

PROGRAM GUIDELINES

CARLISLE RENTAL ASSISTANCE PROGRAM (RAP)

The Carlisle Rental Assistance Program, sponsored by the Carlisle Affordable Housing Trust and the Carlisle Council on Aging and Human Services, provides up to \$400 monthly rental assistance payments, in the form of a grant, to selected eligible households residing in Carlisle, Massachusetts. Initial assistance for selected households is anticipated to begin August 1, 2022 and will continue for twelve months. After a renewal and recertification process, applicants may be awarded another grant in 2023.

Eligibility requirements:

- Current Carlisle, MA resident with a current lease or tenant agreement (lease must start by assistance start date).
- Household* gross income below the following limits:

Effective: 4/15/2022	100% AMI Income Limits**					
Household size	1 person	2 person	3 person	4 person	5 person	6 person
Income Limit	\$98,140	\$112,160	\$126,180	\$140,200	\$151,416	\$162,632

* Household is defined as an individual or two or more persons who will live regularly in the unit as their principal residence and who are related by blood, marriage, law or who have otherwise evidenced a stable inter-dependent relationship.

** Income Limits as published periodically by HUD. The program will follow Section 8 guidelines for determining annual income. Income for all adult household members (over age 18) must be included.

- Demonstration of Need, spending more than 30% of gross annual income on rent (including utilities (Example: electricity, heat)
- Do NOT own any real estate property with an assessed value greater than \$50,000

Other Program Requirements:

- Unit Requirements: Landlord and applicant must certify the property is in satisfactory condition and free of any health and safety hazards. A current lease, or similar documentation must be in place for the duration of the grant.
- Current Rent: Rental amount must be below the following amounts (*FMR rent standard plus \$500*)
Efficiency: \$2,303, 1 Bedroom: \$2,486, 2 Bedroom \$2,899, 3 Bedroom \$3,466
- Participation Agreement: Participation agreements will be executed between the Carlisle Council on Aging and Human Services, the beneficiary (applicant/tenant) and the landlord. All payments will be made directly to the landlord.

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APPLICATION PROCESS

- Applications will be available electronically and can be mailed upon request.
- Applications will be accepted on a rolling basis starting August 1, 2022.
- Applicants must submit completed application with sufficient documentation to determine eligibility to be considered for this program. Income recertification information from the property manager can be submitted in lieu of source documents provided it contains income determination details consistent with Section 8 income determination. (See Application for full list of required documentation). Application materials and information will be held confidentially.
- Assistance with completing the application is available to those with limited computer access.
- All submissions should be made electronically in PDF format, or hard copy mailed to or dropped off at **Carlisle Town Hall**
66 Westford St, Carlisle, MA 01741,
ATTN: Carlisle Council on Aging and Human Services
email Jingersoll@carlislema.gov or call 978-371-2895
- Applicant household eligibility, based on requirements outlined here, will be determined based on information provided. If the application is incomplete or additional information is required to determine eligibility, the applicant will be notified and will have the opportunity to provide correct information. If an application remains incomplete, it will not be reviewed.
- Funding is not guaranteed until final eligibility is determined.

GRANT AWARD PROCESS

- Eligible applicants will be notified of their eligibility and given the Participation Agreement to execute.
- Applicant must execute Participation Agreement with landlord and obtain W-9 from landlord (if not already received) and submit both to the Town within 14 days of emailed award notification.
- Funds will be set aside for the applicant for 14 days from issuance of award notice and Participation Agreement to the applicant and landlord. After 14 days, if the Participant Agreements is not returned fully executed, the funds are released to the program, and the applicant is able to reapply. The town is able to grant short extensions to the 14 days, upon reasonable request from either applicant or landlord.
- It may take-up to 3 weeks to process funding once the Participation Agreement is submitted.

AFFIRMATIVE MARKETING

Carlisle does not discriminate on the basis of race, color, religion, national origin, disability, familial status, sex, age, marital status, children, sexual orientation, genetic information, gender identity, ancestry or, veteran/military status or membership.

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Applications will be available electronically and posted on the Town website and sent to property managers of rental developments, and other interested persons. Applications will also be available by mail by request. The Town can also arrange for assistance for households who have limited English or computer access or proficiency.

Outreach will be conducted to reach as many households as possible. This will include, but is not limited to, outreach to local boards, committees and community organizations such as:

- a. Town wide electronic announcements to all Boards, Committees and Staff
- b. Direct outreach to multi-family landlords
- c. Council on Aging and Human Services newsletter
- d. School Department
- e. Other community based organizations and places of worship

Applicants may also request reasonable accommodations, which may include a change to policy, procedure or practice to afford a person with a disability an equal opportunity to fully participate in the housing program.

APPLICATION CHECKLIST

The following is a list of information needed to determine eligibility for assistance. Please provide all *applicable* information with your completed application.

All adult household members (over 18 years of age) must provide all documentation.

Signed lease, tenancy agreement, or tenancy-at-will form

- ✓ Most recent rent calculation statement from property or voucher issuing agency

Most Recent Utility Statements

Documentation of Current Income *

- ✓ Currently Employed - Provide two months of the most recent paystubs received.
- ✓ Self-employed - Provide *year-to-date* Profit and Loss statements, showing monthly amounts (i.e. written amounts of money received each month since the beginning of the year).
- ✓ Unemployment Assistance - Provide determination letter and recent statement of benefits
- ✓ Other Government Assistance – Social Security Income (SSI or SSDI)
- ✓ Child Support or Alimony Verification
- ✓ Other Income - Document all other income including pension, investment income, etc.
- ✓ No Income / Cash Income Verification Form – Complete for no income or cash only income.

