



Roof over Head

affordable rental housing application

For more information call (978) 225-6210 x11
please print clearly

Project: Roof Over Head Managed by: YWCA Greater Newburyport	Application Received: Date: _____ Time: _____ By: _____
Return Application to: YWCA Greater Newburyport 13 Market Street Newburyport, MA 01950	Referral Information: Agency: _____ Contact: _____ Phone: _____ Email: _____

Your application must include:

Please check off attached items below:

- Signed application form including all pages. **ALL adult household members are applicants and must sign on page 10.**
- Completion of Homeless Certification (page 5)
- Completion of the Household Income Section (pages 6-7)
- Completion of all household assets, as described under Household Assets Section (page 9)

COMPLETED APPLICATIONS WILL BE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED.

Important: All fields must be filled in with the information requested or with "N/A" for "not applicable". Do not leave fields blank.

Return completed application in person or by mail to:

**YWCA Greater Newburyport
13 Market Street
Newburyport, MA 01950**



eligibility requirements

To be eligible to rent an affordable apartment owned by Roof Over Head, annual income must be within a particular range, set by the maximum income levels below. Asset levels are limited as well. In addition, the household must be homeless.

income limits

The maximum income allowed for this program is:

family size	30% income limit	50% income limit
4 person household 2 bedroom only	\$30,000 / year \$2,500 / month	\$51,700 / year \$4,308 / month
3 person household 2 bedroom only	\$27,900 / year \$2,325 / month	\$46,550 / year \$3,879 / month
2 person household 1 or 2 bedroom	\$24,800 / year \$2,067 / month	\$41,400 / year \$3,450 / month
1 person household Studio & 1 bedroom	\$21,700 / year \$1,808 / month	\$36,200 / year \$3,017 / month

household information

A. head of household

Name:	Unit #	Phone Numbers:	Indicate Best #
Street:		Cell:	
City:	State: ZIP:	Home:	
Email:		Work:	
Social Security #	Please indicate the best manner to contact you:		

B. household composition

	Name	Relationship to Head	Birth Date	Student? Y/N
1		Head		
2				
3				
4				

Please note that due to the size of the units, we have established a maximum household size of 4.

C. affirmative marketing

Please complete the following section to assist us in fulfilling affirmative marketing requirements

(For informational purposes only: responses will not affect your application):

Household Race (head of household) is _____ Household Ethnicity (head of household) is:

- | | |
|--|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> Native American or Alaska Native | |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | |
| <input type="checkbox"/> Other (not White) | |

D. rental history

Current Landlord Name: _____ Phone: _____ Address: _____	Is this the address listed above? _____ yes _____ no
Prior Landlord Name: _____ Phone: _____ Address: _____	Your Prior Address Street: _____ City/State/Zip: _____
Reason for leaving: _____	
Prior Landlord please go back 5 years Name: _____ Phone: _____ Address: _____	Your Address Street: _____ City/State/Zip: _____
Reason for leaving: _____	

After we determine your threshold eligibility, we will contact your landlords for the past five years to determine if you had any lease violations, disruptive behaviors, poor housekeeping practices or if you were evicted for lease violations or non-payment of rent.

If you have not lived in an apartment for the past five years, please provide personal references, at least two of which cannot be related to you.

Name	Complete Address	Phone Number (s)	Relationship to reference



homelessness:

For the purposes of this rental opportunity, a household is defined as homeless when the household:

- a) lack a fixed, regular, and adequate nighttime residence or
- b) have a primary nighttime residence in a supervised, publicly or privately, operated shelter for temporary accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill), an institution providing temporary residence for individuals intended to be institutionalized, or
- c) who have a primary nighttime residence that is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.
- f) who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;
- g) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless because they are living in circumstances described above;

In addition, according to McKinney-Vento, a fixed residence is one that is stationary, permanent, and not subject to change. A regular residence is one which is used on a regular (i.e., nightly) basis. An adequate residence is one that is sufficient for meeting both the physical and psychological needs typically met in home environments. Therefore, households who lack a fixed, regular, and adequate residence will be considered homeless.

