

Agency Letterhead

Request for Rental Assistance Program Payment Massachusetts HomeBASE Program

Program Representative

Address of Unit: street address apartment #		Requested Beginning Date of Lease (mm/dd/yy)	No. of Bedrooms	Year Constructed
City/State	Zip	Proposed Rent		Security Deposit Amount

Type of House/ Apartment

- Single Family Detached
 2 & 3 Family
 Garden / Row
 Multi-Family / High Rise

Please indicate who is responsible for the utilities and appliances, also circle the utility type.

Type	Fuel Type <i>Please Circle</i>	Provided by <i>Please Circle</i>
Heat	Gas / Oil / Electric	Owner / Tenant
Cooking	Gas / Oil / Electric	Owner / Tenant
Hot Water	Gas / Oil / Electric	Owner / Tenant
Electricity	Electric	Owner / Tenant
Refrigerator	Electric	Owner / Tenant

Print or Type Owner or Other Party Authorized to Execute the Lease		Print or Type Name of head of Household	
Signature		Signature (s)	
Telephone Number	Date	Telephone Number	Date
Address		Present Address or Family (Street address, apartment no. City, State, & Zip)	