



TOWN of LINCOLN RENTAL ASSISTANCE PROGRAM

A Collaborative Program of the Lincoln Housing Commission
and the Lincoln Council on Aging

*c/o Town Offices
16 Lincoln Road
Lincoln, Massachusetts 01773
Phone (781) 259-8811*

Application Form

The Lincoln Rental Assistance Program (LRAP) is a program funded by the Community Preservation Act (CPA). CPA funding is annually appropriated by Town Meeting; as such LRAP will make funding commitments on an annual basis.

Qualification

To qualify, applicants must be a current Lincoln resident or looking for housing in the Town of Lincoln, have an income of no more than 80% AMI, and pay more than 30% of their income for housing expenses, among other qualifications as noted in the attached Program Guidelines. Housing expenses means the amount of rent paid by the applicant for rent to a landlord and, if not included in rent, the cost of heat, hot water, electricity, water, and sewer (collectively, "Rental Housing Expenses").

Deadline

The deadline for the initial lottery for the program has now passed. All applications will be placed on a wait list.

Process

Funds are not guaranteed. Applicants will be notified once their application is at the top of the wait list for any additional documents required. Rental assistance will be disbursed as soon as possible after all required documents are received from those households participating in the LRAP. Further assistance will depend upon the applicant's status and the availability of funding for the LRAP by the Annual Town Meeting.

Incomplete applications will not be processed. Please complete all information requested on the application and submit all required documentation to verify income. If a question is not applicable, please write N/A. Please ensure that all adults (age 18+) in your household sign this application. If you need additional space to provide an answer, please attach an additional sheet(s).

The Lincoln Council on Aging is available to assist with completion of the application form and required verification documents. Please call 781-259-8811 for assistance. Clients under aged 60, please ask for Natalia Dedkov. Clients aged 60 and over, please ask for Joan Ingersoll or Abby Butt.

Submission

Please complete this form and submit all supporting documents to:

Carolyn Bottum, Director, Lincoln Council on Aging
***By Mail:* c/o Town Offices, 16 Lincoln Road, Lincoln, MA 01773**
(must be postmarked by December 31, 2019)
***In Person:* 15 Bedford Road, Lincoln, MA**
781-259-8811
bottumc@lincolntown.org

Privacy

Your personal information will be kept confidential to the extent permitted by law, except that such information may be disclosed in communications with you, your landlord, and LRAP.

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. No</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. No</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. No</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. No</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
	Yes	

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 will be provided.

<i>Apartment Address</i>		<i>Apt. No.</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Does your household presently live in this apartment?			What is the monthly rent?		
	Yes	No		<i>Rent</i>	
If your household lives in this apartment, is it under a lease agreement?			What are the dates in which the lease is in effect?		
	Yes	No		<i>From</i>	<i>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. What is the monthly cost of each of these utilities?		Electricity	Heat (gas)	Heat (electric)	Heat (oil/propane) Water
# 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 will be provided.

<i>Landlord Name</i>		<i>Telephone Number</i>		
<i>Landlord Address</i>	<i>Apt. No.</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Home Ownership

Do you own a home or have an interest in any real estate?		
	Yes	No

Household Income

Provide the anticipated 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 or proof of eligibility for a qualifying state or federal benefit.

Name	Type of Income	Name of Employer or Source of Income	Estimate of Income for Next 12 Months
	Gross Salaries, Wages, including Overtime / Tips		\$
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	Interest and Dividend		\$
	Tax Refunds		\$
	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		\$
	Other Income		\$
TOTAL INCOME			\$

<p>Please list any other income-related factor that we should know about.</p>	
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Required Documentation Checklist

	<u>If you are currently eligible for any of the following programs you may submit documentation of such in lieu of 1, 2, 3, and 4: 911 Cell Phone /FCC Lifeline, Child Care Subsidy (general or disabled), Community Preservation Act Exemption, Energy and Fuel Assistance, MassHealth/Medicaid, R2 Discount, SNAP (general or elderly/disabled), Transitional Assistance, WIC. Documentation should include income.</u>	
1.	I/We have provided pay stubs for the last five (5) weeks for all employment income. If you are paid weekly, this includes your 5 most recent pay stubs for the past five weeks. <ul style="list-style-type: none"> • If you are paid bi-weekly, this includes your 3 most recent pay stubs covering the past five weeks. • If you are paid monthly, this includes your 2 most recent pay stubs covering the past five weeks. 	Yes
		N/A
2.	I/We have provided 2018 federal tax returns for all household members who filed.	Yes
		N/A
3.	For self-employed persons, I/we have provided the most recent federal income tax returns and a year-to-date profit and loss statement.	Yes
		N/A
4.	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 detailing your compensation; court ordered alimony and child support.</i>	Yes
		N/A
5.	For all persons with no source of income, I/we have signed the “No Income Verification Form” attached to this application.	Yes
		N/A
6.	I/we have provided a lease or letter from the landlord including the amount of rent and whether utilities are included.	Yes
		N/A

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 under the pains and penalties of perjury 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 over age 18 must sign.

- I understand that it is my responsibility to inform the Council on Aging in writing of any change of mailing addresses, income, or household composition.
- 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 understand that I/we are responsible for any security deposit to 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 benefits after occupancy.

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: _____