



your resource for Affordable Housing



**Arlington Emergency Tenant
Assistance Program (AETAP)**

Funding provided through the Town of Arlington's Community Development Block Grant

Town of Arlington

What follows is the application and checklist for materials which need to be included to secure your rental assistance through AETAP.

Please be advised that incomplete applications will not be considered for Rental Relief.

- (A) Application
- (B) Certifications & Release of Information Authorization Form
- (C) Required Financial Information

You may mail, email or FAX your application and related information with attachments.

To Mail documentation:

MCO Housing Services, LLC
P.O. Box 372
Harvard, MA 01451

Email:

RentalRelief@mcohousingservices.com

Phone: (978) 456-7999

Fax: (978) 456-8986

Please contact us with any questions.



Potential applicants will not be discriminated against on the basis of race, color, religious creed, marital status, military status, disability, national origin, sex, age, ancestry, sexual preference, source of income, presence of children, or any other basis prohibited by local, state or federal law.





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Arlington AETAP Program
APPLICATION (A)

PERSONAL INFORMATION:

Date of Application: _____

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Cell: _____ Work: _____

Email: _____

Are you currently receiving any other rental assistance (Section 8, MRVP, RAFT, etc.) ? Yes No

What is your current monthly rent? _____

If you are receiving assistance, what is your household's monthly obligation? _____

How many bedrooms are in your apartment? _____

HOUSEHOLD COMPOSITION: Includes all individuals permanently living in the household

The total household size is: _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____



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INCOME STATEMENT: Include all current income for all adult members in the Household. This includes gross (before taxes) wages, business income, veterans' benefits, alimony/child support, unemployment compensation, social security, pension/disability income, SSI and any dividend income.

Tenants Annual Base Income (Gross) _____
 Other Income - Source: _____
 Co- Tenants Annual Base Income (Gross) _____
 Co- Tenants Annual Base Income (Gross) _____
 Co- Tenants Annual Base Income (Gross) _____
 Co- Tenants Annual Base Income (Gross) _____
TOTAL HOUSEHOLD INCOME _____

You are applying for Community Development Block Grant (CDBG-CV) assistance through the town of Arlington to assist paying rent through this COVID-19 crisis. The CARES Act prohibits CDBG-CV funds being used for the duplication of benefits provided under other federal programs. Received funding must not replace Section 8, MRVP, RAFT, etc., or other available funds. All relief funds, be they public or private, must be listed below:

Funding Source	Granted Amount	Uses
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ABOUT YOUR FAMILY:

You are requested to fill out the following section in order to assist us in fulfilling affirmative action requirements. Please be advised you should fill this out based ONLY upon family members *that are living in the home*. Please check the appropriate categories:

Race:	Applicant		Co-Applicant		# of Dependents
	Yes	No	Yes	No	
American Indian or Alaskan Native	_____	_____	_____	_____	_____
American Indian/Alaskan Native & Black/African American	_____	_____	_____	_____	_____
American Indian/Alaskan Native & White	_____	_____	_____	_____	_____
Asian	_____	_____	_____	_____	_____
Asian/White	_____	_____	_____	_____	_____
Black or African American	_____	_____	_____	_____	_____
Native American or Pacific Islander	_____	_____	_____	_____	_____
White	_____	_____	_____	_____	_____
Other Multi-Racial	_____	_____	_____	_____	_____
Hispanic or Latinx:	Yes	No	Yes	No	_____



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LANDLORD'S CONTACT INFORMATION:

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Cell: _____ Work: _____

Email: _____

SIGNATURES:

The undersigned warrants and represents all statements herein are true. I/We understand, if approved for the AETAP all information provided shall be verified and additional financial information may be required.

Applicant Signature _____ Date: _____

Co- Applicant Signature _____ Date: _____



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CERTIFICATIONS & RELEASE OF INFORMATION AUTHORIZATION (B)

1. I/We certify the annual total gross household income for my family **does not exceed** the allowable limits as follows:

Household Size	1	2	3	4	5	6	7	8
Max Allowable Income	\$41,500	\$47,400	\$53,350	\$59,250	\$64,000	\$68,750	\$73,500	\$78,250

Income from all household members, 18 or older, must be included.

- I/We certify that all information furnished with this application for emergency rental assistance is true and accurate to the best of my/our knowledge.
- I/We certify that we are not or have not receiving duplicate rental assistance from any federal funds.
- Program requirements are established by the Arlington Emergency Tenant Assistance Program (AETAP). I/We agree to be bound by program changes which may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by the AETAP is final.
- I/We understand that, if approved, our application may be subject to a monitoring by the Town and HUD in order to meet CDBG program requirements. Any information will not be shared outside of the Town, HUD, or MCO Housing Services, LLC.
- I/We understand providing ANY false information on this application or statements given are punishable by law and will lead to cancellation of this application and any rental assistance.

I/We understand this information will be used to administer and enforce program rules and policies and may be shared with public agencies involved in the program. The Applicant(s) specifically agree to authorize MCO Housing Services, LLC, AETAP, or any of its assignees to verify any income, assets and other financial information, to verify any and all household, resident location and workplace information and directs any employer, landlord or financial institution to release any required information.

I/We agree a photocopy or other electronic transmission of this authorization with my signature shall be deemed and used as a duplicate original.

Applicant Signature _____

Date: _____

Co- Applicant Signature _____

Date: _____



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REQUIRED DOCUMENTATION (C)

1. Proof of Tenancy & Monthly Rent:

Copy of Written and Signed Lease with Monthly Rent Highlighted

2. Proof of Residency & Household Size:

Copy of Lease showing Adult Tenants. If all Adult Tenants are not on lease, include:

Copy of Bills or Mail Received by Adult Tenants,

Other Documentation to verify occupancy: _____

3. Proof of Household Income: (Required for Every Adult - Check and Provide all that Apply)

2019 Tax Return or (if unavailable) 2018 Tax Return

Pay Stub from One Pay Period between October 1, 2019 to December 31, 2019

Benefit(s) Letter (SS, SSI, SSDI, SSP, VA, etc);

Worker's Compensation, Unemployment, Severance, etc;

(Income from Children Under Age 18 will not be counted)

4. Proof of Impact from COVID

Paystubs showing reduced hours

Unemployment Statement of Benefits

Letter from Employer

Evidence (Landlord Statement) of Unpaid or Past Due Rent

Other: _____

Other: _____

5. Rent Status

Landlord W-9