



GREENFIELD RENTAL ASSISTANCE

Household income must not exceed:

HOUSEHOLD SIZE	1	2	3	4	5	6	7	8
100% INCOME LIMIT <small>*Based on 2025 Franklin County Area Median Income.</small>	\$83,700	\$95,600	\$107,700	\$119,600	\$129,200	\$138,800	\$148,300	\$157,900

PROGRAM PARTICIPATION WILL BE AWARDED TO ELIGIBLE HOUSEHOLDS AS FUNDING ALLOWS.

What is it? *One-time assistance* to individuals & families in need of security deposit assistance to move to permanent sustainable housing.

What property qualifies?

- Apartment located in the City of Greenfield.
- Apartment must pass a Housing Inspection.

What are Ineligible Activities?

- Rental Arrears.

When can I apply?

- When apartment has been located and Landlord has offered you availability.

Who can qualify and apply?

- *Tenant cannot be living in the apartment prior to applying, qualifying and unit inspection.*
- Tenant **Household** income must not exceed income limit in above chart.

What are Eligible Activities?

- Security Deposit
- First Month's rent.
- Application Fees.
- Last Month's rent.

OR

Pre-applications are accepted, and letters can be supplied to assist with your housing search.

MAX AMOUNT OF ASSISTANCE = Up to \$3,000!

TENANT APPLICATION CHECKLIST ✓

- | | |
|--|--|
| <input type="checkbox"/> Completed & signed Application Form.
(ALL adult household members must sign) | <input type="checkbox"/> Documentation of Greenfield residency. |
| <input type="checkbox"/> Documentation for your sources of income.
(i.e. 8 consecutive weeks of paystubs, W-2, 1099-NEC, 1099-MISC, Schedule C, copies of bank statements, retirement account, brokerage & securities holdings, virtual currency statements, retirement account statements, social security benefit letter, etc.) | <input type="checkbox"/> Copy of last filed taxes. |
| | <input type="checkbox"/> Copy of draft lease from landlord and offer letter if unit located. |
| | <input type="checkbox"/> Last two-months bank account statements for all accounts – include all pages. |

LANDLORD APPLICATION CHECKLIST ✓

- | | | |
|---|---|---|
| <input type="checkbox"/> Completed W-9. | <input type="checkbox"/> SD&RAF OWNER REQUEST FORM. | <input type="checkbox"/> Direct deposit form. |
|---|---|---|

Landlord Name: _____ Mailing Address: _____
Landlord Address: _____ E-mail Address: _____
Phone: _____ Monthly Rent: _____

Do you have a written lease? ☐ YES ☐ NO Are utilities included? ☐ YES ☐ NO

If no, what utilities are you responsible for? _____

To learn more, or if you're questions weren't answered above, please contact us at 413-774-2932.
Completed application's can be emailed to info@greenfieldhousing.org. You can also hand-deliver or mail to:



GREENFIELD HOUSING AUTHORITY
1 Elm Terrace - Greenfield, MA 01301



Greenfield Community
Preservation Act Funded



*** ALL PAGES IN THIS PACKET MUST BE COMPLETED AND RETURNED ***

HEAD OF HOUSEHOLD NAME

SOCIAL SECURITY NUMBER

(LAST 4 DIGITS)

X X X - X X - _____

RENTAL ASSISTANCE APPLICATION

Please enter all requested information below and provide the supporting documentation described in each section.

THIS FORM MUST BE COMPLETED BY THE APPLICANT.

The Head of Household is responsible for all information reported on behalf of household members.

SOCIAL SECURITY #	LAST NAME	FIRST NAME	DAYTIME PHONE NUMBER(s)
____ - ____ - ____			

DATE OF BIRTH	ADDRESS	CITY	STATE	ZIP CODE	EMAIL ADDRESS

Do you need assistance in any other language besides English? ☐ YES ☐ NO

If yes, please list the preferred language: _____

Do you or another household member have a Section 8 or other subsidy? ☐ YES ☐ NO

Are you a U.S. Veteran? ☐ YES ☐ NO How did you hear about this program? _____

Have you ever applied for or received a grant from this program? ☐ YES ☐ NO

If yes, explain: _____

FAMILY MEMBERS

FULL NAME	FULL-TIME STUDENT?	SOCIAL SECURITY NUMBER	AGE	DATE OF BIRTH	CITIZENSHIP	IS THIS PERSON DISABLED?
	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> YES <input type="checkbox"/> NO



HEAD OF HOUSEHOLD NAME

SOCIAL SECURITY NUMBER

(LAST 4 DIGITS)

X X X - X X - _____

Have you ever received housing assistance from another agency?: ☐ YES ☐ NO - If YES, please fill in below.

