit for each source of income. <input type="checkbox"/> If applicable provide proof of enrollment of a household member in the Ayer-Shirley Regional School System, current residence in Ayer, or current employment in Ayer. Preference Points will be awarded for only one condition even if more than one is Satisfied. <input type="checkbox"/> Proof of household members aged 18 and younger. <input type="checkbox"/> Proof of household members aged 60 or older. <input type="checkbox"/> Provide documentation of disability status (Social Security statement, doctor's letter, Etc.) <input type="checkbox"/> Copy of lease or lease addendum confirming Ayer address and rent amount.

If you need help in making copies, please bring your paperwork to my office on the second floor of Town Hall.

No Income Verification Form

To be completed by household member aged 18 and older with no source of income.

I _____, do hereby certify that I do not have any sources of income. 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 aged 18 or over must sign.

- I/We understand that it is my/our responsibility to inform the Ayer Office of Community & Economic Development 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: _____