



CHILMARK RENTAL SUPPORT PROGRAM

STATEMENT OF PURPOSE

The goal of this project is to assist qualified applicants with year-round rentals in the Town by paying the difference between the tenant's share of the rent and the contract rent for an adjusted fair market rental unit. This project offers qualified tenants rental units that do not exceed 30% of their adjusted income in rental payments.

ABBREVIATED APPLICATION CRITERIA

1. Applicant must have a valid form of identification proving U. S. citizenship or legal residency.
2. Applicant must be 18 years of age or older.
3. Applicant (one per household) must be gainfully employed or show proof of sustaining government subsidy.
4. Preference will be given to an applicant who has lived or worked (employed by a bona fide business in the Town) in Chilmark or volunteered in the Town's public service sector for an accumulation of two (2) years.
5. Applicant must have a total household adjusted gross income of not more than 100% of the median income established by HUD for Dukes County.
6. Applicant must meet the selection criteria of the Dukes County Regional Housing Authority (DCRHA) for the Rental Conversion Program.

YEAR-ROUND RENTAL SUPPORT APPLICATION PROCEDURE

TOWN OF CHILMARK

*All information and forms will be kept strictly confidential,
to the extent permitted by law*

I. Documents requested in #1-2 must be submitted to the Chilmark Housing Committee.

1. Completed and signed Chilmark Year-Round Rental Support Application.
2. Proof of year-round residency, employment, or volunteer work in Chilmark for an accumulation of two (2) years or proof of current residency, work position, or volunteer status in the Town.

Copies of rent receipts, canceled rent checks, leases, notarized letters from landlords, employers, or volunteer organizations are acceptable for verification.

CHC will send a memorandum to the Dukes County Regional Housing Authority certifying applicant as a Chilmark Year-Round Rental Support Candidate.

II. Documents requested in #3-5 must be submitted to the Dukes County Regional Housing Authority.

3. Completed and signed Chilmark Year-Round Rental Support Income Qualification Application.
4. Signed and completed Verification of Income from Wages form.
5. Completed and signed DCRHA Rental Conversion Application.

DCRHA will certify candidate as Income Qualified for the Year-Round Rental Support Program (100% of median).

III. DCRHA will attempt to place candidate in year-round rental unit through the Rental Conversion Program.

Failure to provide the relevant documents will automatically disqualify your application. Misrepresentation of any kind on this application will automatically disqualify your application.

CHILMARK YEAR-ROUND RENTAL SUPPORT APPLICATION

Please PRINT or TYPE all information clearly
(Use the back for additional information)

Applicant Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

US citizenship or legal residency identification: _____

Place of Birth: _____ Date of Birth: _____

Father's Name: _____

Mother's Maiden Name: _____

1. How many years have you lived in Chilmark? _____

List (with written proof) the months of partial years _____

2. How many years have you worked in Chilmark? _____

List (with written proof) the months of partial years and the positions held _____

3. How many years have you volunteered in Chilmark? _____

List (with written proof) the months of partial years and the positions held _____

4. Are you currently living, working, or volunteering in Chilmark? Please explain _____

CHILMARK YEAR-ROUND RENTAL SUPPORT INCOME QUALIFICATION APPLICATION

(March 2003)

DUKES COUNTY REGIONAL HOUSING AUTHORITY
P.O. Box 4538
Vineyard Haven, MA 02568

PHONE: (508) 693-4419 FAX: (508) 693-5710

WWW.VHO.VINEYARD.NET

PLEASE PRINT:

1. Name of Applicant _____
 Street _____ Apt. No. _____
 City/Town _____ State _____ Zip _____
 Home Telephone _____ Work Telephone _____
 Mailing Address _____

2. **Members of Household, including the Head of Household.**

Names: First, Middle, Last of all household members	Relationship to Head	Sex	Date of Birth	Social Security Number	Occupation or Grade in School
1.	HEAD				
2.					
3.					
4.					
5.					

3. Is a change in the household expected? (Circle One) Yes No

If yes, what type of change? _____ When? _____

4. **ASSETS:** List below the assets of the Household. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc.

Household Member	Description of Assets	Value of Asset
	Checking Account #:	
	Savings Account #:	
	Other:	

TOTAL ASSETS: _____

5. INCOME BEFORE DEDUCTION:

Estimate the gross income (before taxes) anticipated for ALL household members from all sources for the next 12 months. Specify all sources.

Household Member Number	Type of Income	Name & Address of Employer or Source of Income	Gross Income for next 12 Months
1.	Salaries & wages		
2.	Salaries & wages		
	V.A. Disability		
	Net income from business		
	Trust income Interest and Dividends		
	Pensions and annuities		
	Unemployment or disability		
	Social Security benefits and/or SSI		
	Regular Alimony or Child Support		
	Other Income: _____		

TOTAL GROSS INCOME (Please specify monthly or weekly): _____

6. ALLOWABLE EXPENSES:

Expense for Care of Children or Sick/ Incapacitated Family Member	
Unreimbursed Medical Expenses	
Health Insurance	
Child Support Payments	

TOTAL EXPENSES: _____

Applicant's Certification:

I certify that the information I have given in this application is true and correct and any false statement or misrepresentation may result in the cancellation of my application.

Sign under the pains and penalties of perjury.

Applicant's Signature

Date

VERIFICATION OF INCOME FROM WAGES

Date: _____

To: _____ Re: _____
_____ SS#: _____

Dear Employer:

The above-referenced individual has applied for residency with the Dukes County Regional Housing Authority. The property is operated under state guidelines which require that we obtain written confirmation of the income of all applicants. Income maximums are based upon family size and minimum income requirements also exist. Please be sure to accurately complete this form. Intentionally supplying false or misleading information can result in fines or imprisonment.

To comply with state regulations, we ask that you complete and return this form by mail or fax. The information will be used solely for the determination of residency eligibility under the program and will not be disseminated or otherwise released to any third party.

We enclose a self-addresses return envelope for your convenience. Alternatively, you may send your reply by fax to 508-693-5710. If you have any questions, please feel free to contact us at 508-693-4419.

Very truly yours,
O'Brien Property Management, Inc., Managing Agent
Dukes County Regional Housing Authority

I hereby authorize the release of the information requested on this verification form.

Applicant's Signature Date

Do Not Write Below This Line - Employer Use Only:

Date of Hire: _____
Average total hours worked weekly: _____ Hourly Rate: _____ Overtime Rate: _____

Average total weeks compensated per year: _____ (incl. Paid vacation & other paid time off)

Does employee earn:
Tips? Yes No If yes, estimated tips per week: \$ _____
Additional Compensation
such as commission, bonuses,
or shift differential pay? Yes No If yes, estimated amt. per week
\$ _____

Do you anticipate an increase in the base pay over the next 12 months? If so, please indicate the amount of anticipated increase: \$ _____ per _____ effective on _____.

Employer Signature Date

Name (print) & Title Phone