

BEDFORD

RENT RELIEF PROGRAM

APPLICATION PACKET

APPLICATIONS ACCEPTED ON A ROLLING BASIS PERIOD

The program will remain open and award grants on a first come, first served basis to eligible applicants until funding is depleted.

APPLICATION PACKET

Please read all the information carefully. This packet contains the following:

- **Application Checklist:** Must be completed and submitted with application. All required documentation must be included and submitted with the application to be considered for the program.
- **Application:** This fillable document can be completed electronically, printed out and signed, or printed out and legibly filled out by hand. All applications must have required documentation and be signed to be considered complete. All ineligible (but complete) applications will be reviewed by the Town for reconsideration before a final denial is issued.

APPLICATION SUBMISSION

It is preferred that the application, checklist and all required documents be submitted electronically to: Jen Pontes, JenP@RHSOhousing.org

For questions: Email info@RHSOhousing.org or call 978-287-1091.

Applications are also accepted by mail or drop-off at the following locations:

RHSO Housing
37 Knox Trail
Acton, MA 01720
Attn: Bedford RRP

Place in large black mailbox at the bottom of the outside steps.

Town Hall
10 Mudge Way
Bedford, MA 01730
Attn: Jeff King, Rental Relief

Place in the drop box in the vestibule



Bedford RRP - FREQUENTLY ASKED QUESTIONS

WHAT IS BEDFORD RRP?

The Bedford Rent Relief Program (BRRP) is funded through Bedford’s Municipal Housing Trust and provides temporary monthly rental assistance in the form of a grant to eligible households, for up to an eight-month period. Monthly assistance will be calculated as the amount necessary to reduce housing costs to 30% of gross income (before taxes), but shall be at a minimum the amounts listed below (but not to exceed tenant rent):

\$300/mo. - 1br \$450/mo. - 2br \$600/mo.- 3br \$750/mo.- 4br

Utility and rental arrears are eligible for reimbursement, with limitations. The maximum allowable rental assistance grant amount is \$10,000 (including any arrears), contingent upon program funding availability. Rental and/or utility arrears will be prioritized and paid first but limited to a total of \$5,000. Of that \$5,000, utility arrearages are limited to a maximum of \$1,500. If no assistance is requested for utility arrearages, then the total \$5,000 can be applied to rental arrearages.

If assistance with arrears is requested, and the monthly rental assistance required to reduce housing costs to 30% of gross income is more than the remaining limit of available funds, monthly rental assistance will be reduced and spread out over the 8 months of participation in the program.

The determined monthly assistance payments would be issued as follows:

Months 1 – 6: Participant will receive 100% of monthly assistance

Month 7: Participant will receive 75% of monthly assistance

Month 8: Participant will receive 50% of monthly assistance

Example: If an eligible applicant requests \$4,000 for rental arrears, and the monthly assistance to be provided is \$400, then payments would be distributed such that:

Arrears:	\$4,000
Months 1-6:	\$2,400 (\$400 x 6 months)
Month 7:	\$300 (\$400 x 75%)
<u>Month 8:</u>	<u>\$200 (\$400 x 50%)</u>
Relief to be Paid:	\$6,900

The assistance payments are offered with no repayment clauses. Payments are made directly to the landlord.

APPLICANTS MUST MEET ALL OF THE FOLLOWING:

- Current residents of Bedford who are not receiving rental assistance from any Local/State/Federal program (RAFT, ERAP, etc.).
- Households receiving Section 8 assistance are eligible IF they meet all other eligibility requirements
- Households that have received assistance from the Bedford Municipal Housing Trust rental assistance programs in the past do not qualify
- Households owning any real estate do not qualify
- Households spending greater than 30% of their gross income on rent **or** whose income is below 30% AMI
- Households whose income is below the following limits:

Effective: 4/1/2025	AMI Income Limits					
Household size	1 person	2 person	3 person	4 person	5 person	6 person
80% Income Limit	\$92,650	\$105,850	\$119,100	\$132,300	\$142,900	\$153,500
30% Income Limit	\$34,750	\$39,700	\$44,650	\$49,600	\$53,600	\$57,550

- The maximum rent to be considered for benefit is:

1 Bedroom- \$2,646, 2 Bedroom- \$2,977, 3 Bedroom- \$3,440, 4 Bedroom- \$3,837

*The maximum rents are based on the payment standard set for the town, which is the higher of the 80% LIP rent, 80% Masshousing rent, or the HUD Fair Market Rents (FMR's)

**Rents that are higher than the established limits will be considered, and approval of eligibility would be discretionary, making income the primary criteria to be considered.