AGENCY	DATE	AMOUNT OF ASSISTANCE	WHAT WAS THE ASSISTANCE FOR?

What type of assistance are you in need of? ☐ Security Deposit ☐ First Month's Rent
☐ Application Fee's ☐ Last Month's Rent

What is the amount of assistance you are requesting? \$ _____ .00

Are you having difficulty raising Security Deposit? ☐ YES ☐ NO

Are you at risk of homelessness? ☐ YES ☐ NO

Why do you need assistance? _____

One of the guidelines of this program is that we can only assist when there is a reasonable assurance that it will stabilize a family's housing for at least six months. How will you be able to pay your expense after assistance? _____

What is the asking rent for your apartment? \$ _____ .00

Are there any utilities included in your rent? ☐ YES ☐ NO - If yes, please list utilities included in rent:

Will this be your Primary Residence? ☐ YES ☐ NO

Are you able to sustain rent? ☐ YES ☐ NO





HEAD OF HOUSEHOLD NAME

SOCIAL SECURITY NUMBER

(LAST 4 DIGITS)

X X X - X X - _____

EMERGENCY CONTACT FORM

YOUR NAME:

MAILING ADDRESS:

TELEPHONE #:

CELL PHONE #:

NAME OF CONTACT PERSON OR ORGANIZATION:

ADDRESS:

TELEPHONE #:

CELL PHONE #:

EMAIL ADDRESS (if applicable):

RELATIONSHIP TO APPLICANT:

REASON FOR CONTACT: (check all that apply)

☐

EMERGENCY

☐

UNABLE TO CONTACT YOU

COMMITMENT OF HOUSING AUTHORITY OR OWNER: If you are approved for housing, this information will be kept as part of your tenant files.

CONFIDENTIALITY STATEMENT: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

☐ Check this box if you choose not to provide the contact information.

SIGN
HERE

SIGNATURE OF APPLICANT

DATE





HEAD OF HOUSEHOLD NAME

SOCIAL SECURITY NUMBER

(LAST 4 DIGITS)

X X X – X X – _____

WHAT IS AN INCOME?

The Head of Household must complete the form on page 7 for each member of the household who receives any income and provide documentation.

Please first review the definitions and examples of income listed below and see if they apply to any member of the household.

Provide documentation for all income sources shown below.

INCOME SOURCES

- Employment: Please indicate the amount you or a household member receives from employment. Provide two recent consecutive paystubs or a verification letter on letter head from your employer stating amount and frequency of pay.
- Social Security / SSI: Please indicate the amount you or a household member currently receives. GHA will verify this information using HUD's Enterprise Income Verification (EIV) database.
- Public Assistance: Provide a verification letter which states the amount of benefits paid.
- Child Support / Alimony: Provide official documentation or a letter from any parent(s) of minors living in the assisted household without one or both parents, showing the frequency and amount of child support and/or alimony payments. Provide an official document or copy of any legal separation documents. If there is no legal document, provide a letter from the person providing child support stating the amount and frequency of child support provided if any. A child will only be considered part of the household if he or she resides in the household at least 183 days (over 6 months / 50%) of the year.
- Disability: Provide official documentation of frequency and amount of disability payments.
- Unemployment / Worker's Compensation: Provide official documentation of the frequency and amount of unemployment and/or worker's compensation payments.
- Pension / Retirement: This category includes IRA distributions that must be reported. Provide official documentation of the frequency and amount of pension/ retirement income.
- Veteran's Pay: Provide official documentation of the frequency and amount of income from Veteran's Pay.
- Financial Aid/ Scholarship: Provide official documentation from the source of the educational financial aid/ scholarship with the amount and frequency of money received.
- Real Estate: Please provide documentation of any income you receive from owning real property (e.g., rental income, income earned from the sale of property, etc.)
- Self-employment / Seasonal employment: If you are self-employed, a seasonal employee, a freelance worker (like delivery or taxi driver using a ride-share cell phone application), or have had more than one employer in the past 12 months, provide a complete signed copy of your most recent tax return.
- Other Types of Support: If a household member receives any regular income from organizations or persons (including relatives and friends) not residing in your home, provide documentation of such support. For example, a signed statement from the person or agency providing the income, verifying the amount and frequency.



