



**TENANT APPLICATION
CHECKLIST
Healthy Homes Program
2025 HH Grant**



REQUIRED INCOME/HOUSEHOLD INFORMATION

All information supplied will be kept completely confidential.

At any time during the application process, the tenant may contact the City of Worcester Healthy Homes Program to answer any questions. In addition, tenants may also directly submit application data and documents directly to the City. Please call 508-799-1400 ext. 31468 and ask for the Healthy Homes Program.

- **Proof of household income is required in order for the program to determine income eligibility.**
- **Your application will not be considered for eligibility unless all questions are answered and all required documents have been submitted.**

If currently employed:

- The last four weeks **consecutive** pay stubs for each household member earning income.
- A complete, signed copy of the CURRENT federal tax returns or an Official IRS Transcript (see link below) for each person living in the household who is required to file a return.**
This complete copy must include all schedules, all W-2 and 1099 forms.
- If self-employed**, please provide the last two years of complete federal tax returns or IRS Transcripts
- If currently working in an internet-based business “gig economy”** – Please provide 1 month of printouts from the internet-based business’ website

If you wish to obtain a copy of your Official IRS transcript please use the website below. Currently, this is a free service from the IRS: <https://www.irs.gov/individuals/get-transcript>

If currently receiving assistance:

- A current statement of benefits from social security
- A current statement from your pension holder indicating your **gross** monthly pension
- A compensation letter from the VA
- A letter from your social worker describing your monthly award if you receive public assistance (TAFDC, EAEDC, FOOD STAMPS, MEDICAID, ETC)
- Person(s) claiming no income must complete a **NO INCOME STATEMENT (this form can be obtained from our office)**

If currently enrolled as a student:

- Copy of student identification (with current date) OR official or unofficial transcript OR letter from the registrar

Individual Items:

- Valid government-issued ID
- Proof of U.S. Citizenship or eligible noncitizen status

Additional documentation as requested after your application has been reviewed.

There are specific restrictions and conditions associated with the federal Health Homes Program funds. Funds for our programs are limited and will be available based on completeness of application and city priorities. If you have any questions, please call our office at 508-799-1400 ext. 31468 and we will assist you.

HOUSEHOLD INCOME LIMITS

Applicants' household incomes may not exceed 50% of City of Worcester's Area Median Income (AMI), adjusted for household size, as published by HUD, and shown in the **Appendix FY 2026 Income Limits Documentation**. In order to qualify for a Program grant to be funded with Healthy Homes funds, the applicants' household income may not exceed the HUD (50%) income limit for Worcester, MA HUD Metro FMR Area. Applicants must certify and provide acceptable documentation that their gross household incomes do not exceed the Program income limits. The income limits in place at the time of application submittal will apply when determining applicant's eligibility.

Household Size	50% of Area Median Income Limits adjusted for household size (<i>Effective as of 05/01/2026</i>)
1	\$46,100
2	\$52,700
3	\$59,300
4	\$65,850
5	\$71,150
6	\$76,400
7	\$81,700
8	\$86,950

Senior Committee

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Tenant Name: _____ Spouse: _____

Address: _____ Apt #: _____ Zip: _____

Length of time at this address _____

E-mail Address: _____

Home telephone: _____ Work telephone: _____

Social Security Number: _____

Employer: _____ Length of time at this job: _____

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

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

Landlord's Name _____ Address _____

Do you have a lease agreement? Yes No

Have you been referred to by a 1st responder (Fire, Police, Ambulance, Doctor) to this program?

Yes or No

Does anyone in your household currently have asthma?

Yes or No

Has anyone in your household experienced a trip/fall in the house?

Yes or No If Yes, please list location(s) _____

Did they require an ambulance?

Yes or No

Does your unit currently have working smoke and carbon monoxide detectors?

Yes or No

Were you referred to by a public or non-profit agency?

Yes or No If Yes, please list the agency _____

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

If yes, test date _____ the results were: NORMAL (0-4 mcg/dL) ELEVATED (5-9 mcg/dL) POISONED (10 mcg/dL or above)

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: _____

OCCUPANT & INCOME INFORMATION

List all household members including yourself, all adults & children even if an individual has no income

Name	Social Security #	Age	Race (*optional)	Gross Monthly Income

*Race: W=White, B=Black, H/L=Hispanic/Latino, N=Native American or Alaskan Native, A=Asian or Pacific Islander, O=Other. The above Race/national Origin information has been requested by the Department of Housing and Urban Development for monitoring purposes only. You are not required to furnish this information. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. This information is provided in compliance with federal requirements and is subject to verification

STATISTICAL INFORMATION

The following information is required by our funding sources. Information will be kept completely confidential.

a. # of persons living in unit	
b. # of children under six years old	
c. # of elderly (over 62)	
d. # handicapped (non-elderly)	
e. # elderly handicapped	
f. Is head of household female?	

CERTIFICATION:

I certify that, under penalty of perjury, all information on this application to the best of my/our knowledge is true. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

Penalty for False or Fraudulent Statement, U.S.C.

"Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5 years) or both."

This application must be submitted with the required documents listed on the "TENANT REQUIRED INCOME/HOUSEHOLD INFORMATION"

TENANT(S) MUST SIGN AND DATE APPLICATION

Tenant - Print Name

Tenant - Signature

Date

Tenant - Print Name

Tenant - Signature

Date

I/We give the City of Worcester permission to use this data to qualify for other city housing development programs through the Community Development Block Grant Program (CDBG) Program and the Worcester Lead Abatement Program (WLAP). Please check box if you do.