Ready Renter Rolling Basis Application Neptune Place, 20 Neptune Lane, West Yarmouth Brick Kiln Apartments, 123 Brick Kiln Rd, E. Falmouth Dennis Trust Apartment, 72 Swan River Road, West Dennis

The Plymouth Redevelopment Authority (PRA) is currently accepting Rolling Basis applications for the Ready Renter List. This application currently covers affordable rental units located in the towns of YARMOUTH, DENNIS, BARNSTABLE, FALMOUTH and ORLEANS; however, it may be used for other Towns in the future. All residents living in any Town or City may apply. Getting on this list does not guarantee you housing, but it does mean that when there is availability, you may be called. If you are called, you will then have an opportunity to view the unit and decide if you want to rent it. At this point, you will need to submit a FINAL APPLICATION and documentation for certification of income eligibility prior to leasing. THIS IS AN EQUAL HOUSING OPPORTUNITY. HOUSEHOLDS WITH RENTAL VOUCHERS ARE ENCOURAGED TO APPLY.

Households must remain income eligible to rent an affordable unit. Rental Rates and Income Qualification will vary depending on projects; all rents will be affordable; some maximum eligible incomes are listed below, and different projects may be targeted to different income levels:

Income Limits						
Household size	1 person 2 persons 3 persons 4 persons 5 persons 6 perso					6 persons
Neptune Lane Swan River Road Income Limits FY2020; 80% AMI	\$54,150	\$61,850	\$69,600	NA	NA	NA
Brick Kiln Income Limits FY2019; 80% AMI	\$51,250	\$58,600	\$65,900	\$73,200	\$79,100	\$84,950

Furthermore, to be eligible for an affordable rental unit, no household member may own a home (even in Trust) at the time of executing the lease for the affordable unit. This program requires that households renting an affordable unit must use the unit as their primary residence, submit to an annual recertification of income, and notify the Town of Yarmouth Department of Community Development of any changes in household members and/or contact information. Additional information may be required to establish and maintain eligibility. For example, if a new member joins a household, revised income information and documentation will be required.

Info/Questions contact: Plymouth Redevelopment Authority

(508) 747-1620 Ext. 10147

redevelopmentDir@townhall.plymouth.ma.us

Please Return Applications to: Plymouth Redevelopment Authority

26 Court St., Plymouth, MA 02360

redevelopmentDir@townhall.plymouth.ma.us

There is no rental assistance attached to these units.

Discrimination on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance recipiency, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law is specifically prohibited in the selection of applicants for this housing opportunity. Disabled persons are entitled to request a reasonable accommodation of rules, policies, practices, or services, or to request a reasonable modification of the housing, when such accommodations or modifications are necessary to afford the disabled person equal opportunity to apply for, use and enjoy the housing



Ready Renter Program

- 1) COMPLETE AND SIGN THIS APPLICATION. Complete this application, sign it, and submit to Plymouth Redevelopment with <u>all</u> applicable documentation requested here in section 2):
- 2) SUBMIT INCOME, ASSETS, BENEFITS and TAX DOCUMENTATION: Copies of the following must be attached and submitted with this application for all household members over 18 years of age. Attach all that apply to you and your household members.
 - A. PAYSTUBS and BENEFITS LETTER: Two (2) most recent pay stubs and/or benefits letter from Social Security
 - B. TAX RETURNS and DOCUMENTATION: Copy of your most recent tax return; return must be signed. If you are self-employed you must submit a copy of your most recent tax return and most recent profit and loss statement.
 - C. W2s: Copy of your most recent W-2s
 - D. BANK AND ACCOUNT STATEMENTS: One copy of the most recent statement for ALL savings, checking, retirement, and other asset accounts.
 - E. RENTAL VOUCHER: Copy of evidence of Section 8 Voucher or other rental voucher, or pre-approved assistance.
- 4) NOTIFICATION Once all the relevant information is received and clarified, the documentation will be processed to determine income eligibility and you will be notified.
- 5) FINAL APPLICATION & FIRST/LAST/SECURITY DEPOSIT: This application is an initial application. All applicants who are offered a unit must complete a FINAL APPLICATION Prior to you accepting a unit, you will need to submit a full final application and documentation for your income eligibility to be certified before a lease can be signed. Your household will also need to show ability to pay any FIRST MONTH'S/LAST MONTH'S RENT AND SECURITY DEPOSIT required by property owner.
- 5) We are available to assist individuals in the completion of their application and are able to accommodate households with disabilities that may impede their ability to complete the application. We can also arrange for assistance for households that have limited English proficiency. Applicants have the right to request a reasonable accommodation(s), which may include a change to a policy, procedure or practice to afford a person with a disability an equal opportunity to participate fully in the housing program or to use and enjoy the housing. Applicants may also be entitled to a reasonable modification(s) of the housing, when such modifications are necessary to afford a person with a disability an equal opportunity to use and enjoy the housing.
- 6) Income counted from assets over \$5,000 is the higher of the actual income from the asset or income imputed at 0.6%.



