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: <u>dcrha@housingauthoritymv.org</u>

Emergency Financial Assistance Program Description

The Dukes County Regional Housing Authority (DCRHA) Emergency Financial Assistance Program is through a generous gift from an anonymous donor. The intent of this program is to provide emergency financial assistance to tenants (individuals and families) of DCRHA properties and the DCRHA-administered Rental Assistance Program who are experiencing temporary financial hardships that jeopardize their current tenancy. This assistance is not meant to replace income where there is none.

Eligibility Conditions:

- Applicant is (1) a current tenant or newly accepted applicant in a DCRHA owned or managed property, or (2) a current tenant or newly accepted applicant in the DCRHA administered Rental Assistance Program.
- Applications may be submitted at any time during the year.
- Applicant must provide a description of the temporary financial emergency.
- Applicant must be able to demonstrate that they have applied to all other available resources.
- Eligible applicant will have household income at or below 80% of Dukes County Area Median Income (AMI).
- Assistance will be a one-time emergency help within a period of fourteen (14) months. Emergency is defined as at risk of losing current housing (e.g., utility shut-off, rent payment in arrears causing eviction proceedings, etc.) or of losing a DCRHA rental or Rental Assistance opportunity that an applicant is otherwise qualified for.
- Priority will be given to first-time applicants.
- Generally, assistance will be up to the equivalent of one month's rent of the applicant unless a definable, longer term need (i.e. medical) can be substantiated.
- DCRHA may request additional information in addition to the attached application.
- Assistance will be determined on a case-by-case basis and is dependent on funding availability.

Please complete the attached Emergency Financial Assistance Program application and submit original with any attachments to the DCRHA office located at 21 Mechanic Street, Vineyard Haven and open from 9am to 5pm.

Mailing Address	DCRHA
· ·	P.O. Box 4538
	Vineyard Haven, MA 02568



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Emergency Financial Assistance Program - Application

(Please review description of eligibility conditions.)

Date of Application

Name ____

Current Housing Location (address and apartment #)

Telephone Contact Information

Description of Emergency

Situation (amount requested)

(You may use additional sheets if more space is needed)

What has changed that caused this financial emergency?

How long do you expect this situation to continue and why?

Emergency Resources Contacted (please attach documentation)

Name of Agency/Other	Requested Amount	Denied (why) or Received (when)

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.

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

Sign under the pains and penalties of perjury.

Applicant's	Signatura
Applicant s	Signature

_____Date _____

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.

