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**Town of Middleborough**  
**OFFICE OF ECONOMIC & COMMUNITY DEVELOPMENT**  
**20 Centre Street, Middleborough, MA 02346**  
**tel. 508-946-2402/fax 508-946-2413**

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**LOCAL PRIVATE AFFORDABLE HOUSING RENTAL PROGRAM**  
**ELIGIBILITY & APPLICATION PROCESS**

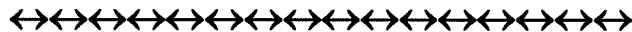
**WHAT:** The Local Affordable Housing Rental Program has been designed to create and maintain the availability of affordable rental units to persons of low-to-moderate income (LMI). Rental rates are regulated by the Brockton PMSA as published periodically by the U. S. Department of Housing and Urban Development. Current rental rates are noted below and are limited in size to one and two bedroom units.

**WHY:** This Program is to assist persons of low-to-moderate income in identifying and applying for available rental units under the local Housing Development Support Program grants.

**WHO:** The Program is for low-to-moderate income persons. Defined Income Limits are published periodically by the U. S. Department of Housing and Urban Development for the Brockton, MA area, for use by the Housing Development Support Program. Current income limits are noted below.

**WHERE:** Downtown Middleborough Business District.

**WHEN:** Availability of units fluctuates. If there are no units available, eligible applicants are added to a waiting list.



1. Affordable Housing Application Forms are available outside the OECD office (Monday-Friday, 8:30-4:30), or can be mailed upon request by calling OECD at 508-946-2402- ext.3. Also, requests may be emailed to: OECDWeb@middleborough.com. Fully completed forms are to be returned to OECD.
2. The above forms will be reviewed for determination of eligibility of applicant. An on-going list of eligible applicants will be maintained and numbered sequentially as applications are received. **Applicants should not contact the landlord**, but will be notified by OECD in writing of their eligibility or ineligibility. Applicants will be matched to availability of apartments in order of their appearance on the waiting list.
3. The applicant will be notified by the property owner to make an appointment for viewing available apartments.

**CURRENT INCOME LIMITS (FY 2019):**

|                    |                     |
|--------------------|---------------------|
| 1 person household | \$32,400 - \$51,800 |
| 2 person household | \$37,000 - \$59,200 |
| 3 person household | \$41,650 - \$66,600 |
| 4 person household | \$46,250 - \$74,000 |

**CURRENT RENTAL RATES (FY 2019):**

|           |                                   |
|-----------|-----------------------------------|
| 1 bedroom | Maximum \$1,111.00 incl/utilities |
| 2 bedroom | Maximum \$1,336.00 incl/utilities |



***Any questions or requests for additional information should be directed to:***  
**Office of Economic & Community Development**

Effective 6/28/2019

\\Housing\ALL AFFORD. HOUSING\Affordable Multi-Family Rental\Rental Application process & forms

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**APPLICATION FOR PRIVATE AFFORDABLE HOUSING UNIT**

Name(s): \_\_\_\_\_ Tel.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employment #1: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Address: \_\_\_\_\_ Date hired: \_\_\_\_\_  
Employment #2: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Address: \_\_\_\_\_ Date hired: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Tel.: \_\_\_\_\_

Name, address, & tel. no. of 3 character references (NOT family):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Name, address, & tel. no. of 2 credit references:

1. \_\_\_\_\_
2. \_\_\_\_\_

Please respond to the following:

1. Have you ever been evicted? \_\_\_\_\_ YES \_\_\_\_\_ NO
2. Have you ever been delinquent in paying rent during the last 3 years? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Apartment preference: \_\_\_\_\_ 1 bedroom \_\_\_\_\_ 2 bedroom \_\_\_\_\_ either

***As a material inducement to be considered for the Affordable Housing Program, I herewith consent to and authorize the prospective Landlord, or agent of same, to contact all references named in this application, and to conduct a credit review, including obtaining my credit report from any authorized credit reporting agency.***

***I declare under penalty of perjury that the information listed in this application is true and correct.***

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

***Return completed Survey, Employment Verification(s), Income Verification(s), Pay Stubs & Application to:***

**> OFFICE OF ECONOMIC & COMMUNITY DEVELOPMENT <**

Original: OECD  
CC: Landlord  
Applicant

Affordable Housing\Rent Forms\App.xls  
(R 6/13/19)