**Income recertification information from the property manager can be submitted in lieu of source documents provided it contains income determination details consistent with Section 8 income determination.*

Asset Information

- ✓ Bank Statements - Copies of last 2 statements (all pages) from all bank accounts (Checking, savings, IRA, etc.)
- ✓ Other Assets - Copies of any investment statements for previous 3 months (Investment, Retirement, Pensions, Annuities, etc.)
- ✓ Assessment statement for other real estate owned

You may provide any additional information if you feel it is applicable to you and your household. **The Town may request additional information if necessary to make a determination of eligibility.**

**CARLISLE RENTAL ASSISTANCE PROGRAM
APPLICATION**

Please refer to program guidelines to determine if your household is eligible. Always keep your application information and address up to date with this office. Thank you and we look forward to assisting you.

Return electronically to: Jingersoll@carlislema.gov (in a PDF legible format)

Mail or Drop-off hard copy to: Town Hall, 66 Westford St, Carlisle _____

Please use fillable form to complete electronically or print clearly and complete all information requested. Do not leave blanks or we may be unable to process your application.

I. APPLICANT INFORMATION

Applicant Name _____

Telephone: _____ Email: _____

Current monthly Income (List total amount from all sources): _____

Has anyone in your household (including yourself) applied for, received or currently receiving assistance from the state's assistance programs (RAFT, ERAP, ERMA)? YES NO

If yes, date of application: _____ Date of last assistance payment: _____

Do you currently owe back rent? YES NO If yes, how much? _____

Do you own back utilities? YES NO If yes, list amount and utility (gas, elec., etc.)?

Company: _____ Utility: _____ Amount: _____

Company: _____ Utility: _____ Amount: _____

Does anyone in your household own any real estate property? YES NO

Co-Applicant Name _____

Telephone: _____ Email: _____

Current monthly Income (List Total Amount from all sources) : _____

Additional Household Members: *Please list all other persons residing in the unit.*

Name:	Relationship to Applicant	Over 18? Y/N	Full-Time Student ? Y/N

II. HOUSEHOLD INCOME: Include all forms of income for *all adult household members (over 18 years of age)*, including but not limited to: Employment Income, Self-Employment Income, Unemployment Compensation, Social Security, TANF, Disability Income, Child Support, Pensions, Baby-Sitting Income, etc. See application checklist for required documentation.

Household Member Name	Income Source:	Current Gross Amount	Frequency i.e. every week, month, year
\	Employer Name:		
	Employer Name:		
	Unemployment Assistance:		
	Unemployment Assistance:		
	Child Support		
	SSI/ SSDI		
	Pensions/Retirement:		
	Other: Please specify		
	Other: Please specify		
	Other: Please specify		

III. HOUSEHOLD ASSETS: Please provide all information on assets accounts held by all family members

Household Member Name	Account (Bank Name)	Current Balance
\	Checking:	
	Checking:	
	Savings:	
	Savings:	
	IRA, 401K, specify:	
	Other Real Estate	
	Investment/ /trust: Specify	

III. UNIT AND LANDLORD INFORMATION:

Unit address: _____

Move-in Date: _____ Number of bedrooms in your unit: _____

Current monthly rent amount: _____

Current estimated monthly tenant utility payments (heat, electricity, and water sewer): _____

Do you receive any other rental assistance such as Section 8 Voucher, MRVP or live in subsidized housing where your rent is based on your income: _____ YES _____ NO *If yes, submit your last rent determination letter.*

Landlord Contact Information: This must be completed for your application to be considered. Landlords must agree to participate in program. Any assistance provided will be paid directly to the landlord.

Landlord Name _____

Telephone: _____ Email: _____

Landlord Address _____ City _____ State _____ Zip Code _____

VII. Signatures/Certification of True and Correct Information

Please be sure you have answered all questions. Otherwise, we will be unable to process your application. All completed applications will be reviewed for eligibility to receive emergency rental assistance under the program guidelines. If it is determined that your household is eligible and rental assistance is granted, payments will be made on your behalf to the landlord for a period of up to six months (or less if applied to arrears) with an option to renew one time, pending funding availability and recertification of eligibility. The landlord must agree to participate in order to receive rental assistance from the program.

By signing below you certify the following:

Certification of application: I/We hereby affirm that the answers to the foregoing questions are true and correct, and that I/we have not knowingly withheld any fact or circumstances which would, if disclosed, affect this application unfavorably. I/We hereby authorize inquiries to be made to verify the information given in this application. **Assistance will be cancelled and/or application will be rejected if any information or statements given are found to be false or information has been withheld.**

Release of Information: I/We agree to and authorize the information obtained with this application may be given to and used to administer and enforce program rules and policies in compliance with program guidelines.

I/We understand that all decisions made by the Town are final and that any appeals must be submitted in writing to the Town body which has authority over the program funding.

The parties acknowledge and agree that this application may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

(Applicant Signature)

(Date)

(Co-Applicant Signature)

(Date)

WARNING: Section 1001, of Title 18 of the U.S. code, makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction

APPLICATION WILL NOT BE CONSIDERED COMPLETE WITHOUT THE FOLLOWING:

(See Application Checklist for more detail)

PROPERTY DOCUMENTATION: Lease or other form of confirmation of rent payment.

UTILITY BILLS:

INCOME DOCUMENTATION:

Current Income – Recent paystubs, unemployment statement, explanation of bank deposits, social security or other government assistance, child support, alimony, etc

ASSET INFORMATION: Copies of last 2 statements from all bank accounts (Checking, savings, IRA, Investment, Retirement, Pensions, Annuities, etc.)

You may provide any additional information if you feel it is applicable to you and your household.
Additional information may be requested if necessary to make a determination of eligibility.