



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

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	
Total	

❖ **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** _____