HEAD OF HOUSEHOLD NAME

SOCIAL SECURITY NUMBER

(LAST 4 DIGITS)

X X X – X X – _____

WHAT IS AN ASSET?

An asset is something you own that you can convert into cash, such as bank accounts, real estate, stocks and bonds. If you or any household member, including children, owns any of the types of assets listed below, you must declare them in the Rental Subsidy Participating Household Summary on page 7 of this recertification package. Additionally, you must submit documents verifying the value of the asset(s) and income earned from the asset if applicable. Failure to report assets may result in termination or denial of subsidy. Below is a list of different types of assets and their descriptions.

ASSET SOURCES

- Bank Accounts: Any account that is open with any balance at any bank whether individually or jointly owned. Examples are checking, saving, money market accounts, and certificates of deposit. Provide a verification letter on letterhead from your financial institution, provide the most recent bank statement, or have a Form 5. Verification of Assets form completed by the financial institution.
- Online Financial Accounts: Any account that is online, that is not a bank, and where you deposit cash. These can be online money transfer accounts or online wallets where you keep cash.
- Investment Accounts: Examples of investments accounts are stocks and bonds. Provide official documentation stating the value and any dividends earned on the account or the most recent statement from the financial institution.
- Equity in Real Estate Property: Equity in real property is the estimated market value of any property owned less the unpaid balance on loans secured by the asset. Provide property tax statements and mortgage statements if applicable.
- Retirement Savings Accounts: A formal account that enables you to set aside money to be spent after retirement. Examples of this type of account include, IRA, Keogh and 401K plans. Provide official documentation stating the value and any dividends earned on the account or the most recent statement from the financial institution.
- Company Retirement or Pension Accounts: (If any member of the family has access) Provide official documentation of frequency and number of payments.
- Lump sum payment: A one-time payment that is retained and can be verified. Examples of lump sum payments are Inheritances, insurance payments, or settlements. Provide official documentation of the value of the payment and any interest income earned.
- Personal property held as investment: Any object or collection of value that can be converted into cash. Examples of this include coin collection, recreational vehicles, jewelry etc. Provide official documentation of the value of the property and any outstanding debt.
- Additional examples of assets: Examples of additional types of assets include cash value of life insurance, cash value of trusts, Annuities, S corporations, partnerships and time shares. Documentation verifying the value of these assets must be provided.

THE FOLLOWING ARE NOT ASSETS: DO NOT add Electronic Benefits Transfer (EBT) accounts, or similar accounts used for receiving government benefits (such as SNAP and WIC). These are not assets!



HEAD OF HOUSEHOLD NAME

SOCIAL SECURITY NUMBER

(LAST 4 DIGITS)

X X X - X X - _____

HOUSEHOLD INFORMATION

HOUSEHOLD INCOME

All income for every household member must be reported and verified at every recertification. Please enter all household income below and provide GHA with supporting documentation (such as pay stubs) for all income, **including income from employment, pensions, government benefits, child support**, and all types of income.

FULL NAME	INCOME DESCRIPTION	FREQUENCY (Ex: weekly, monthly)	AMOUNT	ANNUAL INCOME (if known--if not leave blank)

HOUSEHOLD BANK ACCOUNTS, ONLINE FINANCIAL ACCOUNTS AND OTHER ASSETS

All assets in the household must be reported at every recertification. Please enter all assets for all household members and include along with the supporting documentation.

FULL NAME	DESCRIPTION OF ACCOUNT OR ASSET TYPE / ACCOUNT NUMBER (if any)	AMOUNT	ANTICIPATED INCOME (Ex: interest)

SELF CERTIFICATION OF INCOME AND ASSET

In addition to providing documentation outlined in previous pages, I certify that the above information is accurate and inclusive of all income and assets for our household. I understand that providing false statements to a government agency is punishable under federal law and may result in loss of subsidy.

SIGN
HERE

SIGNATURE OF HEAD OF HOUSEHOLD

DATE



HEAD OF HOUSEHOLD NAME

SOCIAL SECURITY NUMBER

(LAST 4 DIGITS)

X X X - X X - _____

PERMANENT SUSTAINABLE DETERMINATION

This program requires we verify that applicants will be able to sustain this new housing after funds are provided. Please complete the following budget below:

INCOME	MONTHLY AMOUNT
Job Wages	
TAFDC, EAEDC	
SSI, SSDI	
Unemployment	
Child Support	
Food Stamps	
TOTAL	

EXPENSE	PAID TO	MONTHLY AMOUNT
Rent		
Oil Heat		
Electricity		
Gas		
Water		
Home Phone		
Cell Phone		
Food		
Eating Out		
Car Payment		
Car Insurance		
Auto Gas		
Childcare		
Cable/Internet		
Household (laundry, etc.)		
Misc. (cigarettes, etc.)		
TOTAL		



HEAD OF HOUSEHOLD NAME

SOCIAL SECURITY NUMBER

(LAST 4 DIGITS)

X X X – X X – _____

RACE AND ETHNICITY

The following information is requested by the Rental Assistance Program to assure that Federal Laws prohibiting discrimination against applications based on race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to provide this information, choosing to not provide this information will in no way affect your application.

