



Housing Corporation of Arlington

20 Academy Street Arlington, MA 02476 - tel: 781.316.3606 fax: 781.316.3614

Homelessness Prevention Fund Application

Date: _____

Name: _____

Address: _____

Telephone: _____

How long have you lived at this address? _____ How long have you lived in Arlington? _____

Number of household members: _____

List all household members:

Name	Age	Relationship to Applicant
Applicant		Self

List Gross Monthly Income from *all sources*.

(Include salary, child support, food stamp benefits, DTA benefits and Social Security benefits)

Monthly Amount	Source

Monthly Rent: _____ Amount of Grant Requested: _____

Do you receive Housing Assistance? YES ___ NO ___

How much and from what source? _____



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Reason for needing assistance (i.e. eviction, family violence, other):

Any additional information you wish to provide:

How did you hear about this program? _____

Have you applied for or received a grant from this program ? _____

Do you give permission for a representative to contact your landlord? Y__ N__

Landlord information:

Name of landlord or other payee: _____

Address: _____

Phone: _____

Applicant's Signature _____ **Date** _____

Signed under pains and penalty of perjury

FOR OFFICE USE ONLY

Landlord's Taxpayer ID or Social Security Number: _____

[Required for IRS purposes if grant is approved.]

Return application with proof of income, residency and any disability to:
Housing Corporation of Arlington, 20 Academy Street, Arlington, MA 02476
Fax: (781) 316-3614 Phone: (781) 316-3606