Covid Rental Relief

Program Description

The Dukes County Regional Housing Authority’s (DCRHA) Covid Rental Relief program is funded through the Martha’s Vineyard Community Foundation, private donors, and the State’s Community Foundations Grant Program for Covid-19 Relief.

The objective of Covid Rental Relief is to assist Vineyard tenant households with Covid related changes to household income or expenses.

Program Conditions:

- Applicant is a tenant in a rental on Martha’s Vineyard.
- Applicant provides a description of the Covid related financial need.
- Applicant provides explanation of Covid related changes to income or expenses.
  a. For rent related expense: Applicant provides a document showing the current rent amount such as a lease, canceled check, or bank statement.
  b. Rental Relief funding may be for one to three months depending on applicant’s explanation of a Covid-19 related need.
  c. Tenant's landlord is a signatory to the application and, by accepting payment of Rental Relief funding, agrees to maintain the current tenancy through the period paid.
  d. Landlord fills out and returns the attached W-9 Tax Form. (required for more than 1 month’s support)

For expense payment requests:

- Applicant provides a document showing the unpaid household expense such as a bill or receipt.
- DCRHA may request information additional to that described in the attached application.
- Assistance will be determined on a case-by-case basis and as funding allows.

DCRHA, as administrator of this temporary supports program, reserves the right to adapt or modify the terms as needed and as reviewed with the private and public partners whose assistance makes these Covid Rental Relief supports possible.

Please complete the attached Covid Rental Relief Application & Agreement and submit with required attachments to the DCRHA.

- by email to dcrha@housingauthoritymv.org
- through the mail at DCRHA. P.O. Box 4538, Vineyard Haven MA. 02568.
- or by utilizing the drop box located at the housing office at 21 Mechanic Street, Vineyard Haven (across State Road from The Little House Café).

Completed Applications will assist us in quick action on your behalf.

Please do not submit photos of applications as they can also hold up review.

The Dukes County Regional Housing Authority, the MV Community Foundation, and their public and private partners join each of you in the hope that the support needed and offered in our Island community will continue to help see us through the pandemic together.
Covid Rental Relief Application & Agreement

Control #________

Date of Application ________ Amount Request ____________ Number of Months _______

Applicant Name(s) ____________________________________________________________

Telephone & Email ____________________________________________________________

Monthly Household Income (all adults) ____________________________________________

Monthly Rent ______________ Household size _____ # of bedrooms ____ # of children _____

Current Housing Address _______________________________________________________

Landlord Name ________________________________________________________________

Telephone/Email ______________________________________________________________

Describe Covid Related Job Loss, Income Change or Unpaid Household Expense:

Documentation of Rent (copy of lease; canceled check/bank statement indicating rent)
Documentation of Income and/or Income Changes (paystubs, bank statements)
Documentation of Expense (e.g., bill for vehicle repair or health care cost)
Signed W-9 Landlord Tax Form (DCRHA will issue 1099 at the close of calendar year)

I authorize DCRHA to make inquiries to verify the information provided in this application and agreement.

I certify that the information I have given in this application and agreement is true and correct and understand that DCRHA may request additional information.

Applicant’s Signature ___________________________________________________________

Landlord’s Signature __________________________________________________________________

Date Signed: ___________________ DCRHA Signature & Date ______________________________

Please supply the following information for grant reporting purposes only. No names will be used.

Head of Household: Age ____ Gender ___ Race/Ethnicity ___________________________ English Speaking Yes / No

Dukes County Regional Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, marital status, veteran status, public assistance, disability, genetic information, gender identity or any other class protected by state, federal or local law, in the access or admission to its housing program(s), or employment, or any other of its programs, activities, functions or services. Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services.