



**Housing Consumer Education Center (HCEC) Preliminary Eligibility Form**

This form will help the HCEC program staff determine if you are eligible to apply for financial assistance. Please complete this form and return it to

HCEC Program  
FCRHRA  
42 Canal Street  
Turners Falls, MA 01376

Please note, financial assistance awards are limited to residents of **Franklin County, Massachusetts**.

You will be notified in writing if you are eligible to apply. If you are eligible, a full application will be sent to you. If you are not eligible, you will be notified in writing.

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Family size (Check one of the following. One individual living alone does not qualify for assistance.)

\_\_\_\_\_ One parent (with at least one child under the age of 21)

\_\_\_\_\_ Two parents (with at least one child under the age of 21)

\_\_\_\_\_ Two or more adults (at least one of whom is disabled)

\_\_\_\_\_ Single, expectant head of household

What is your monthly rent or mortgage payment? \$ \_\_\_\_\_

1. Have you had a loss of income? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain how much and why. (Use additional paper if needed.)

***Please continue on page 2. →***

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2. Have you had a significant one-time increase in your expenses? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain how much and why. (Use additional paper if needed.)

3. Are you behind in payments for housing (rent, mortgage, utilities)? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, how much? If yes, have you received a notice-to-quit, a summary process complaint, a mortgage default notice, or a utility shut-off notice? (Use additional paper if needed.)

4. Have you recently had or are you expecting an increase in income? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain how much and why. (Use additional paper if needed.)

5. Have you received financial assistance (like RAFT) before? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please state how much you received. \_\_\_\_\_

6. Do you need assistance to move to a new location? Yes \_\_\_\_\_ No \_\_\_\_\_

Please check ONE of the following. When calculating income, include income from Social Security, Transitional Assistance and Department of Employment and Training.

My yearly household income before taxes are deducted is

<i>Number of persons in h'hold</i>	<i>Yearly income</i>		<i>Yearly income is between:</i>
	<i>is below:</i>	<b><u>OR</u></b>	
<u>2</u>	<input type="checkbox"/> \$18,650		<input type="checkbox"/> \$18,650 and \$31,050
<u>3</u>	<input type="checkbox"/> \$20,950		<input type="checkbox"/> \$20,950 and \$34,900
<u>4</u>	<input type="checkbox"/> \$23,300		<input type="checkbox"/> \$23,300 and \$38,800
<u>5</u>	<input type="checkbox"/> \$25,150		<input type="checkbox"/> \$25,150 and \$41,900
<u>6</u>	<input type="checkbox"/> \$27,050		<input type="checkbox"/> \$27,050 and \$45,000
<u>7</u>	<input type="checkbox"/> \$28,900		<input type="checkbox"/> \$28,900 and \$48,100
<u>8</u>	<input type="checkbox"/> \$30,750		<input type="checkbox"/> \$30,750 and \$51,200

If your household income is over these income limits, please check this box.

For households with rental subsidies only:

Do you currently have a housing subsidy (Section 8, MRVP, etc.)? Yes \_\_\_ No \_\_\_\_\_

If you have a housing subsidy and are behind in your rent, have you tried to get a rent adjustment from your housing authority due to reduced income or increases in expenses? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**IF THIS FORM IS INCOMPLETE, IT WILL BE RETURNED TO YOU.**