

MAYNARD RENTAL ASSISTANCE PROGRAM (MRAP)

2nd Round APPLICATIONS ARE CURRENTLY BEING ACCEPTED

Applications will be accepted through **APRIL 30, 2024** and will be selected by way of a lottery

WHAT IS MRAP? *See Guidelines and Application FAQ for more detail.*

MRAP provides temporary monthly rental assistance in the form of a grant to eligible households. MRAP will pay \$500 per mo. in rental assistance for up to three (3) years. Payments are made directly to the landlord. Grant renewals may be possible depending on eligibility and available funding. MRAP is funded through the Maynard Affordable Housing Trust.

WHO IS ELIGIBLE?

- Current residents of Maynard who are *not currently receiving rental assistance, or in a unit where rent is based on income.*
- Households that own other real estate do not qualify
- Households who spend over 30% of their income on rent

- Households whose current monthly rent is at or below the following amounts:
1 bedroom - \$2,377 2 bedroom - \$2,827 3 bedroom - \$3,418 4 bedroom - \$3,765
- Households whose income is below the following limits:

Effective: 5/2023	60% Area Median Income					
Household size	1 person	2 person	3 person	4 person	5 person	6 person
Income Limit	\$62,340	\$71,280	\$80,160	\$89,040	\$96,180	\$103,320

This program is being administered by the Regional Housing Services Office on behalf of the Maynard Affordable Housing Trust. **Applications are available online:** www.RHSOhousing.org

For questions or to submit your application, contact Jenicia Pontes: JenP@RHSOhousing.org or call 978-287-1091

Applications may be mailed or dropped off at either of the following locations:

Maynard Town Hall
195 Main Street
Maynard, MA
Attn: Office of Municipal Services

RHSO
37 Knox Trail
Acton, MA 01720
Attn: Maynard RAP
Drop off in black mail box by front steps



MAYNARD RENTAL ASSISTANCE PROGRAM (MRAP) APPLICATION PACKET

APPLICATION PACKET

Please read all information carefully. This packet contains the following:

- **Frequently Asked Questions**: See Program Guidelines for more detailed information.
- **Application Checklist**: Must be completed and submitted with the application. All required documentation must be submitted to be determined eligible for the program.
- **Application**: This is a fillable document and can be completed electronically, printed out and signed, or printed out and legibly filled out by hand. All applications must be filled out entirely and signed to be considered complete.

APPLICATION SUBMISSION

It is preferred that the application, checklist and all required documents be submitted electronically to JenP@RHSOhousing.org



For questions: email JenP@RHSOhousing.org or call 978-287-1091

Applications may be mailed or dropped off as follows:

All Applications:	Maynard Drop-Off:
RHSO 37 Knox Trail Acton, MA 01720 Attn: ERAP <i>Drop off in black mail box by front steps</i>	Maynard Town Hall 195 Main Street Maynard, MA 01754 Attn: Office of Municipal Services

ORAP - FREQUENTLY ASKED QUESTIONS

The program provides rental assistance in the form of a grant to eligible households who meet the requirements as stated above. (See program guidelines for additional details)

HOW MUCH WILL I RECEIVE: Eligible applicants may receive up to three (3) years of rental assistance in the amount of \$500 per month. Payments are made directly to the landlord.

WHO IS ELIGIBLE? Applicant households must meet the following eligibility requirements:

30 Current resident: Applicants must be current resident of

40 Applicant’s monthly rent is less than the following:

1 bedroom - \$2,377; 2 bedroom - \$2,827; 3 bedroom - \$3,418; 4 bedroom - \$3,765

50 Rent Burdened - Households must demonstrate that they spend more than 30% of their gross annual income on rent and certain utilities, including heat, electricity and water sewer, if applicable.

