



The City of **WORCESTER**

ADDITIONAL TENANT APPLICATIONS (FOR THE ELDER HOME REPAIR PROGRAM)

Funded by
The United States Department of Housing and Urban Development
(HUD) through
The Community Development Block Grant Program



Executive Office of Economic Development
Housing Development Division
City Hall
455 Main Street, Suite 405
Worcester, MA 01608

HUD FY 2025 INCOME LIMITS – WORCESTER COUNTY effective April 1, 2025

FY 2025 Income Limit Category	Persons In Household							
	1	2	3	4	5	6	7	8
Annual Income (80%)	\$69,850	\$79,800	\$89,800	\$99,750	\$107,750	\$115,750	\$123,700	\$131,700

HUD FY 2026 Fair Market Rents by Unit Bedrooms effective October 1, 2025

of Bedrooms

	Efficiency	1	2	3	4
FY 2026 FMR	\$1,588	\$1,599	\$2,056	\$2,548	\$2,825

*Landlord must provide utilities to get these rents. If tenants pay for utilities, Landlord must decrease rent to account for a utilities allowance

HUD FY 2025 Utility Allowance Schedule effective August 1, 2025

Unit Type – Low Rise (3 or 4 Stories) – Please review applicable Utility Allowance Schedule for Unit Type

of Bedrooms – Per month

	Efficiency	1	2	3	4
Heating- Gas	\$38	\$52	\$71	\$86	\$105
Heating- Electric	\$105	\$141	\$193	\$235	\$287
Heating- Oil	\$86	\$116	\$159	\$193	\$236
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Cooking- Gas	\$6	\$8	\$11	\$13	\$17
Cooking- Electric	\$8	\$10	\$14	\$16	\$20
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General Electric	\$47	\$59	\$76	\$90	\$106
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Water Heating- Gas	\$16	\$22	\$29	\$35	\$45
Water Heating- Elec.	\$42	\$55	\$73	\$88	\$104

Utility Allowance Example:

3 Bedroom Apartment

\$2,548.00 – Maximum rent that can be charged per month if landlord is responsible for utilities. If tenant is responsible for utilities, then utility allowance has to be applied as below:

\$2,548.00

- \$86.00 Gas Heating
- \$13.00 Gas Cooking
- \$90.00 General Electric
- \$35.00 Gas Water Heating

= \$2,324.00 Maximum that can be charged after utility allowance deductions.

OWNER'S UNIT

AFFORDABLE HOUSING ELIGIBILITY APPLICATION

Unit _____ out of _____

GENERAL APPLICANT INFORMATION

Applicant Name: _____

Co-Applicant: _____

Mailing Address: _____ Zip: _____

Telephone #: _____ Work telephone #: _____

E-mail Address: _____

How many bedrooms in your apartment? _____ How many people in your household? _____

If Tenant

Total monthly rent: \$ _____ Do you receive a rental subsidy? Yes No

If you do receive a rental subsidy is it: Section 8 MVRP

Which utilities do you pay? None Heat Hot Water Electricity Cooking

HOUSEHOLD EMPLOYMENT & INCOME INFORMATION

Please list all persons who intend to reside in the property. All income must be listed for all household members over the age of 18.

Types of income, as highlighted in 24 CFR 5.609(b), to be included: gross wages, salaries, overtime, fees, tips, and bonuses from all jobs, Net income from business, interest and dividends, Social Security income (if applicable), SSI Disability, annuities, pensions, insurance policies, unemployment income, disability income, workman's compensation, welfare assistance, alimony, child support, and all regular and special pay through the Armed Forces.

Name	Employer	Age	Relationship to Applicant	Type of Income / Annual Income

FULL TIME STUDENTS:

List Household Members *Over 18* Considered Full-Time Students.

DOCUMENTATION FROM SCHOOL DESCRIBING ENROLLMENT STATUS IS REQUIRED.

Name: _____ School Attending: _____

Name: _____ School Attending: _____

SOURCES OF FIXED INCOME

A. Retirement Income (PENSION) or Disability Award

Name(s) of Recipient(s): _____
Company Providing Pension: _____
Amount of gross monthly income: _____

B. Social Security Income:

Name of Recipient(s): _____
Amount of gross monthly award: _____

C. Veterans Assistance:

Name of Recipient(s): _____
Amount of gross monthly award: _____

D. Public Assistance:

Name of Recipient(s): _____
Amount of gross monthly award: _____

E. Unemployment:

Name of Recipient(s): _____
Amount of Biweekly award: _____
When did benefits start? _____

HOUSEHOLD SAVINGS AND ASSET INFORMATION

STATISTICAL INFORMATION:

Your response to this section is optional. The following information is used to assist this office in reporting to our funding sources. Information will be kept completely confidential. Check as many as apply.

