

PLYMOUTH OFFICE OF COMMUNITY DEVELOPMENT

APPLICATION CHECKLIST AFFORDABLE RENTAL APARTMENTS

Enclosures Required: (Do not enclose originals - COPIES ONLY)

- _____ Signed Application.
- _____ If an adult member of the applicant is a full-time student, a letter from the school or college stating enrollment status and anticipated date of graduation.
- _____ Proof of Wage Income (5 most recent pay stubs or salary verification letter signed by employer on company letterhead.
- _____ Documented proof of Social Security, Disability, SSI, TANF, Veterans Benefits and Unemployment Compensation.
- _____ Complete Tax Returns for the past three years, including W2's and 1099's.
- _____ For Self Employment income, Income and Expense data certified by an independent accountant for the past two quarters.
- _____ Documentation of Assets owned by any members of the Applicant household with valuation.
- _____ Evidence of funds available for lease deposit.

A complete Application Package shall contain (1) a completed and signed Application Form, (2) a signed General Authorization for Release of Information Form, (3) all required documentation listed in the Application Checklist. All applicants are strongly urged to contact the Plymouth Office of Community Development for guidance if there are any requirements you do not understand.

The Plymouth Office of Community Development can be reached by phone at 508-747-1620 ext 148 or e-mail at pheylin@townhall.plymouth.ma.us.

APPLICATION INSTRUCTIONS

Application Form - Page 1

Part 1 of the application form collects information about the Applicant Household. Please provide the requested information. Applicant is the Head of Household. Co-Applicant is the spouse/partner or co-owner (another name on the lease for the unit). Additional Household members include every person who will live in the affordable home as a member of the household, including children. Social Security numbers and birth-dates are required for each household member. Describe the relationship to the Applicant for each household member (for example: Wife, Son Daughter, Mother, Nephew, etc.).

Part 2 Intentionally omitted.

Part 3 of the application is optional, and designed to capture racial data on applicant households.

Part 4 Intentionally omitted.

Part 5 of the application captures income data for the applicant household. Please fill in the requested information in the appropriate spaces. A section for the full-time occupation and income for the applicant and co-applicant is provided, as well as an additional section, to capture additional income from part-time jobs, alimony, child support, disability, retirement or investment income, etc. You must provide documentation of all income (see the application form and the checklist at the end for guidance). Please provide documentation that is current with the application date (most recent time period).

Part 6 of the application captures information about household assets. Assets include liquid assets such as cash in savings and checking accounts, real estate owned, investment accounts (stocks, bonds, mutual funds, etc.). You must include all retirement accounts. Please indicate in whose name(s) each account is held and name of the bank or brokerage. If it is an interest-bearing account (such as a savings account), show the interest rate (example: if your savings account pays 2.5% interest, list 2.5 in the column for interest rate). The current balance should include the principal balance (or value if a non-cash asset) as of the most recent statement. Please include documentation as outlined in the application package and checklist.

Part 7 of the application should be filled out regarding members of the applicant household who are over 18 years of age and registered as a full-time student(s) in a school or college. Please include a letter from the educational institution showing that the household member is a full-time student(s), and the anticipated graduation date(s).

Part 8 of the application is for signatures and certifications by the Applicant and Co-Applicant. Please read the certification statement and sign this page.

General Authorization for Release of Information Form

All household members over the age of 18 must sign and date this form. This form will be used to verify information provided with the application.

PLYMOUTH OFFICE OF COMMUNITY DEVELOPMENT
Application for Affordable Rentals

APPLYING FOR:

__1BDR __2BDR __3BDR __ ALL UNITS

Part I Applicant Information

Applicant's Name			
	Mr./Mrs. Etc.	First Name	Last Name

Co-Applicant's Name			
	Mr./Mrs. Etc.	First Name	Last Name

Applicant's Mailing Address			
	Street / Apt. # / PO Box		
	City	State	ZIP

Phone/ Email			
	Home Phone	Cell Phone	Email

Household Members (List all household members, regardless of age, who will occupy the affordable unit).

Name	Relationship	Date of Birth	Social Security #
	Applicant		
	Co-Applicant		

**Part II
Intentionally Omitted**

**Part III
Minority Information for Applicant's**

***Optional: Please check the appropriate Race Category for each Household Member**

Household Member	Native American/ Alaskan	Native Hawaiian / Pacific Islander	African American	Hispanic/ Latino	White / Non- Minority	Other/ Non- White

**Part IV
Intentionally Omitted**

**Part V (A)
Applicant's Household Income**

Applicant's Full Time Occupation Employer Name Employer Address Supervisor					
	Street	City/Town	State	Zip	
	Name		Phone #	EXT.	
Total income before any deductions:					
If paid Weekly (attach 5 most recent pay stubs)	S Period #1	S Period #2	S Period #3	S Period #4	S Period #5
If paid B-Weekly (attach 3 most recent paystubs)	S Period #1	S Period #2	S Period #3		
If paid Monthly (attach 2 most recent pay stubs)	S Period #1	S Period #2			
Applicant's Total Gross Income:					

**Part VIII
Certification**

I/We certify that the information contained in this application is true and accurate to the best of my/our knowledge.

I/We understand that only applications that are complete and eligible under the guidelines and contain all necessary documentation and certifications will be entered into the lottery.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Date	Time	Received by Deadline	Signature

Please submit this application along with all of the required documents to:

**PLYMOUTH OFFICE OF COMMUNITY DEVELOPMENT
11 LINCOLN STREET, 2ND FLOOR
PLYMOUTH, MA 02360**

PLEASE MARK ENVELOPE – AFFORDABLE RENTAL APPLICATION.

General Authorization for Release of Information

I/We hereby authorize the Plymouth Office of Community to pull a tri- merged credit report and to verify any and all income assets and other financial information. I/we direct any employer, landlord, or financial institution to release any information to the Plymouth Office of Community Development for the purpose of determining income eligibility for affordable units located in Plymouth, MA.

All information released will be kept confidential.

Applicant Signature

Social Security #

Date

Co-Applicant Signature

Social Security #

Date

Additional Family Member

Social Security #

Date

Additional Family Member

Social Security #

Date