Ready Renter Program

Applicant's Name	***************************************			
Current Address/PO Box				
				Zip
Telephone: Home	Work		Cell	
E-Mail Address				
Total Number of People in Hous	sehold			
Non-English Speaking Applican	t (optional)? Ye	es No		
Language Preference (optional)				
How did you hear about the pro	gram			
Does any household member control explain	-		If yes, please	
BEDROOM SIZE REQUESTED ACCESSIBILITY REQUESTED Wheelchair accessib Other/some accessib	(check all that apply): le unit	: Unit a	_2 BR3BR _	
Does any member of your hous disability? If yes, please explain				
Do you own any pets?	Yes No If yes,	, describe:		
	lo lo lo	r Units in the fo	ollowing Towns:	
Optional: Do you or any memb include more than one group). F	•		-	•
 □ Asian/Native Hawaiian/Pacific □ Black/African-/Caribbean-Am □ Latino □ Native American 		□ White/C □ Another	Caucasian r Race or Ethnicity (pl	lease specify):



HOUSEHOLD COMPOSITION Please list ALL persons who will live in your home:

	Name	Relation- ship to head	Age	School Attending and Town
Head				
2				
3				
4				
5				

EMPLOYMENT INCOME AND HISTORY

Attach additional sheets if needed for multiple jobs or other employed household members.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME:	
	CURRENT EMPLOYER:	
	ADDRESS	
	POSITION HELD:	
	How long employed?	Supervisor:
	Phone Number	
	Income/Pay Rate:	
	CURRENT EMPLOYER:	
	ADDRESS	
	POSITION HELD:	
	How long employed?	Supervisor:
	Phone Number	
	Income/Pay Rate:	



OTHER INCOME

Please list ALL SOURCES of income as requested below. If a section does not apply, cross it out or write N/A.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT
	Social Security	
	Social Security	
	Social Security	
	Alimony	
	Child Support	
	Child Support	
	SSI Benefits	
	SSI Benefits	
	SSI Benefits	
	Pension – list source	
	Pension – list source	
	Veteran's Benefits	
	Veteran's Benefits	
	Unemployment Compensation	
	Unemployment Compensation	
	Title IV / TANF	
	Title IV / TANF	
	Interest Income (source)	
	Other:	
	Other:	

Do you anticipate any changes in income in the next 12 months?				
Yes	No	If yes, please explain:		



ASSETS

If your assets are too numerous to list on this page, please use an additional form.

If a section does not apply, cross it out or write N/A.

ATTACH TO THIS APPLICATION THE MOST RECENT STATEMENT FOR EACH ASSET:

FINANCIAL INSTITUTIONS

I III/AIIOIAE IIIOIIIOII			
CHECKING	#	BANK	Balance \$
SAVINGS	#	BANK	Balance \$
TRUST ACCOUNTS	#	BANK	Balance \$
1110017100001110	"	D/ 11 11 1	Βαιαι 100 φ
CERTIFICATES OF	#	BANK	Balance \$
DEPOSITS (CD's)	The state of the s		Βαιαι ισο φ
BEI GOITG (GB 6)			
CREDIT UNION	#		Balance \$
ACCOUNTS	T T		Βαιαι ιου ψ
7.00001410			

ALL OTHER ASSETS

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SAVINGS BONDS	#	Maturity Date	Face Value\$
LIFE INCLIDANCE	- 11	O a mare a martin a mare	Osah Mahas
LIFE INSURANCE POLICY	#	Company/issuer	Cash Value
STOCKS	Name	# Shares	Div. Paid
OTOOKO	IVallic	# Ondies	Div. 1 ala
BONDS	Name	# Shares	Interest or Dividend \$
			Dividend \$
Investment	Location	Value	
Property			



PLEASE CHECK THE FOLLOWING AND SIGN BELOW:

1. ☐ Yes	I/We certify that the information in this application and in support of this application is true and correct to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that perjury will result in disqualification from further consideration in this program.			
2. Yes	I/We understand that the use of the List to rent an affordable unit, and o	s application is for placement on a Ready Renter does not guarantee an offer.		
3. ☐ Yes		owner or property manager of a specific unit termination and NOT the Ready Renter List		
4. □ Yes	I/We	did not file taxes for years		
5. ☐ Yes I/We give permission to share the application and materials with relevant town st and/or the designated monitoring agent.				
Your signature(provided in this		armouth or its Designee to verify information		
No applications (if any).	will be considered complete unless sign	ned and dated by the Applicant and Co-Applicant		
Applicant Signa	ture	 Date		
Co- Applicant S	ignature	Date		