CHECK OFF WHAT APPLIES TO YOU IN BOTH CATEGORIES

Ethnic Categories

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

Racial Categories

- ☐ American Indian
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other

☐ I do not wish to provide this information

***Greenfield Housing Authority does not discriminate
based on race, creed, color, sex, age, disability,
marital status, veteran status, sexual orientation,
national origin or any other basis prohibited by law.***



HEAD OF HOUSEHOLD NAME

SOCIAL SECURITY NUMBER

(LAST 4 DIGITS)

X X X - X X - _____

RESIDENCY & APPLICANT CERTIFICATION

RESIDENCY CERTIFICATION

- ☐ Current Greenfield Resident documentation must be provided. (i.e. copy of lease)
- ☐ Lease for new unit.
- ☐ Offer Letter for new unit.

_____ I/We certify that we have been Greenfield Residents

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

APPLICANT CERTIFICATION

All adult household members must **initial**:

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

_____ I/We understand the program provides for a maximum \$3,000.00.

_____ I/We understand the information provided on this application will be used to determine eligibility for the Greenfield Security Deposit & Rental Assistance Fund program.

_____ I/We authorize the Greenfield Housing Authority and/or the Program Administrator designee to verify my income and assets and landlord references for purposes of eligibility for the Security Deposit & Rental Assistance Fund program.

I am applying for: ☐ Security Deposit ☐ First Month's Rent ☐ Last Month's Rent ☐ Application Fee's

Total amount of assistance being requested? \$ _____ .00

No applications will be considered complete unless signed and dated by the Applicant and Co-Applicant.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

DO NOT MOVE INTO UNIT UNTIL WRITTEN APPROVAL OF QUALIFICATION AND PASSED INSPECTION OF UNIT.



HEAD OF HOUSEHOLD NAME

SOCIAL SECURITY NUMBER

(LAST 4 DIGITS)



X X X - X X - _____

CERTIFICATION & CONSENT TO VERIFICATION

Notice: Greenfield Housing Authority may use your name, date of birth, address, social security number, or other identifying information for purposes permitted by federal and state law, including to verify the information you have provided on this application, such as any information that you have provided about your wages, income, assets and receipt of public benefits or services. We may use the identifying information in conducting matches to confirm your eligibility for assistance and to detect fraud. We may also match the identifying information that you provided on this application relating to your family members, such as your spouse, an absent parent, or your dependents. Names, dates of birth, addresses, social security numbers or other identifying information may be matched with computer or other files, to include but not be limited to, files from the following Data Holders: Internal Revenue Service; Social Security Administration; Mass State Supplemental Program (SSP) Alien Verification Information System; Center for Medicare and Medicaid; MassHealth; Registry of Motor Vehicles; Department of Revenue; Department of Revenue Child Support Enforcement; Department of Transitional Assistance; Department of Early Education and Care; Division of Unemployment Assistance; Department of Veterans' Services; Bureau of Special Investigations; Bureau of Vital Statistics; SAVE; Department of Criminal Justice Information Services; employers; landlords; Local Housing Authorities, RAFT, schools, insurance companies, banks and/or financial institutions.

Certification: I certify, under penalty of perjury, that the information that I have provided on this application is correct and complete to the best of my knowledge.

Consent: To the extent that my consent is required, I authorize the Greenfield Housing Authority to use this application to authorize the Data Holders to release my wage, tax, child support, benefits, income or other information and to perform matches with the Data Holders to confirm the information on this application as it pertains to the determination of my eligibility for assistance, verifying the information on this application and for detecting fraud.

	_____	_____
Signature of Head of Household	Name (Print)	Date
	_____	_____
Signature of Adult Household Member	Name (Print)	Date

This form must be read and signed by all adult family members of the household listed on this application. This certification and consent is valid until superseded by a subsequent application or revoked in writing by a signatory or a person legally authorized to act on his or her behalf.