A household may be deemed to be homeless if they are facing imminent eviction due to no cause of their own, failure to pay rent or a violation of terms of lease.

A formerly homeless household living in transitional housing will be considered homeless according to this definition.

Documentation must be provided to support homelessness. In all cases, the documentation must be current and can include:

- a) a letter from a shelter
- b) a letter from a provider of services to homeless households
- c) a letter from the public schools indicating that the family has been determined homeless
- d) a letter from law enforcement or the court
- e) sufficient documentation from providers who are not provider to homeless households.
- f) a phone conversation between YWCA staff and any of the above can be used in place of a letter when such conversation is supported by a memo.

This definition shall include households who:

- a) are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
- b) are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations;
- c) are living in emergency or transitional shelters;
- d) are abandoned in hospitals; or are awaiting foster care placement;
- e) who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;

homelessness certification:

You may certify that you are homeless below. Verification of homeless status is required from a social worker, case manager or similar professional once an apartment is available.

Check all that apply:	
I lack a lack a fixed, regular, and adequate nighttime residence	I have a primary nighttime residence in a supervised, publicly or privately, operated shelter for temporary accommodations
I live in a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.	I am sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.
I live in a motel, hotel, trailer park, or camping ground due to the lack of alternative adequate accommodations.	Not Applicable



annual household income

Households must meet certain maximum income limits in order to be eligible to rent a unit from Roof Over Head.

Annual income is income anticipated to be received in the coming 12-month period from all sources. for **all adult household members over the age of 18, unless the member is a full-time student**. For such students, the first \$480 of the student's income must be counted in the household's income. The entire income for full-time students who are the head of household or spouse must be counted in annual income. Income from assets as defined in the asset section below is also included in annual income.

Below is a list of potential income sources, this list does not represent a complete listing of income sources. All income sources must be declared. When an apartment becomes available, you will need to provide documentation for each income source.

Please check off attached items:

- For earned income: 8 weeks' consecutive recent pay stubs.
- For SSI State Supplement Program, or SSP: income verification of monthly amount received for current year. Call 1-877-863-1128.
- For welfare assistance and pension income: statements showing amount received for current year.
- For unemployment benefits: 4 consecutive recent statements or approval of benefits letter from Office of Labor and Workforce Development. Call 617-626-6800.
- For child support and alimony: court order or verification from the DOR of benefits received.
- For workmen's compensation : approval of benefits form # DOL.203 or signed and dated letter from your employer on company letterhead stating amount received.
- For veteran's benefits: award letter VA form 22-1993 or signed and dated letter from VA agent.
- No income: a notarized statement is required for every household member who is 18 years of age or older who receives no income.
- Student status: if the household includes member(s) who are 18 years of age or older and is a full-time student, please submit proof of enrollment to receive the appropriate deduction.
- Medical expenses: if a member of the household is elderly, disabled, or handicapped, certain unreimbursed medical expenses can be deducted. Please submit proof of payment to receive the appropriate deduction.
- If self-employed, please attach signed and notarized year to date profit and loss statement.
- For interest and dividend income: 3 recent monthly statements showing balance in all accounts.
- For IRA or other income derived from restricted accounts: 3 most recent statements indicating regular amounts received and annual amount received for current year.

