

**Town of Westford ARPA
Fund Application for
Additional Household
Rental/Mortgage/Utility
Assistance**

FULL APPLICATION

Thank you for your interest in applying for the ARPA Emergency Rental/Mortgage/Utility Assistance. Eligibility for this program is income and residency based. The following application will help us ensure that your family qualifies.

A few things to keep in mind as you complete the application:

Applications should be submitted to Alison Christopher, LICSW, Westford Council on Aging, PO Box 2223, Westford, MA 01886 OR achristopher@westfordma.gov. Applications are funded on a first come, first served basis. Incomplete applications will not be processed.

- Gross yearly income must be at or below 300% of the Federal Poverty Level (see chart on page 3). Income qualification is based on household size, therefore this application must include everyone living in your home (including grandparents, live-in significant others, etc.)
- Asset Limits apply. Asset limit for single applicants: \$60,598 and for married applicants: \$83,817.
- Pay special attention to the attachments list at the end of the application. If you are unable to provide something listed, please get in touch with us and we'll do our best to find a solution.
- Once an application is deemed financially eligible, you will be notified. You will be required to provide the invoice/s or bill/s that you need paid and W-9 from each company to be paid.
- Applications are not considered fully approved until the above documents are provided and payment of the invoice may take 2-3 weeks from the time of approval.
- The maximum award is \$2000 per household annually. Applicants can not be approved twice within the same 12 month period.
- This application is **confidential within Town Departments that approve and administer these funds**. The information in this application will be used to determine your family's eligibility for assistance and if required for auditing by funding entities.

If you have any questions, need assistance, or require an application in another language, please don't hesitate to get in touch with Alison Christopher at 978-399-2325.

PART I: FAMILY INFORMATION

Applicant: _____ Address: _____

Mailing Address: _____ Telephone: (Day) _____

Email: _____

Number of people in household: _____

Household Composition: Please list below the head of your household and **all members who live or will be living in your home.** Give the relationship of each person to the head of household.

List Head of Household First Name	Social Security #	Relationship to Head	Date of Birth	Employed/ Student

- Does anyone live with you now who is not listed above? Yes No
- Does anyone plan to live with you in the future who is not listed above? Yes No
- If either is "yes", please explain _____

PART II: INCOME CATEGORY. *Please check as appropriate.*

- 1) **INCOME ELIGIBLE CATEGORY:** If your present gross household income falls at or below 300% of the Federal Poverty Level (see the following income eligibility chart), you may qualify as an INCOME ELIGIBLE family, and receive the assistance. Additional income information must accompany this application. *Please check the box below and refer to the attached INCOME VERIFICATION REQUIREMENTS, and continue with the Employment Income Information.*

 INCOME ELIGIBLE

Household Size	Gross annual income at or below
1	\$43,740
2	\$59,160
3	\$74,580
4	\$90,000
5	\$105,420

PART III. ANNUAL INCOME TOTALS: *What is your household's gross yearly income, from all sources? (Include all employers, benefits, pensions, public assistance, unemployment compensation, rental income, child support, etc. for **everyone over the age of 18** in the household.)*

ANNUAL INCOME

Source	Adult head of household	Spouse/partner	Other Household Member 18 or older	Total
Salary				
Overtime pay				
Commissions				
Tips				
Bonuses				
Cash Public Assistance				
Interest and/or Dividends				
Unemployment Benefits				
Social Security, Disability, Pension				
Retirement Funds, etc.				
Workers Compensation, etc.				
Alimony, Child Support				
Net Rental Income				
Other (describe)				
TOTALS	\$	\$	\$	\$

PART IV: ASSETS and LIABILITIES. Asset limit for single applicants: \$56,269 and for married applicants: \$77,370.

Assets: (Checking, Savings, Money Market, IRAs, CDs, etc. for **everyone over the age of 18** in the household) Use back of page if needed.

Type	Cash Value	Annual Income from Assets	Name of Financial Institution	Account Number
Checking Account(s)				
Savings Accounts(s)				
Other:				
TOTALS	\$	\$	\$	\$

PART V: CONFLICT OF INTEREST

Are you a municipal employee or locally appointed official? Yes No

Do you work as a consultant or agent to the community? Yes No

If so:

1. Position Title: _____
2. Department: _____
3. How did you hear about this program? _____
4. Note any potential conflict of interest & describe/attach resolution: _____

PART VI: VOLUNTARY INFORMATION REQUESTED *Make additional copies of this form or use back of page if needed*

The following information regarding race, national origin, sex designation, marital status, disability status, and veteran status solicited on this application is requested in order to assure the Federal Government, that Federal Laws prohibiting discrimination against program or tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. While you are not required to furnish this information, you are encouraged to do so.

Please provide this information for each member of your household.

Ethnic Category: Hispanic ___ Non-Hispanic ___ **Sex:** Male ___ Female ___

Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___

Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ **Sex:** Male ___ Female ___

Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___

Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ **Sex:** Male ___ Female ___

Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___

Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

Ethnic Category: Hispanic ___ Non-Hispanic ___ **Sex:** Male ___ Female ___

Race: White ___ Black/African American ___ Asian ___ Asian and White ___ American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ American Indian/Alaskan Native and White ___ Black/ African American and White ___ American Indian/Native Alaskan and Black/ African American ___ Other (Multi-Racial) ___

Check if applicable: U.S. Veteran ___ Female Head of Household ___ Elderly (over 60) ___ Disabled ___.

PART VII: TRUTH STATEMENT

I / We certify that all information given for the purpose of obtaining assistance under ARPA Additional Assistance to Households is true to the best of my/our knowledge. In addition, I give the Town of Westford permission to verify the information I have provided.

Applicant Date

Co-applicant Date
(If Applicable)

APPLICATION ATTACHMENT CHECKLIST

Please provide at least one item from each category below. Income information must be compiled for every household member over 18 years of age.

Proof of Address:

___ Recent Bank Statement with applicant's name and residential address

OR

___ Recent Utility Bill with applicant's name and residential address

Income Verification:

___ 4 weeks most recent consecutive paystubs per person, per job (**Note:** W-2s Not Accepted)

OR

___ 3 months most recent consecutive family bank statements if self employed

OR

___ A letter from your employer, on company letterhead, stating annual gross wages

AND

___ If receiving benefits, such as unemployment, social security, or disability or child support/alimony: documentation confirming amount and over what time period funds are received from the source.

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