

The Town of Bedford is offering assistance to income-eligible households to pay security deposits and first month's rent for apartments in Bedford, MA. The program will operate on a firstcome, first-served basis as long as funding is available.

WHO IS ELIGIBLE?

Anyone who is currently applying for housing in Bedford, MA and meets the income guidelines below, may be eligible. (See program guidelines for full eligibility criteria and restrictions.)

Rental Assistance Program Income Guidelines (effective 6/15/23)						
Household Size	1	2	3	4	5	6
Maximum Gross Income	\$62,340	\$71,280	\$80,160	\$89,040	\$96,180	\$103,320

Rent must be below the following amounts (effective 6/15/22)					
Effective 6/15/2023	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	
Rent Limit (including utility allowance)	\$2,370	\$2,666	\$3,207	\$3,540	

For questions or to apply please contact: Regional Housing Services Office Phone: 978-287-1091

Email: JenP@RHSOhousing.org Website: www.RHSOhousing.org



Office Address: 37 Knox Trail, Acton, MA 01720 Phone: (978) 287-1091 Website: WWW.RHSOhousing.org Email: INFO@ RHSOhousing.org

Frequently Asked Questions

Who is eligible?

Eligible applicant is one who:

- Is currently applying for housing in the Town of Bedford
- Does not own real estate property
- Has income that is within the guidelines set by HUD
- Has documented income to make the rent payments to the landlord (<40% of income toward rent)
- Has never been granted assistance in the Bedford TBRA program before
- Has a Social Security number
- Is not obligated to a Housing Authority for any past due funds

Applicants whose household income does not exceed the 60% income limit, based on household size, are determined to be income-eligible for Program assistance.

Household Size	1	2	3	4	5	6
60% AMI – Income Limit	\$62,340	\$71,280	\$80,160	\$8 9,04 0	\$96,180	\$103,320

How is the Program funded?

The Program is funded from Bedford's annual HOME Program allocation. The funds are granted to applicants on a first-come, first-served basis.

What Funds are given?

Eligible participants will receive a security deposit and first month's rent payment that will be paid directly to the landlord, on approval of the rental housing by the Town. It is the responsibility of the tenant to make ongoing full rent payments to the landlord for the lease term.

TBRA payments do not assist with pet deposits or with rental agent/realtor fees.

The assistance is in the form of a grant. There is no repayment due to the Town. The security deposit will be returned to the tenant at the end of the lease term as long as all lease requirements have been fulfilled by the tenant.

The security deposit payment may be refunded to the Town by the landlord in exceptional cases if the tenant has not complied with the terms of the lease.



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Town of Bedford Initial Rental Assistance Program

APPLICATION CHECKLIST

The following is a list of information needed to determine income-eligibility for assistance. Please provide all *applicable* information with your completed application. All adult household members (over 18 years of age) must provide all income documentation. Thank you.

1. Income Tax Documentation:

Copies of most recent year of *signed*, filed income tax returns, both federal and state – 1040, 1098, all schedules. Please include W-2 forms and 1099 statements for all adult household members. Applicants must have filed federal income tax returns in the most recent year prior to the application by April 15. If extensions are filed, we must wait until the return has been filed.

If self-employed, include year-to-date Profit and Loss statements (2 complete years) and last four (4) quarterly tax payment documents. Self-employed applicants may be required to provide additional information if necessary.

2. Financial Institution Account Information:

- Copies of last two (2) months of information (All checking, savings, IRA, etc.)
- Copies of interest/dividend income of over \$100 annually
- Copies of any stock statements for previous three months

3. Verification of Income:

Last 60 days of:

- Payroll stubs
- _____ Alimony
- _____ Child Support
- _____ Social Security (annual benefit statement)
- Pension Statement
- _____ Social Security Disability Insurance (SSDI) statements
- _____ Supplemental Security Income (SSI) statements
- Unemployment Insurance statements
- _____ Government assistance statements (this includes any benefit awards for housing subsidies)
- 4. Other:
 - _____ Identification (Copy of Driver's license, passport, birth certificate, etc.)
 - Life insurance policies (identify policy and type)
 - Full time student status (if you have any children over 18 that are full time students you must
 - provide notice from the school of their full time student status)
 - _____ Consent to release applicant information (signed form)

You may provide any additional information if you feel it is applicable to you and your household.