household income worksheet

Household Member (Name):			
Sources of Income	Monthly Amount	Sources of Income	Monthly Amount
Wages		Unemployment	
Alimony		TANF	
Child Support		Interest	
Social Security		Other:	
Pension		Other:	
Veteran's Benefits		Other:	
Household Member (Name)::			
Sources of Income	Monthly Amount	Sources of Income	Monthly Amount
Wages		Unemployment	
Alimony		TANF	
Child Support		Interest	
Social Security		Other:	
Pension		Other:	
Veteran's Benefits		Other:	
Household Member (Name)::			
Sources of Income	Monthly Amount	Sources of Income	Monthly Amount
Wages		Unemployment	
Alimony		TANF	
Child Support		Interest	
Social Security		Other:	
Pension		Other:	
Veteran's Benefits		Other:	
Household Member (Name)::			
Sources of Income	Monthly Amount	Sources of Income	Monthly Amount
Wages		Unemployment	
Alimony		TANF	
Child Support		Interest	
Social Security		Other:	
Pension		Other:	
Veteran's Benefits		Other:	



household assets

Annual income includes the actual income generated by liquid assets, that is, cash or assets that can be converted easily to cash, including cash in checking savings accounts, certificates of deposit and money market accounts. Also counted as assets are: 1) the value of real estate holdings and other forms of capital investment; 2) restricted accounts, such as IRA's, 401K's, or SEP's, if the holder has access to the fund even through a penalty may be assessed; 3) funds in a retirement pension that can be withdrawn prior to retirement or termination of employment; 4) cash value of life insurance policy available to the applicant before death; 5) cash value of a revocable trust; 6) personal property held as an investment such as gems or coin collection; and 7) lump sum receipts such as inheritance, lottery winnings, settlements on insurance claim, and any other amounts that are not intended as periodic payments. When an asset produces little or no income, imputed income is calculated by multiplying the total amount of those assets over \$5,000 by 1%. This amount is included in gross income.

Below is a list of potential asset sources, this list does not represent a complete listing of asset sources. All assets must be declared. When an apartment becomes available, you will need to provide documentation for each asset source.



household assets worksheet

	Name of Institution	Balance \$
Checking Account		
Savings Account		
Trust Account		
Certificates of Deposit		
Life Insurance Policy		
Mutual Funds, Stocks or Bonds		
Restricted accounts (IRA, 401k, or pension)		
Personal property held as investment (gems, jewelry etc.)		
Other:		

Real Estate Property If you own any property			
Type of Property		Location of Property	
Appraised Market Value of Property	\$	Mortgage or outstanding loans	\$
Amount of annual insurance	\$	Amount of most recent tax bill	\$
Have you disposed of any property in the last 2 years			
Market Value When Sold	\$	Sale Price	\$
Date of Transaction	/ /		

Does any member of the household have an asset owned jointly with someone who is NOT a member of the household			
Type of Asset		Location	
Appraised Market Value of Property	\$	Mortgage or outstanding loans	\$
Does the member of the household have access to the asset? ____ yes ____ no Please explain: _____			

Have you disposed of any other asset in the last 2 years			
Market Value When Sold	\$	Sale Price	\$
Date of Transaction	/ /	Description:	



application certification and consent to release information

This form must be signed by all adult household members and returned with your application.

Please initial each of the following items:

_____ 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 the provision of false information may lead to program ineligibility as well as additional penalties imposed by regulatory agencies.

_____ I/We understand that the use of this application is for tenant assessment to provide an opportunity to rent an apartment with ROOF Overhead Collaborative, Inc., and does not guarantee an offer of rental. I/We consent to the release of information to other organizations involved in the application process, including the Massachusetts Rehab Commission, Community Teamwork, Inc. and the ARC of Greater Haverhill-Newburyport. These agencies reserve the right to request additional information at any point in the qualification process.

_____ I/We understand that additional third party information may be collected on our behalf later in this process. This information may include, among other items, reference checks, Criminal Offender Registry Information (CORI), and credit checks.

_____ I/We certify that no member of our family has a financial interest in the development.

Your signature(s) below gives consent to the YWCA Greater Newburyport, the Massachusetts Rehab Commission, Community Teamwork, Inc. and the ARC of Greater Haverhill-Newburyport to verify information provided in this application. No applications will be considered complete unless signed and dated by the Applicant/Co-Applicant (all adult household members must sign).

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

