

DUKES COUNTY REGIONAL HOUSING AUTHORITY

21 Mechanic St. · P.O. Box 4538 · Vineyard Haven, MA 02568

Phone: (508) 693-4419 · Fax: (508) 693-5710 · Email: dcrha@housingauthoritymv.org

Covid Winter Rental Relief

Program Description

The Dukes County Regional Housing Authority's (DCRHA) Covid Winter Rental Relief program is funded through the **Martha's Vineyard Community Foundation**, generous donors, Martha's Vineyard Community Services, and the State's Community Foundation for Covid-19 Relief.

The objective of Covid Winter Rental Relief is to assist Vineyard tenant households in market rentals where a current Covid-19 related loss of household income or one due to this past summer season's low employment has added to the difficulty of getting through the winter season's low income months.

Tenants in properties and programs administered by DCRHA, TCB and other organizations on the Island will be assisted with access to other supports and are not eligible for this program.

Program Conditions:

- Applicant is a tenant in a **market rental** on Martha's Vineyard.
- Applicant must provide a **description of the temporary Covid-19 related financial need** as well as listing any other applications for assistance such as unemployment.
- Applicant must provide **proof of gross income** such as paystubs or income statement.
- The **self-employment affidavit** must be filled out by anyone claiming self-employment.
- Required is one document showing **prior payment of the current rent amount** such as a lease, canceled check, or bank statement. *Notes from landlords will not be accepted.*
- Rental Relief funding may be for up to **50% of documented rent**, from **one to four months** duration as indicated by the applicant's explanation of a Covid-19 related need.
- Tenant's landlord is a signatory to the application and, by accepting payment of Rental Relief funding, agrees to maintain the current tenancy through the period paid.
- Landlord is required to fill out and return the attached **W-9 Tax Form**.
- Prioritization may be given to tenants and landlords with year-round rental agreements.
- DCRHA may request information additional to that described in the attached application.
- Assistance will be determined on a case-by-case basis and as funding allows.

DCRHA, as administrator of this temporary emergency supports program, reserves the right to adapt or modify the terms as needed and as reviewed with the private and public partners whose assistance makes these Covid Winter Rental Relief supports possible.

Please complete the attached Covid Winter Rental Relief Application & Agreement and submit with required attachments to the DCRHA.

- by email to dcrha@housingauthoritymv.org;
- through the mail at DCRHA, P.O. Box 4538, Vineyard Haven MA. 02568;
- or by utilizing the drop box located at the housing office at 21 Mechanic Street, Vineyard Haven (across State Road from The Little House Café).

INCOMPLETE APPLICATIONS and/or PHOTOS OF DOCS WILL NOT BE ACCEPTED

The Dukes County Regional Housing Authority, the MV Community Foundation, MV Community Services and their public and private partners join each of you in the hope that the support needed and offered in our Island community will help see us through the Covid-19 crisis together.

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Covid Winter Rental Relief Application & Agreement Control # _____

Date of Application _____ Amount Request _____ Number of Months _____

Applicant Name(s) _____

Telephone & Email _____

Monthly Gross Household Income (before any taxes) _____

Monthly Rent _____ Household size _____ # of bedrooms _____ # of children _____

Current Housing Address _____

Landlord Name _____

Telephone/Email _____

Description of Covid-19 on Income Loss (i.e. work loss; changed household income; timing):

Documentation of Rent (copy of lease or canceled check/bank statement indicating rent)

Documentation of Income (three paystubs; self-employed income statement; unemployment)

Signed W-9 Landlord Tax Form (DCRHA will issue a 1099 at the close of the calendar year)

I understand that any false statement, misrepresentation and/or nondisclosure of information, and failure to provide complete and accurate information in this application may result in denial of my application.

I authorize DCRHA to make inquiries to verify the information provided in this application and agreement.

I certify that the information I have given in this application and agreement is true and correct and understand that DCRHA may request additional information.

Sign under the pains and penalties of perjury.

Applicant's Signature _____

Landlord's Signature _____

Date Signed: _____ DCRHA Signature & Date _____

Please supply the following information for grant reporting purposes only. No names will be used.

Head of Household: Age _____ Gender _____ Race/Ethnicity _____ English Speaking Yes / No

Dukes County Regional Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, marital status, veteran status, public assistance, disability, genetic information, gender identity or any other class protected by state, federal or local law, in the access or admission to its housing program(s), or employment, or any other of its programs, activities, functions or services.



Covid Winter Rental Relief SELF EMPLOYMENT INCOME AFFIDAVIT
Income as a business owner, independent contractor, sole proprietorship, cash pay, odd jobs, etc.

Applicant/Tenant: _____

Name of Business: _____

Business Address: _____

Type of Business: _____

Position Held: _____

Start Date: _____

Anticipated Gross Annual Income: \$ _____

Anticipated Annual Business Expenses: \$ _____

Anticipated Annual Profit: \$ _____

Previous Year Profit (or Loss): \$ _____

Cash Withdrawals from Business: \$ _____

Do you file tax returns? YES Taxpayer ID# _____ NO

■ _____

■ _____

I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of this program agreement.

Applicant Signature

Date

