

# ***BEDFORD***

## ***Initial Rental Assistance (IRA)***

### ***Program***



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 first-come, 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 5/16/23)**

| 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 10/1/23)**

| Effective 6/15/2023                      | 1 Bedroom | 2 Bedroom | 3 Bedroom | 4 Bedroom |
|--|-----------|-----------|-----------|-----------|
| Rent Limit (including utility allowance) | \$2,377   | \$2,827   | \$3,418   | \$3,765   |

**For questions or to apply please contact:**

**Regional Housing Services Office Phone:**  
**978-287-1091**

**Email:** [JenP@RHSOhousing.org](mailto:JenP@RHSOhousing.org)  
**Website:** [www.RHSOhousing.org](http://www.RHSOhousing.org)



# Regional Housing Services Office

*Serving Acton, Bedford, Concord, Lexington, Lincoln, Sudbury, Wayland, and Weston*

Office Address: 37 Knox Trail, Acton, MA 01720  
Phone: (978) 287-1091

Website: [WWW.RHSOhousing.org](http://WWW.RHSOhousing.org)  
Email: [INFO@RHSOhousing.org](mailto: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 –<br>Income Limit | \$62,340 | \$71,280 | \$80,160 | \$89,040 | \$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](mailto:JenP@RHSOhousing.org)

Telephone: 978-287-1091

Date of Application:

### I. Applicant Information

Applicant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address (where you live now): \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### II. Household Member Information: Please list all persons who will live in IRA-assisted unit beginning with the applicant.

| Name  | Sex   | Relationship to Applicant | Date of Birth | SSN   | Race  | Check if Hispanic        |
|-------|-------|---------------------------|---------------|-------|-------|--------------------------|
| _____ | _____ | _____                     | _____         | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____                     | _____         | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____                     | _____         | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____                     | _____         | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____                     | _____         | _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | _____                     | _____         | _____ | _____ | <input type="checkbox"/> |

Does any member of your household have a disability? (You are not required to answer this question. However, if a household member has a disability, you may qualify for additional deductions in your rent amount).

☐ Yes ☐ No

If yes, list household members: \_\_\_\_\_

You can voluntarily provide information on an alternate contact person. If we are unable to contact you, we will try to contact the alternate person on your behalf.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**III. Household Income:**

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 Support Monthly Income | Other Income - Type & Monthly Amount |
|---|---|------------------------------|--------------------------------------|---------------------|------------------------------|--------------------------------------|
|   |   |                              |                                      |                     |                              |                                      |
|   |   |                              |                                      |                     |                              |                                      |
|   |   |                              |                                      |                     |                              |                                      |

Does anyone in your household have any other earnings/income or receive any money not listed above?

☐ Yes ☐ No

If yes, list type and monthly amount:

Does anyone help you pay your bills?

☐ Yes ☐ No

If yes, list name & monthly amount:

**IV. Housing Assets:**

|   |  |  |               |  |  |
|---|--|--|---------------|--|--|
| Do you have a checking account?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Balance:   |               | Bank:  |  |
| Do you have a savings account?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Balance:   |               | Bank:  |  |
| Do you own any real estate/property?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type:  |               | Value:   |  |
|   |  | Address:   |               |  |  |
| Do you have any of the following:   | Money Market Account:                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stocks:       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   | Certificate of Deposit:                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bonds:        | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   | IRA Account:   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other (list): | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|   |  |  |               |  |  |
| Have you disposed of any assets for less than Fair Market Value during the two preceding years? |  |  |               |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please list.  |  |  |               |  |  |

**V. General Information:**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Do you currently live or work in Bedford? Where?   |  |  |  |  |  |
| Do you currently live in subsidized housing?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, where?                                 |  |  |  |
|  |  |  |  |  |  |
| Have you previously lived in subsidized housing?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Approximate date and address of each instance. |  |  |  |
|  |  |  |  |  |  |
| Are you currently receiving any rental assistance (Section 8 voucher, etc.)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | What type?                                     |  |  |  |
| Do you owe money to any Housing Agency?  | <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |  |  |
|  |  |  |  |  |  |

**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 correct, and that I/we have not knowingly withheld any fact or circumstances which would, if disclosed, affect this applicatoin unfavorably. I/We hereby authorize inquiries to be made to verify the information given in this application. **Please be sure you have answered all questions. Otherwise, we will be unable to process your application.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SpouseSignature: \_\_\_\_\_

Date: \_\_\_\_\_