

**City of Framingham  
Tenant Based Rental Assistance**

**APPLICATION CHECKLIST**

**All Documents are required for an application to be considered complete.**

**1. Income Tax Documentation**

- Copies of 3 most recent years signed tax documents, including W-2 forms (1040, 1040A, 1040EZ, 1098, 1099, all schedules)
- In the event a tax document is missing in part or in whole, or if the applicant did not file taxes, a transcript or verification of non-filing may be requested from the IRS (Form 4506-T is available upon request from the IRS at [www.irs.gov](http://www.irs.gov))
- If self-employed, include year-to-date Profit and Loss statement and last four (4) quarterly tax payment documents

**2. Financial Institution Account Information**

- Copies of last three (3) months of information (All checking-6 month average balance, savings, IRA, etc.)
- Copies of interest/dividend income of over \$100.00/annually
- Copies of any stock statements for previous three months

**3. Evidence of Income**

Last 30 days of consecutive Applicant(s) and Person(s) within the Household who earn income:

- Payroll stubs-2 months
- Alimony-Divorce Decree
- Child support
- Social Security (annual benefit statement)
- Pension copy of latest statement with balance of retirement account even if you are not currently collecting a pension)
- Disability (may be required to submit evidence of disability)
- Unemployment
- Government assistance, including Section 8 homeownership vouchers (if applicable)
- Other
- Life insurance policies (identify policy and type)

**4. Verifications -**

- Verification of full-time student (if applicable: required to be completed by the school if a member of the household is over 18 years of age and enrolled as having a full-time student status)

**5. Copy of Proof of Identification For All Applicants and Co-Applicants:**

- Copy of driver's license
- Social Security card
- Birth certificate and immigrant status

**6. Signed Documents**

- Completed application

You may provide any additional information if you feel it is applicable to you and your household.

# City of Framingham Rental Assistance Application

Please complete all requested information and return form to Community Development Department, Attn: Nathalie Jean, 150 Concord St., Suite B3, Framingham, MA 01702, Tel. (508) 532-5457. Thank you.

Application Date

## Applicant Information

First Name:

Last Name

DOB:

SSN:

Address:

City:

State:

Zip:

Tel.:

Email :

Receives Income

Source

**Race**

White

Black/ African American

Asian

American Indian/Alaskan Native

Native Hawaiian/ Other Pacific Islander

American Indian/Alaskan Native and White

Asian and White

Black/ African American and White

American Indian/ Alaskan Native and Black/ African American

Other Multi-Racial

**Ethnicity**

Hispanic or Latino

Not Hispanic



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**Household Member Information:** Beginning with the applicant, please list all persons who will live in unit.

Please provide all income/earnings information below for all household members. This income may include but is not limited to employment income, self-employment income, unemployment compensation, social security, TANF, disability income, child support, pensions, baby-sitting income, etc. Write "NONE" below if you have no income.

Receives income      Yes  
    No

Source	Amount	Frequency
Source	Amount	Frequency
Source	Amount	Frequency

Name	Sex:	SSN
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**Race**

- White
- Black/ African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/ Other Pacific Islander
- American Indian/Alaskan Native and White
- Asian and White
- Black/ African American and White
- American Indian/ Alaskan Native and Black/ African American
- Other Multi-Racial

**Ethnicity**

- Hispanic or Latino
- Not Hispanic

Relationship to Applicant	Receives income	Yes No
Source	Amount	Frequency
Source	Amount	Frequency
Source	Amount	Frequency

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Name Sex: SSN

**Race** White  
Black/ African American  
Asian  
American Indian/Alaskan Native  
Native Hawaiian/ Other Pacific Islander  
American Indian/Alaskan Native and White  
Asian and White  
Black/ African American and White  
America Indian/ Alaskan Native and Black/ African American  
Other Multi-Racial

**Ethnicity** Hispanic or Latino  
Not Hispanic

Relationship to Applicant: Receives income Yes No

Source Amount Frequency

Source Amount Frequency

Source Amount Frequency

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Name Sex: SSN:

**Race** White  
Black/ African American  
Asian  
American Indian/Alaskan Native  
Native Hawaiian/ Other Pacific Islander  
American Indian/Alaskan Native and White  
Asian and White  
Black/ African American and White  
America Indian/ Alaskan Native and Black/ African American  
Other Multi-Racial

**Ethnicity** Hispanic or Latino  
Not Hispanic

Relationship to Applicant

Receives income

Yes

No

Source

Amount

Frequency

Source

Amount

Frequency

Source

Amount

Frequency

FINANCIAL ASSESTS (For each Household member over 18)

Do you have a checking account?

Yes

Balance

Bank

No

Do you have a savings account?

Yes

Balance

Bank

No

Do you own any real estate/ property

Yes

Type

Value

No

Do you have any of the following?

Money Market Account

Certificate of Deposit

IRA Account

Stocks

Bonds

Other



Signatures/Certification of True and Correct Information:

By completing and returning this application, you will be automatically placed on a waiting list for Tenant-Based Rental Assistance. Wait list applicants are kept on file for one (1) year only.

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. **Please be sure you have answered all questions. Otherwise, we will be unable your application.**

Applicant Signature

Date:

Co-applicant  
Signature

Date: