

Wayland Initial Rental Assistance Program



The Town of Wayland has HOME funds available to pay security deposits and first month's rent to assist eligible households with the cost of moving into a rental unit.

The program will operate on a first come, first served basis as long as funding is available.

Who is eligible?

Households who meet income guidelines below

And meets *one* of the following :

- Household currently applying for housing in the Town of Wayland
- Household with a current Section 8 Voucher issued from the Wayland Housing Authority

(*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

For questions or to apply please contact:

Jenicia Pontes, Regional Housing
Services Office Email:
JenP@RHSOhousing.org;
Phone: 978-287-1091
Website: 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
Email: INFO@RHSOhousing.org

Frequently Asked Questions

Who is eligible?

Eligible applicant is one who:

- Is currently applying for housing in the Town of Wayland or has a current Section 8 voucher issued by the Wayland Housing Authority
- Does not own real estate property
- Has income 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 Wayland TBRA program before
- Has a social security number
- Are not be obligated to a Housing Authority for any past due funds

Applicants whose household income does not exceed the 60% income limit (as of May 2023), 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	\$89,040	\$96,180	\$103,320

How is the Program funded?

The Program is funded from Wayland's annual HOME Program allocation. The funds are granted to applicants on the First-come First-served model. Approximately 3 households can be assisted each year.

What Funds are given?

Eligible participants will receive a security deposit and first month 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 on-going 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 exception cases if the tenant has not complied with the terms of the lease.



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Town of Wayland 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 three (3) 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 (5 consecutive paystubs)
_____ 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 proof from the school of their full time student status, schedule, invoice, etc.)
_____ 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 Wayland and/or the Regional Housing Services Office may request additional information if necessary to make a determination of eligibility.

Town of Wayland

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 Wayland?

☐ Yes ☐ No

If yes to either, where?

Do you currently live in subsidized housing?

☐ Yes ☐ No

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 From Wayland Housing Authority ☐ Yes ☐ No

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 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: _____