



TOWN of LINCOLN
Council on Aging & Human Services
c/o Town Offices
16 Lincoln Road
Lincoln, Massachusetts 01773
Phone (781) 259-8811

Town Administrator
Timothy S. Higgins

Director
Abigail Butt

Assistant Director
Amy Gagne

Town Social Worker
Natalia Dedkov

Lincoln Rental Assistance Program Application

The Lincoln Rental Assistance Program (LRAP) is a program funded by the Community Preservation Act (CPA). CPA funding is annually appropriated by Town Meeting; as such LRAP will make funding requests on an annual basis.

Qualification

To qualify, applicants must be a current Lincoln resident. Household receiving any federal or state housing assistance, such as Section 8 are not eligible for LRAP.

Incomplete applications will not be processed. Please complete all information requested on the application and submit all required documentation to verify income. If a question is not applicable, please write N/A. Please ensure that all adults (age 18+) in your household sign this application. If you need additional space to provide an answer, please attach an additional sheet(s).

The Lincoln Council on Aging is available to assist with completion of the recertification form and required verification documents. Please call 781-259-8811 for assistance.

Submission

Please complete this form and submit all supporting documents to:

Natalia Dedkov, Town Social Worker, Lincoln Council on Aging

By Mail: c/o Town Office, 16 Lincoln Road

In Person: 15 Bedford Road

Lincoln, MA 01773

781-259-8811

dedkovn@lincolntown.org

Privacy

Your personal information will be kept confidential to the extent permitted by law except for necessary communications between you, your landlord, and LRAP. Your application will be qualified and ranked by a small committee, who will review only the data relevant to your qualification and ranking. This data will be stripped of any identifying information to ensure that your identity is kept confidential from the committee.

Applicant Information

Application ID for Household (for office use only)

Please list information for all adults in the household. Continue on a separate sheet if necessary.

First Adult Household Member

<i>Name of Household Member</i>		<i>Best Way to Reach Household Member</i>		
<i>Current Residence Address</i>	<i>Apt. No</i>	<i>City / Town</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Work Phone</i>	<i>E-mail Address</i>	
<i>Mailing Address (If Different)</i>	<i>Apt. No</i>	<i>City / Town</i>	<i>State</i>	<i>Zip</i>

Second Adult Household Member

<i>Name of Household Member</i>		<i>Best Way to Reach Household Member</i>		
<i>Current Residence Address</i>	<i>Apt. No</i>	<i>City / Town</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Work Phone</i>	<i>E-mail Address</i>	
<i>Mailing Address (If Different)</i>	<i>Apt. No</i>	<i>City / Town</i>	<i>State</i>	<i>Zip</i>

Household Information

Please list all the individuals who will live in the intended rental unit.

First & Last Name	Primary Contact?	Date of Birth	Occupation (Employed, At Home, Handicapped, Student)
	Yes		

Language spoken at home:	Would you like an interpreter?	Yes	No
Is a member of your household disabled?	Yes	No	Is a member of your household age 60 or older?
			Yes
			No
Is a member of your household under age 18?	Yes	No	Does anyone in the household live or work in Lincoln or attend School in Lincoln?
			Yes
			No

Rental Apartment

Please provide information on the apartment in which your household will be living during the period in which rental assistance through the LRAP will be provided.

<i>Apartment Address</i>		<i>Apt. No.</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Does your household presently live in this apartment?	Yes	No	What is the monthly rent?		<i>Rent</i>
			What are the dates in which the lease is in effect?		<i>From</i> <i>To</i>
If your household lives in this apartment, is it under a lease agreement?	Yes	No			
If your household plans to move into this apartment, when will your household start to reside at this address?					
Please circle the utilities you pay separately from rent.		Electricity	Heat (gas)	Heat (electric)	Heat (oil/propane)
# of bedrooms					

Landlord

Please provide information on the landlord of the apartment in which your household will be living during the period in which rental assistance through the LRAP will be provided.

<i>Landlord Name</i>		<i>Telephone Number</i>		
<i>Landlord Address</i>	<i>Apt. No.</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Other Housing Assistance

Are you or anyone in the household currently receiving rental assistance from the Section 8 Program, Mass Rental Voucher Program, or any other rental assistance?		
	Yes	No

Waiting Lists

	YES	NO
Are you currently on a waiting list for federal, state, or local subsidized housing?		
Will you agree to maintain your position on such list/s if selected for participation?		
If not on a waiting list for federal, state, or local subsidized housing, will you agree to be listed as a condition of consideration for this program?		