How is the program funded? What is the application and award process?

The program, sponsored by Bedford's Municipal Affordable Housing Trust, will provide temporary rental assistance in the form of a grant for the purpose of supporting eligible households in maintaining housing. The program is being administered by the RHSO. Applicants must submit sufficient documentation to demonstrate their eligibility. Once eligible, a Participation Agreement will be issued, and the landlord must agree to participate in the program. Repayment of assistance will not be required.

BRRP APPLICATION CHECKLIST

The following is a list of information needed to determine eligibility for assistance. Please provide all *applicable* information with your completed application.

All adult household members (over 18 years of age) must provide all documentation.

Signed lease, tenancy agreement, or tenancy-at-will form

- ✓ Statement from landlord of back rent due, if applicable.
- ✓ Most recent rent calculation statement from property or voucher issuing agency

Utility Bill (ONLY for households applying for utility assistance)

With proper documentation, the program will make a one-time payment of up to \$1,500 for utility (gas, electric, water/sewer) arrears (past due amounts) to be paid directly to the utility provider

Documentation of Current Income

- ✓ Currently Employed - Provide two months of the most recent and consecutive paystubs received.
- ✓ Self-employed – Provide *year-to-date* Profit and Loss statements, showing monthly amounts (i.e. written amounts of money received each month since the beginning of the year).
- ✓ Unemployment Assistance – Provide the determination letter and recent statement of benefits
- ✓ Other Government Assistance – Social Security Income (SSI, SSP or SSDI), TANF, TAFDC, EAEDC
- ✓ Child Support or Alimony Verification -
- ✓ Other Income - Document all other income including pension, investment income, etc.
- ✓ No Income / Cash Income Verification Form – Complete for no income or cash only income.

Asset Information

- ✓ Bank Statements - Copies of last 2 statements (all pages) from all bank accounts (Checking, savings, IRA, etc.)
- ✓ Other Assets - Copies of any investment statements for previous period (Investment, Retirement, Pensions, Annuities, etc.)

***You may provide any additional information if you feel it is applicable to you and your household. The Town and/or the Regional Housing Services Office may request additional information if necessary to make a determination of eligibility.

NOTE: A Tenant Income Certification form (TIC, 50058, 50059 or other recertification for a state or federally subsidized housing program including LIHTC and 40B properties) from your landlord can be submitted instead of income and asset documentation.

**Regional Housing Services Office (RHSO)
BEDFORD RENT RELIEF PROGRAM (BRRP) APPLICATION**

On behalf of the Town of Bedford, the RHSO is administering the Bedford Rent Relief Program. Always keep your application information and address up to date with this office. Thank you and we look forward to assisting you.

Return electronically to: info@RHSOhousing.org (in a PDF legible format)
Mail or Drop-off hard copy to: 37 Knox Trail, Acton MA 01720 (Black mail box at bottom of steps)

Please use fillable form to complete electronically or print clearly and complete all information requested. Do not leave blanks, or we may be unable to process your application.

I. APPLICANT INFORMATION

Applicant Name _____

Telephone: _____ Email (PRINT CLEARLY): _____

Current monthly Income (List Total Amount from all sources): _____

Co-Applicant Name _____

Telephone: _____ Email: _____

Current monthly Income (List Total Amount from all sources): _____

Do you currently owe past due rent? YES NO

If yes, how much and for which months do you owe? _____

Have you, or anyone in your household, applied for **rental** assistance from any state/local/federal housing rental assistance programs (i.e. RAFT, ERAP, ERMA) in the past 2 years? YES NO

If yes, Agency Name: _____ Date of application: _____

Date of last assistance payment if payment was received: _____

If you have applied to receive rental assistance from any local/state/federal agency, please check which of the following statements applies to you:

_____ I have applied for and received rental assistance from a local/state housing assistance program.

_____ I have applied for alternate assistance, and my application is pending approval.

_____ I have applied for alternate assistance, but my application was rejected.

Do you owe past due utilities? YES NO

If yes, list the company name, amount and utility type (gas, elec., etc.)?

