



Dear Hanover Resident,

As in many communities, Hanover residents like you are facing difficulties finding available housing that meets your needs and financial capabilities. Many of you are in particularly dire situations. Qualification for state and federal assistance can often be complex and involve lengthy decision processes.

The Emergency Short Term Rental Assistance Program (ESTRAP) was created by the Town of Hanover with funding provided by the Hanover Affordable Housing Trust. The ESTRAP is intended to offer a financial bridge for current Hanover residents who are in crisis and can no longer afford to live in Hanover. The program is meant only to allow for the applicant to remain in Hanover while seeking an affordable option, support program or allow them time to find suitable, affordable housing elsewhere. The key elements of the ESTRAP are as follows:

- Up to 12 months rental subsidy
- May include required upfront deposits
- Intended as a short-term assistance program to close the gap between available agency/public assistance programs and available housing at the time of application.
- Allow time for possible availability from waiting lists for Hanover housing options or housing outside of Hanover.

**Requirements:**

- **Current** resident of Hanover
- Assessment of ability to pay (financial disclosure)
- Verification Documentation
  - Two (2) months of bank statements
  - One (1) month of income verification
  - Statements from any listed assets (dated within the last six (6) months)
  - Current lease or letter of confirmation from current housing provider
  - Evidence of application and/or pursuit of other housing assistance programs
- Confidential interview/evaluation to determine need

**This program is open to Hanover Residents and will run through December 31, 2024. After this date, the ESTRAP will be evaluated for further rollout and funding. The continuation of ESTRAP is subject to approval by the Hanover Affordable Housing Trust.**

If you find yourself in a housing crisis and feel that the ESTRAP may help, Please complete the application and provide all required documents, and return to the office of the Town Manager at Hanover Town Hall, 550 Hanover Street, Hanover, MA.



**TOWN OF HANOVER**  
550 HANOVER STREET, SUITE 29  
HANOVER, MASSACHUSETTS 02339  
781-826-5000 ext. 1084

*Affordable Housing Trust*

**EMERGENCY SHORT-TERM RENTAL ASSISTANCE PROGRAM**

❖ **APPLICANT INFORMATION**

Name (FIRST . MI, LAST) \_\_\_\_\_

Current Address \_\_\_\_\_

Address(es) of residence for previous five(5) years:

\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

❖ **MONTHLY INCOME**

EMPLOYMENT \_\_\_\_\_

Employer: \_\_\_\_\_

OTHER ( Social Security, pension benefit/aid programs, Veterans benefits, distributions from Retirement accounts, annuities or any other income assistance)

\_\_\_\_\_  
\_\_\_\_\_

Please attach at least one month of income verification documents (i.e. pay stubs, W-2, 1099, etc.)

❖ **ASSETS** (IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH AS NEEDED)

*Other Real Estate owned(if none enter "not applicable")*

Address \_\_\_\_\_

Estimated current value \_\_\_\_\_ Amount owed \_\_\_\_\_

Has this property been sold or transferred within the last 24 months?      Y N

Date of sale/transfer \_\_\_\_\_

### *Bank Accounts*

Bank Name    Account Type(checking, savings, CD, money market)    Balance

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### *Investment Accounts*

Financial Institution Name \_\_\_\_\_

Account Ownership (individual, joint, trust, Transfer on death) \_\_\_\_\_

Balance \_\_\_\_\_

### *Retirement Accounts*

IRA \_\_\_\_\_      Balance \_\_\_\_\_

ROTH IRA \_\_\_\_\_      Balance \_\_\_\_\_

401k \_\_\_\_\_      Balance \_\_\_\_\_

403b/457 \_\_\_\_\_      Balance \_\_\_\_\_

Annuity \_\_\_\_\_      Balance \_\_\_\_\_

### *Life Insurance*

Policy type \_\_\_\_\_      Face value \_\_\_\_\_

### *Automobile*

Year/Make/Model \_\_\_\_\_      Amount owed \_\_\_\_\_

### *Liabilities*

Personal Loans \_\_\_\_\_      Balance \_\_\_\_\_      Monthly Payment \_\_\_\_\_

Auto Loans \_\_\_\_\_      Balance \_\_\_\_\_      Monthly Payment \_\_\_\_\_

Mortgage/Home Equity Loans or Lines of Credit \_\_\_\_\_      Balance \_\_\_\_\_

Monthly Payment \_\_\_\_\_

Credit Cards	Monthly Payment	Balance

### *Monthly Expenses*

Type	Monthly Cost
Rent/Housing expenses	
Health care (including insurance premiums, medications)	
Food	
Mobile phone/internet	
Cable/Satellite TV	
Clothing/laundry/dry-cleaning	
Entertainment	
Subscriptions	
Personal Care	
Auto (gas, maintenance)	
Auto Insurance	
Charitable contributions	
Life insurance premiums	
Childcare	
Pet-related	
Other	
<b>Total</b>	

### ❖ **ATTESTATION**

- All information provided by applicant is confidential and subject to verification.
- Applicant agrees to inform the Evaluation Team of any changes to their personal financial situation within 30 days of occurrence during their participation in the Program.
- Applicant agrees to quarterly reviews of progress and efforts to secure long-term solutions to their housing emergency, to be scheduled at time of approval for program.
- I understand that failure to fulfill the requirements of the program may disqualify or otherwise discontinue my participation in the program. I attest under penalty of law that this application is complete and includes all information requested in its entirety, and the information contained is accurate to the best of my knowledge.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Release of Information**

Authorization for Release of Information of Documents and information to third parties

I, \_\_\_\_\_, hereby give permission and authorize the Hanover Community Services Dept on behalf of the Affordable Housing Trust ESTRAP Program, its staff and employees to discuss my application and file with any third party deemed appropriate;

And also give permission and authorize the Hanover Community Services Department, its staff and employees to release copies of any and all documents, recordings, pictures, writings, records, to any third parties deemed appropriate.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date