RACE and ETHNICITY

White Asian
 Native Hawaiian or Pacific Islander American Indian/Alaskan Native
 Black or African American Black or African American & White
 American Indian/Alaska Native & Black or Hispanic
African American
 Other Multi-Racial

Check if Head of House is Hispanic Male Female

Check if Head of Household is Female Check if Elderly Applicant (over 62)

LEAD Funds: (Optional - please complete *all questions*)**Do members of your household meet any of the following criteria:**

- A child under 6 years old in residence, or
- A child under 6 years old spends a “significant amount of time”***, or
- A pregnant woman

YES **NO**

***(A “**significant amount of time visiting**” is defined as three (3) hours a day on two (2) separate days a week and a total 60 hours per year).

If children under six live in your **unit**, have those children’s lead levels been tested? **YES** **NO**

If yes, the results were: **NORMAL** **ELEVATED** **POISONED**

ACKNOWLEDGEMENT

Through my/our signature, I/we hereby certify the information provided in this application is complete and correct to the best of my/our knowledge. I am aware of eligibility requirements of the City of Worcester’s Worcester Housing Now Program as outlined in this application, as well as by the U.S. Department of Housing and Urban Development. I/we hereby certify that, to the best of my/our knowledge, I/we am/are eligible for assistance through the aforementioned program. Additionally, I/we hereby certify that I/we understand that if the City of Worcester finds my information to be fraudulently represented, I/we will be liable for repayment of all program funds, as well as other penalties, allocated under Federal Regulation 24 CFR Part 28.

I/we hereby authorize the City of Worcester’s Executive Office of Economic Development’s Housing Division to independently verify the information provided in this application.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____
(If applicable)

AFFORDABLE HOUSING ELIGIBILITY APPLICATION CHECKLIST

DOCUMENT CHECKLIST / APPLICATION REVIEW

Applicant Name: _____ Property Address: _____

Date	Initials	Item	Notes
		Application Filled and Signed	
		Valid Government-Issued ID or alternative identity verification method (e.g. notarized affidavit for applicants without an ID) (Applies to tenants, homeowner, or landlords)	
		Tax Returns Years – 2024 (everyone who is 18+ in household)	
		Verification of Employment- (Most recent 4 Consecutive pay stubs, SSI award letter, pension verification etc.) (everyone who is 18+ in household)	
		Last Months Checking & Savings Statements (everyone who is 18+ in household)	
		Proof of Homeowner's Insurance Policy (Proof of Flood Insurance, as well, if property is located in a Flood Zone)	

TENANT #1

AFFORDABLE HOUSING ELIGIBILITY APPLICATION
Unit _____ out of _____

GENERAL APPLICANT INFORMATION

Applicant Name: _____

Co-Applicant: _____

Mailing Address: _____ Zip: _____

Telephone #: _____ Work telephone #: _____

E-mail Address: _____

How many bedrooms in your apartment? _____ How many people in your household? _____

If Tenant

Total monthly rent: \$ _____ Do you receive a rental subsidy? Yes No

If you do receive a rental subsidy is it: Section 8 MVRP

Which utilities do you pay? None Heat Hot Water Electricity Cooking

HOUSEHOLD EMPLOYMENT & INCOME INFORMATION

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Name(s) of Recipient(s): _____
Company Providing Pension: _____
Amount of gross monthly income: _____

B. Social Security Income:

Name of Recipient(s): _____
Amount of gross monthly award: _____

C. Veterans Assistance:

Name of Recipient(s): _____
Amount of gross monthly award: _____

D. Public Assistance:

Name of Recipient(s): _____
Amount of gross monthly award: _____

E. Unemployment:

Name of Recipient(s): _____
Amount of Biweekly award: _____
When did benefits start? _____

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African American
 Other Multi-Racial

Check if Head of House is Hispanic Male Female

Check if Head of Household is Female Check if Elderly Applicant (over 62)

LEAD Funds: (Optional - please complete *all questions*)**Do members of your household meet any of the following criteria:**

- A child under 6 years old in residence, or
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- A pregnant woman

YES **NO**

***(A “**significant amount of time visiting**” is defined as three (3) hours a day on two (2) separate days a week and a total 60 hours per year).

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TENANT #2

AFFORDABLE HOUSING ELIGIBILITY APPLICATION
Unit _____ out of _____

GENERAL APPLICANT INFORMATION

Applicant Name: _____

Co-Applicant: _____

Mailing Address: _____ Zip: _____

Telephone #: _____ Work telephone #: _____

E-mail Address: _____

How many bedrooms in your apartment? _____ How many people in your household? _____

If Tenant

Total monthly rent: \$ _____ Do you receive a rental subsidy? Yes No

If you do receive a rental subsidy is it: Section 8 MVRP

Which utilities do you pay? None Heat Hot Water Electricity Cooking

HOUSEHOLD EMPLOYMENT & INCOME INFORMATION

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B. Social Security Income:

Name of Recipient(s): _____
Amount of gross monthly award: _____

C. Veterans Assistance:

Name of Recipient(s): _____
Amount of gross monthly award: _____

D. Public Assistance:

Name of Recipient(s): _____
Amount of gross monthly award: _____

E. Unemployment:

Name of Recipient(s): _____
Amount of Biweekly award: _____
When did benefits start? _____

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TENANT #3 COPY

AFFORDABLE HOUSING ELIGIBILITY APPLICATION
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