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**HOUSING DEVELOPMENT SUPPORT PROGRAM TENANT INFORMATION SURVEY**

Applicant Name(s): \_\_\_\_\_ No. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone/Cell: \_\_\_\_\_ / \_\_\_\_\_

|  |                                 |   |                                |   |
|--|---------------------------------|---|--------------------------------|---|
| <b>A. Household Data:</b>                                |                                 |   |                                |   |
| Number of household members, including yourself: _____   |                                 | List age of household members:<br>_____ |                                |   |
| Bedroom need: _____ one _____ two<br>_____ no preference |                                 | _____                                   |                                |   |
| <b>Racial Category (circle appropriate category)</b>     |                                 |   |                                |   |
| White  | Asian                           | Native Hawaiian/ Other Pacific Islander | Asian & White                  | American Indian/Alaskan Native & Black African American |
| Black/African American                                   | American Indian/ Alaskan Native | Am. Indian/Alaskan Native & White       | Black African American & White | Other (multi racial):                                   |
| <b>Other Family Information (check/complete)</b>         |                                 |   |                                |   |
| Small Family (1-4 persons)                               |                                 | Female Head of Household                |                                | Elderly (over 65) - How many?                           |
| Large Family (5 or more)                                 |                                 | Handicapped - How many?                 |                                |   |

|  |   |  |
|--|---|--|
| <b>B. Source of Income:</b>  |   |  |
| For each family noted above, please list the amount of income each currently receives from <b>all sources</b> each month, <u>before</u> taxes, or other deductions. Include wages, interest and dividends, social security, annuities, child support, pensions, unemployment, welfare, other public assistance, etc., net income from real or personal property. |   |  |
| <b>Attach Employment &amp; Income Verification Forms or some other documentation for <u>each source</u> noted below.</b>   |   |  |
| <b>Family Member</b>   | <b>Name of employer of other source</b> | <b>Monthly amount <u>before</u> deductions</b> |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| I hereby certify that all of the above statements are true, accurate and complete to the best of my knowledge and belief. <b><i>I hereby consent to the verification of any information given in this application.</i></b>   |   |  |
| Signature(s): _____ / _____  |   | Date: _____                                    |

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**REQUEST FOR VERIFICATION OF EMPLOYMENT**

| <i>Top section to be completed by the applicant.</i>   |  |          |
|--|--|----------|
| Employee's Name:   |  |          |
| Social Security Number:  |  |          |
| Employer's Name:   |  | Tel. No. |
| Employer's Address:  |  |          |
| <p>To Whom It May Concern:</p> <p>The person identified above has applied for affordable housing through the Town of Middleborough, MA Housing Development Support Program. This office must determine income eligibility and requests information from the employer regarding income. Any information provided is for the use of this program only.</p> |  |          |
| <p>I hereby authorize release of the requested information noted below:</p> <p>Employee's Signature: _____ Date: _____</p>   |  |          |

**EMPLOYER'S VERIFICATION**

| <i>This bottom section to be fully completed only by the employer or employer's representative.</i> |                             |                    |             |                       |                       |
|---|-----------------------------|--------------------|-------------|-----------------------|-----------------------|
| A. Position Held:   |                             |                    | Date hired: |                       |                       |
| B. Full Time?    YES    NO  | Complete whichever applies: | Actual/Anticipated |             |                       |                       |
| Part Time?    YES    NO   |                             |                    |             | Hrly. Pay Rate:    \$ | Annual Pay:        \$ |
| Hours/week?    _____  |                             |                    |             | Wkly. Salary:     \$  |                       |
| C. Gross Wages Paid for the 8 weeks preceding date of this application:                             |                             | \$                 |             |                       |                       |
| D. Additional Compensation - Actual Amounts Received in Past 12 Months:                             |                             |                    |             |                       |                       |
| Overtime - \$   | Commissions - \$            | Bonus - \$         |             |                       |                       |
| Employer Signature: _____   |                             | Date: _____        |             |                       |                       |
| Print name: _____   |                             | Title: _____       |             |                       |                       |

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**REQUEST FOR VERIFICATION OF INCOME**

***In order to document current income status by wages, you must attach the following to your Affordable Housing Rental Program application:***

1. A Verification of Employment form provided by this OECD office, signed and dated by an authorized official of the employing firm, which indicates employment and income information.

**AND**

2. **ONE** of the following:

Copies of pay stubs indicating your gross income for the 8 weeks preceding the date of your application. Stubs should indicate your name and social security number.

**OR**

Signed and dated letter from your employer (on employer's letterhead) stating the amount of gross wages (before taxes and deductions) you earned during the 8 weeks preceding the date of your application. Letter should include your name and social security number.

***If your income is derived from other than earned wages,  
the OECD office will furnish  
an appropriate documentation form upon request.***