The Town of Bedford and/or the Regional Housing Services Office may request additional information if necessary to make a determination of eligibility.

Town of Bedford Initial Rental Assistance Application

Please complete all information requested in ink. Do not leave blanks or we may be unable to process your application. Always keep your application information and address up to date with this office. Please print. Thank you and we look forward to assisting you.

Return to:	Regional Housing Services Office 37 Knox Trail, Acton, MA 01720 JenP@RHSOhousing.org			Telephone: 978	8-287-1091		
Date of Application	n:						
I. Applicant Infor	mation						
Applicant Name:				C	OB:	Age:	
Social Security Nu	imber:			Telephor	ne #:		
Address (where you	live now):			Email:			
City	r:		State:		Zip:	1	
II. <u>Household Me</u> Name	mber Informati	<u>on:</u> Please lis Sex	t all persons who will live Relationship to Applicant	in IRA-assisted unit be Date of Birth	ginning with the app SSN	olicant. Race	Check if Hispanic
	ou may qualify fo	or additional	isability? (You are not r deductions in your rent isehold members:	•	is question. Howe	ver, if a househol	d member
alternate person o	• •	ation on an a	alternate contact persor	n. If we are unable to		-	he
Name: Address:					Phone #	3	

III. <u>Household Income:</u> Please provide all income/earnings information below for all household members. This income may include, but is not limited to: Employment Income, Self-Employment Income, Unemployment Compensation, Social Security, TANF, Disability Income, Child Support, Pensions, Babysitting Income, etc. If you have no income, write NONE below.						
Name of Household Member Receiving Income	Employment or Self- Employment Gross Weekly Income and Employer Name	Weekly Unemployment Benefits	Social Security/SSI Monthly Benefits	TANF Monthly Income	Child Other Support Income - Monthly Type & Income Monthly Amount	
Does anyone in you	ır household have any c	ther earnings/income or re				
□ Yes □ No If yes, list type and monthly amount: □ Yes □ No Does anyone help you pay your bills? □ Yes □ No If yes, list name & monthly amount: □ Yes □ No						
IV. <u>Housing Asset</u>	<u>s:</u>					
Do you have a cheo	cking account?	□ Yes □ No Balanc	ce:	Bank:		
Do you have a savi	ngs account?	🗆 Yes 🗆 No 🛛 Balanc	ce:	Bank:		
Do you own any rea	al estate/property?	Yes No Type Address:	e:	Value:		
Do you have any of	·	Money Market Account: Certificate of Deposit: IRA Account:	 ☐ Yes ☐ Yes ☐ No ☐ Yes ☐ No 	Stocks: Bonds: Other (list):	□ Yes □ No	
Have you disposed If yes, please list.	of any assets for less th	nan Fair Market Value duri	ng the two preceding ye	ears?	🗆 Yes 🗌 No	
V. General Information: Do you currently live or work in Bedford? Where? Do you currently live in subsidized housing? Yes No If yes, where? Have you previously lived in subsidized housing? Yes No Approximate date and address of each instance.						
Thave you previously lived in subsidized housing? I tes I to Approximate date and address of each instance.						
Are you currently receiving any rental assistance (Section 8 voucher, etc.)? Yes No What type? Do you owe money to any Housing Agency? Yes No If yes, list agency and amount owed.						
Have you or anyone in your household been evicted from federally or state assisted housing, including public housing, for any reason which interfered with the health, safety or right to peaceful enjoyment of the premises by other residents in the last 3 years? If yes, give names, dates, & details of each occurrence:						

VI. Signatures/Certification of True and Correct Information:				
By completing and returning this application, you will automatically be placed on a waiting list for Tenant-Based Rental Assistance. Wait list applicants are kept of file for one (1) year only.				
I/We hereby affirm that the answers to the foregoing questions are true and or circumstances which would, if disclosed, affect this applicatoin unfavorab information given in this application. Please be sure you have answered a your application.	ly. I/We hereby authorize inquiries to be made to verify the			
Applicant Signature:	Date:			
SpouseSignature:	Date:			