60 Income Eligibility: Gross annual household income (calculated based on Section 8 guidelines) must not exceed the following guidelines:

Effective: 5/2023	60% AMI Limits						
Household size	1 person	2 person	3 person	4 person	5 person	6 person	7 person
Income Limit	\$62,342	\$91,282	\$80,162	\$: 9,042	\$: 6,182	\$103,342	\$310,662

You do **NOT** qualify if any of the following apply to you:

- You receive rental assistance from a local, state or federal program (Section 8, MRVP, Housing Authority, current RAFT); or
- Own any real estate property.

How is the program funded? And what is the application and award process?

MRAP is funded by the Town of Maynard's Affordable Housing Trust Funds awarded by the Community Preservation Act. The program is being administered by the RHSO. **Second round program applications will be available and accepted through April 30, 2024.** Applicants must submit sufficient documentation to demonstrate their eligibility. Once the application period has ended, a lottery will be held to select program participants using a random selection with no preferences besides eligibility. If funds are still available after the application period, the program will remain open and accept applications on a first-come first-served basis. Landlords must agree to participate in the program. Repayment of assistance will not be required. See program guidelines for more detail.

MRAP 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 (18 yrs. of age or older) must provide all income documentation. Income documentation for all minors (under age 18) receiving unearned income (such as income benefits from the Social Security Administration (SSA) must also be provided.

1. Property Documentation

- _____ Provide a copy of your current lease and/or documentation of payment of rent to your landlord.
- _____ Statement from landlord of back rent due, if applicable.

2. Income Documentation

- _____ **Current Income** - How much income does your household receive? Provide two months of the most recent and consecutive paystubs received. If self-employed, provide your most recently filed tax return (year 2022 or 2023) and *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).
- _____ Child Support or Alimony Verification - Payment history printout from the Dept. of Revenue (DOR), bank statements showing amounts received, or signed self-affidavit from the other parent specifying the amount of child support paid and frequency
- _____ Other income statements
 - 2 most recent and consecutive Pension Statements
 - Investment interest/dividend income
- _____ Statement of any government assistance including:
 - Unemployment Insurance Benefits (Determination Statement or Payment history printout showing gross weekly amounts)
 - Social Security Income (SS)
 - Social Security Disability Insurance (SSDI)
 - Supplemental Security Income (SSI)
 - Transitional Aid to Families with Dependant Children (TAFDC)
 - Emergency Aid to the Elderly, Disabled and Children (EAEDC)

3. Asset Information:

- _____ Copies of last 2 statements from all bank accounts (Checking, savings, IRA, etc.)
- _____ Copies of any investment statements for previous 3 months (Investment, Retirement, Pensions, Annuities, etc.)

You may provide any additional information if you feel it is applicable to you and your household. **The Town and/or the Regional Housing Services Office may request additional information if necessary to make a determination of eligibility.**

Regional Housing Services Office (RHSO)
MAYNARD RENTAL ASSISTANCE (MRAP) APPLICATION

THIS PROGRAM IS TO ASSIST HOUSEHOLDS WHO MEET THE INCOME GUIDELINES AND/OR ARE PAYING MORE THAN 30% OF THEIR INCOME TOWARD RENT AND UTILITIES. On behalf of the member towns, the RHSO is administering an Maynard Rental Assistance Program. Please refer to the 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: JenP@RHSOhousing.org
(in a PDF legible format)

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): _____

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

If yes, explain: _____

Co-Applicant Name _____

Telephone: _____ Email: _____

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

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

Name:	Full-Time Student? Y/N	Relationship to Applicant	Over 18? 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:		
	Employer Name:		
	Child Support		
	SSI/ SSDI		
	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:	
	Investment/ /trust: Specify	

III. UNIT AND LANDLORD INFORMATION:

Unit address: _____

Dates of residency at unit: _____

Number of bedrooms in your unit: _____ Current monthly rent amount: _____

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

Do you owe any back rent? _____ If yes, how much? _____

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, please explain: _____

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 four months with an option to renew 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 Regional Housing Service Office 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