

DUKES COUNTY REGIONAL HOUSING AUTHORITY

21 Mechanic St. · P.O. Box 4538 · Vineyard Haven, MA 02568

Phone: (508) 693-4419 · Fax: (508) 693-5710 · Email: dcrha@housingauthoritymv.org

Covid Winter Rental Relief

Program Description

The Dukes County Regional Housing Authority's (DCRHA) Covid Winter Rental Relief program is funded through the **Martha's Vineyard Community Foundation**, generous donors, and the State's Community Foundation for Covid-19 Relief.

The objective of Covid Winter Rental Relief is to assist Vineyard tenant households with rent payments when there is a current Covid-19 related loss of household income or one due to last summer season's low employment and income needed to make it through the slow work months of an Island winter.

Program Conditions:

- Applicant is a tenant in a rental on Martha's Vineyard.
- Applicant provides a description of the temporary Covid-19 related financial need.
- Applicant provides description of current income and Covid changes to income.
- Applicant provides a document showing the current rent amount such as a lease, canceled check, or bank statement; or provides another indication/explanation.
- Tenant's landlord is a signatory to the application and, by accepting payment of Rental Relief funding, agrees to maintain the current tenancy through the period paid.
- Landlord fills out and returns the attached W-9 Tax Form.
- Rental Relief funding may be for **one to three months of rent** depending on applicant's explanation of a Covid-19 related need. Support of one month's rent may be available should a landlord not choose to provide a W-9 Tax Form.
- DCRHA may request information additional to that described in the attached application.
- Assistance will be determined on a case-by-case basis and as funding allows.

DCRHA, as administrator of this temporary emergency supports program, reserves the right to adapt or modify the terms as needed and as reviewed with the private and public partners whose assistance makes these Covid Winter Rental Relief supports possible.

Please complete the attached Covid Winter Rental Relief Application & Agreement and submit with any required attachments to the DCRHA.

- by email to dcrha@housingauthoritymv.org
- through the mail at DCRHA, P.O. Box 4538, Vineyard Haven MA. 02568.
- or by utilizing the drop box located at the housing office at 21 Mechanic Street, Vineyard Haven (across State Road from The Little House Café).

Completed Applications will assist us in quick action on your behalf.

Please do not submit photos of applications as they can also hold up review.

The Dukes County Regional Housing Authority, the MV Community Foundation, MV Community Services and their public and private partners join each of you in the hope that the support needed and offered in our Island community will help see us through the Covid-19 crisis together.

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Covid Winter Rental Relief Application & Agreement Control # _____

Date of Application _____ Amount Request _____ Number of Months _____

Applicant Name(s) _____

Telephone & Email _____

Monthly Household Income (all adults) _____

Monthly Rent _____ Household size _____ # of bedrooms _____ # of children _____

Current Housing Address _____

Landlord Name _____

Telephone/Email _____

Description of Covid-19 on Income Loss (i.e. loss of work; changed household income):

Documentation of Rent (copy of lease; canceled check/bank statement; other indication of rent)

Explanation of Income (paystubs; bank deposit statement; other indication of income)

Signed W-9 Landlord Tax Form (DCRHA will issue 1099 at the close of the calendar year)

I authorize DCRHA to make inquiries to verify the information provided in this application and agreement.

I certify that the information I have given in this application and agreement is true and correct and understand that DCRHA may request additional information.

Applicant's Signature _____

Landlord's Signature _____

Date Signed: _____ DCRHA Signature & Date _____

Please supply the following information for grant reporting purposes only. No names will be used.

Head of Household: Age _____ Gender _____ Race/Ethnicity _____ English Speaking Yes / No

Dukes County Regional Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, marital status, veteran status, public assistance, disability, genetic information, gender identity or any other class protected by state, federal or local law, in the access or admission to its housing program(s), or employment, or any other of its programs, activities, functions or services.