Household Income

Provide the anticipated income for ALL household members over age 18 from all sources for the next 12 months. Please specify all sources. You are also required to submit verification documents.

Name	Type of Income	Name & Address of Employer or Source of Income	Estimate of Income for Next 12 Months
	Gross Salaries, Wages, including Overtime / Tips		\$
	Gross Salaries, Wages, including Overtime / Tips		\$
	Interest and Dividend		\$
	Tax Refunds		\$
	Regular Alimony-Support Payments		\$
	Regular Child-Support Payments		\$
	Net Income from Business or Profession		\$
	Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and/or SSI		\$
	VA Disability Income		\$
	Other Income		\$
TOTAL INCOME			\$

<p>Please list any other income-related factor that we should know about.</p>	
---	--

Required Documentation Checklist

1.	I/We have provided pay stubs for the last five (5) weeks for all employment income. If you are paid weekly, this includes your 5 most recent pay stubs for the past five weeks.	Yes
	<ul style="list-style-type: none"> If you are paid bi-weekly, this includes your 3 most recent pay stubs covering the past five weeks. If you are paid monthly, this includes your 2 most recent pay stubs covering the past five weeks. 	N/A
2.	I/We have provided 2022 federal tax returns for all household members who filed.	Yes
		N/A
3.	For self-employed persons, I/we have provided the most recent federal income tax returns and a year-to-date profit and loss statement.	Yes
		N/A
4.	I/We have provided current documentation of all other income sources. <i>This may include: pension and retirement account statements; Social Security Benefit Verification letter; the most recent statement of unemployment compensation detailing your compensation; court ordered alimony and child support.</i>	Yes
		N/A
5.	For all persons with no source of income, I/we have signed the “No Income Verification Form” attached to this application.	Yes
		N/A
6.	I/We have provided the required documentation of all asset accounts, including:	
	<ul style="list-style-type: none"> Three (3) most recent monthly statements for all checking accounts 	Yes
		N/A
	<ul style="list-style-type: none"> Three (3) most recent monthly statements for all savings accounts 	Yes
		N/A
	<ul style="list-style-type: none"> Most recent statement for all other asset accounts 	Yes
		N/A
7.	If applying for Local Preference, I/we have provided the required documentation for the Local Preference criteria that our household is eligible for, including:	
	<ul style="list-style-type: none"> For residents, proof of residency. 	Yes
		N/A
	<ul style="list-style-type: none"> For those employed by the Town of Lincoln, a Town of Lincoln paystub or a signed letter from your supervisor detailing your employment status. 	Yes
		N/A
	<ul style="list-style-type: none"> For those employed by a business or organization in Lincoln, a paystub that includes the business organization address or a signed letter from your employer stating the location of your place of employment. 	Yes
	N/A	
	<ul style="list-style-type: none"> For those households with a student enrolled in the Acton-Lincoln Regional School System, a current school transcript or an enrollment letter. 	Yes
		N/A

No Income Verification Form

To be completed by all household members age 18 and older with no source of income.

I, _____, do hereby certify that I do not have any sources of income. I rely on my family to provide my basic life necessities. I certify that this statement is true to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law.

Applicant Signature

Date

APPLICANT'S CERTIFICATION: All household members over age 18 must sign.

- I understand that it is my responsibility to inform the Council on Aging in writing of any change of addresses, income, or household composition.
- I/We certify that all information furnished in this application for Rental Assistance is true and complete to the best of my/our knowledge.
- I/We understand that any false statement, made knowingly and willfully, will be sufficient cause for rejection of my/our application.
- I/We do not maintain or receive housing assistance through any federal or state housing voucher program.
- I/We understand that a security deposit must be paid for this apartment prior to occupancy.
- I/We understand that enrollment in the Rental Assistance Program does not guarantee that I/we will be able to lease an apartment through the program.
- I/We understand that ANY false information on this application or statements given are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature is as valid as the original.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Printed Name: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Printed Name: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Printed Name: _____