

Town of Lexington

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
Attn: Jen Pontes
37 Knox Trail, Acton, MA 01720
JenP@RHSHousing.org

Telephone: 978-287-1091

Date of Application: _____

I. Applicant Information

Applicant Name: _____ DOB: _____ Age: _____

Social Security Number: _____ Telephone #: _____

Address (where you live now): _____

City: _____ State: _____ Zip: _____

II. Household Member Information: Please list all persons who will live in TBRA-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?

☐ Yes ☐ No

Balance:

Bank:

Do you have a savings account?

☐ Yes ☐ No

Balance:

Bank:

Do you own any real estate/property?

☐ Yes ☐ No

Type:

Value:

Address:

Do you have any of the following:

Money Market Account:

☐ Yes ☐ No

Stocks:

☐ Yes ☐ No

Certificate of Deposit:

☐ Yes ☐ No

Bonds:

☐ Yes ☐ No

IRA Account:

☐ Yes ☐ No

Other (list):

☐ Yes ☐ No

Have you disposed of any assets for less than Fair Market Value during the two preceding years?

☐ Yes ☐ No

If yes, please list.

V. General Information:

Do you currently live or work in Lexington? 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.

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: ☐ Yes ☐ 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 on 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 application 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: _____

Spouse Signature: _____

Date: _____