

**Town of Plymouth
Office of Community Development
11 Lincoln Street, Plymouth, MA 02360
508-747-1620, ext. 148**

**LOCAL PRIVATE AFFORDABLE HOUSING RENTAL PROGRAM
ELIGIBILITY & APPLICATION PROCESS**

WHAT: The Local Affordable Housing Rental Program has been designed to create and maintain the availability of affordable rental units to persons of low-to-moderate income (LMI), with preference given to residents of Plymouth, MA. Rental rates are regulated by the Boston PMSA as published periodically by the U.S. Department of Housing and Urban Development. Current rental rates are noted below and are limited in size to one and two bedroom units.

WHY: This Program is to assist persons of low-to-moderate income in identifying and applying for available rental units under the local Housing Development Support Program.

WHO: The Program is for low-to-moderate income persons, with preference given to Plymouth residents. Defined Income Limits are published periodically by the U. S. Department of Housing and Urban Development for the Boston, MA area, for use by the Housing Development Support Program. Current income limits are noted below.

WHERE: Downtown and Village Centers

WHEN: Availability of units fluctuates. If there are no units available, eligible applicants are added to a waiting list.



1. Tenant Information Survey, Request for Verification of Employment, Request for Verification of Income and Application for Affordable Housing Unit forms are available at the Office of Community Development (OCD) Monday through-Friday, 8:30-4:30, or can be mailed upon request by calling OCD at 508-747-1620 ext 148. Fully completed forms are to be returned to OCD.
2. The above forms will be reviewed for determination of eligibility of applicant. An on-going list of eligible applicants will be maintained and numbered sequentially as applications are received. Applicants will be notified by OCD, in writing, of their eligibility or ineligibility.
3. Notification to an applicant of a vacancy will be made, from a written waiting list, in the chronological order of approval of eligibility, with priority given to Plymouth residents. Depending on availability of apartment units, an applicant will be notified by the property owner to make an appointment for viewing available apartments.

CURRENT INCOME LIMITS (4/27/07):	CURRENT HIGH HOME RATES :
1 person household \$29,450 - \$46,300	1 bedroom- \$831.00 to \$1004.00 w/utilities
2 person household \$33,650 - \$52,950	2 bedroom - \$996.00 to \$1,208.00 w/utilities
3 person household \$37,850 - \$59,550	



***Any questions or requests for additional information should be directed to:
Plymouth Office of Community Development***

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APPLICATION FOR PRIVATE AFFORDABLE HOUSING UNIT

Name(s): _____ Phone: _____
Address: _____
Employer #1: _____ Phone: _____
Address: _____ Date Hired: _____
Employer #2: _____ Phone: _____
Address: _____ Date Hired: _____
Current Landlord: _____ Phone: _____
Address: _____

Name, address and Phone for 3 character references (NOT family):
1 _____
2 _____
3 _____

Name, address and Phone for 2 credit references:
1 _____
2 _____

- Please respond to the following:
1. Have you ever been evicted? yes _____ no _____
 2. Have you been delinquent in paying rent during the last 3 years? yes _____ no _____
 3. Apartment preference: _____ 1 bedroom _____ 2 bedroom _____ either

As a material inducement to be considered for the Affordable Housing Program, I herewith consent to and authorize the prospective landlord, or agent of same, to contact all references names in this application, and to conduct a credit review, including obtaining my credit report from any authorized credit reporting agency.

I declare under penalty of perjury that the information listed in this application is true and correct.

Signature(s): _____

Return completed Survey, Employment Verification(s), Income Verification(s), Pay Stubs & Application to:
OFFICE OF COMMUNITY DEVELOPMENT
11 Lincoln Street, Plymouth, MA 02360

Original: OCD
Copy: Landlord
Copy: Applicant

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HOUSING DEVELOPMENT SUPPORT PROGRAM TENANT INFORMATION SURVEY

Applicant Name: _____
 Address: _____
 Phone: _____

A. Household Data:

Number of Household members, including yourself: _____ Ages of Household members: _____

Bedroom(s) needed: _____ 1 _____ 2 No preference: _____

Racial Category (circle appropriate category)

White _____	Hawaiian/Pacific Islander _____
Asian _____	Asian & White _____
Black/Afr. American _____	Black/Afr. Amer. & White _____
native American/Alaskan Native _____	native Amer/Alaskan & Black/Afr. Amer. _____
Native Amer/Alaskan & White _____	Other (specify) _____

Other Family Information

Small Family (1-4 persons) _____ Female Head of Household _____ Elderly (over 65) - _____
 Large Family (5 or more) _____ Handicapped - How Many? _____ Hoe many? _____

B. Source of Income:

For each family noted above, please list the amount of income each currently receives from all sources each month, before taxes or other deductions. Include wages, interest and dividends, social security, annuities, child support, pensions, unemployment, other public assistance, etc..

Attach Employment & Verification Forms or some other documentation for each source noted below:

Family Member	Name of Employer or Source of Income	Monthly Amount BEFORE taxes

I hereby certify that all of the above statements are true, accurate, and complete to the best of my knowledge and belief. I hereby consent to the verification of any information given in this application.

Signature(s): _____ Date: _____

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REQUEST FOR VERIFICATION OF INCOME

Applicant's Name: _____ No. _____
Address: _____
Phone: _____

In order to document current income status by wages, you must attach the following to your Affordable Housing Rental Program application:

1. A Verification of Employment form provided by the Office of Community Development, signed and dated by an authorized official of the employing firm, which indicates employer and income information.

AND

2. One of the following:

- Copies of pay stubs indicating your gross income for the 13 weeks preceding the date of your application. Stubs should indicate your name and social security number.
- OR
- Signed and dated letter from your employer (on employer's letterhead) stating the amount of gross wages (before taxes and deductions) you earned during the 13 weeks preceding the date of your application. Letter should include your name and social security number.

*If your income is derived from other than earned wages,
the Office of Community Development will furnish
an appropriate documentation form upon request.*

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REQUEST FOR VERIFICATION OF EMPLOYMENT

<i>Top section to be completed by the applicant.</i>			
Employee's Name:			
Social Security Number:			
Employer's Name:		Phone:	
Employer's Address:			
<p>To Whom It May Concern:</p> <p>The person identified above has applied for affordable housing through the Town of Plymouth, MA's Housing Development Support Program. This office must determine income eligibility and requests information from the employer regarding income. Any information provided is for the use of this program only.</p>			
<p>I hereby authorize release of the requested information:</p> <p>Employee's Signature: _____ Date: _____</p>			

EMPLOYER'S VERIFICATION

<i>Bottom section to be completed only by the employer or employer's representative.</i>			
A. Position Held:		Date Hired:	
B. Full Time? YES NO	Complete whichever applies:	Actual/Anticipated	
Part Time? YES NO		Annual Pay:	
Hours/week? _____		Hourly pay rate: \$	\$ _____
	Weekly Salary: \$		
C. Gross Wages Paid for the 13 weeks preceding Date of this application:		\$ _____	
D. Additional Compensation - Actual Amounts received in Past 12 months:			
Overtime: \$ _____	Commissions: \$ _____	Bonus: \$ _____	
Employer Signature: _____		Date: _____	
Print Name: _____		Title: _____	

Original: OCD
 Copy: Applicant
 Copy: Employer