Company: _____ Utility: _____ Amount: _____

Company: _____ Utility: _____ Amount: _____

Have you, or anyone in your household, applied for **utility** assistance from any state/local fuel assistance programs in the past 2 years? ____YES ____NO

If yes, Agency Name: _____ Date of application: _____

Date of last assistance payment if payment was received: _____

If you have applied to receive utility assistance from any local/state agency, please check which of the following statements applies to you:

_____ I have applied for and received rental assistance from a local/state housing assistance program.

_____ I have applied for alternate assistance, and my application is pending approval.

_____ I have applied for alternate assistance, but my application was rejected.

Does anyone in your household own any real estate property in or outside of Massachusetts? YES NO

Additional Household Members: *Please list all other persons residing in the unit.*

Name:	Relationship to Applicant	Over 18? Y/N	Full-Time Student ? Y/N

II. HOUSEHOLD INCOME: Include all forms of income for *all adult household members (over 18 years of age)*, including but not limited to: Employment Income, Self-Employment Income, Unemployment Compensation, Social Security, TANF, Disability Income, Child Support, Pensions, Baby-Sitting Income, etc. See application checklist for required documentation.

Household Member Name	Income Source:	Current Gross Amount	Frequency i.e. every week, month, year
	Employer Name:		
	Employer Name:		
	Unemployment Assistance:		
	Unemployment Assistance:		
	Child Support		
	SSI/ SSDI		

	Pensions/Retirement:		
	Other: Please specify		
	Other: Please specify		
	Other: Please specify		

III. HOUSEHOLD ASSETS: Please provide all information on assets accounts held by all family members

Household Member Name	Account (Bank Name)	Current Balance
	Checking:	
	Checking:	
	Savings:	
	Savings:	
	IRA, 401K, specify:	
	Investment/ /trust: Specify	

III. UNIT AND LANDLORD INFORMATION:

Unit address: _____

Move-in Date: _____ Number of bedrooms in your unit: _____

Current monthly rent amount: _____

Current estimated monthly tenant utility payments (heat, electricity, and water sewer): _____

Do you receive any other rental assistance such as Section 8 Voucher, MRVP or live in subsidized housing where your rent is based on your income: _____YES _____NO *If yes, submit your last rent determination letter.*

Landlord Contact Information: This must be completed for your application to be considered. Landlords must agree to participate in the program. Any assistance provided will be paid directly to the landlord.

Landlord Name _____

Telephone: _____ Email: _____

Landlord Address _____ City _____ State _____ Zip Code _____

VII. Signatures/Certification of True and Correct Information

Please be sure you have answered all questions. Otherwise, we will be unable to process your application. All completed applications will be reviewed for eligibility to receive emergency rental assistance under the program guidelines. If it is determined that your household is eligible and rental assistance is granted, payments will be made on your behalf to the landlord for a period of up to six months (or less if applied to arrears) with an option to renew one time, pending funding availability and recertification of eligibility. The landlord must agree to participate in order to receive rental assistance from the program.

By signing below you certify the following:

Certification of application: I/We hereby affirm that the answers to the foregoing questions are true and correct, and that I/we have not knowingly withheld any fact or circumstances which would, if disclosed, affect this application unfavorably. I/We hereby authorize inquiries to be made to verify the information given in this application. **Assistance will be cancelled and/or application will be rejected if any information or statements given are found to be false or information has been withheld.**

Release of Information: I/We agree to and authorize the information obtained with this application be given to and used to administer and enforce program rules and policies in compliance with program guidelines.

I/We understand that all decisions made by the Regional Housing Service Office are final and that any appeals must be submitted in writing to the Town body which has authority over the program funding.

The parties acknowledge and agree that this application may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

(Applicant Signature)

(Date)

(Co-Applicant Signature)

(Date)

WARNING: Section 1001, of Title 18 of the U.S. code, makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.