



To Property Owner/Agent:

Your tenant or future tenant is in the process of applying for Residential Assistance for Families in Transition (RAFT). Below is a list of things that Metro Housing|Boston will need from you to process the tenant's application.

**Required Property Owner Documentation:**

1. RAFT Owner Contract (enclosed)
  - a. The RAFT Owner Contract may not exceed the program limit of \$4,000. The total amount must be verified with documentation. If a client has a subsidy, we cannot pay more than **6 months of the tenant's portion for rental arrears.**
  - b. For all rental arrears, please add the most recent ledger.
2. W-9 form (enclosed)
3. Proof of ownership of the property the tenant is or will be living in.
  - a. See enclosed list of acceptable proof of ownership
4. Direct Deposit Enrollment Request Form (enclosed)
5. **Voided check or letter from bank (We do not accept deposit tickets)**
6. Letter of Lead Compliance or building permit showing the residence was built after 1978 (required only if there is or will be a child under the age of 6 in the household).

**Do not assume that the family will receive RAFT assistance.** There are many eligibility criteria and documentation requirements for this program. The family must meet them all before we can approve their application. We will process their application as quickly as we can after all documents are submitted.

**We will notify you if they are approved. If your tenant is using RAFT funds for startup costs, please do not allow the tenant to move in prior to approval.**

**Please send all requested documentation to:**

**[RAFTdocs@metrohousingboston.org](mailto:RAFTdocs@metrohousingboston.org)**

Please include your tenant's name in the subject line or body of the email.



Massachusetts Department of Housing and Community Development

RAFT OWNER CONTRACT

(RAFT Administering Agency)
(RAFT Administering Agency Address)

Date of Contract

Participant Name

Participant Address

The RAFT Administering Agency intends to provide the following financial assistance on behalf of the above named Participant (must insert "N/A" if Not Applicable):

Table with 3 columns: Item, Amount (\$), and Notes. Items include Monthly Rental Stipend, Security Deposit, First Month's Rent, Last Month's Rent, Rent Arrears, and Total.

Owner Acknowledgements and Agreements

- Under the pains and penalties of perjury, I certify that I am the property owner (or authorized agent for the owner) of the above referenced property (Participant Address).
I agree that by accepting payments for rent arrears in accordance with this Agreement,
o I will reinstate the Participant's tenancy (if an eviction case has not been filed).
o I will not proceed with eviction (if an eviction case has been filed).
If the RAFT Administering Agency makes a security deposit payment on behalf of the Participant, I agree to comply with all landlord obligations in accordance with M.G.L., c.186 s. 15B.
If the RAFT Administering Agency pays a security deposit or first/last month's rent on behalf of the Participant, I agree to return these funds to the Agency should the Participant not move into the above referenced property.
If the Participants' tenancy is terminated prior to the period for which any monthly rental stipend payments were made, I agree to return the unused balance of said funds to the RAFT Administering Agency.
I understand that RAFT funds are to be used only for expenses that are not paid by other sources of financial assistance.
Nothing in this Agreement precludes the owner/agent from using any and all remedies available under law...

Property Owner/Agent Signature

RAFT Administering Agency Staff Signature

Property Owner/Agent Name

RAFT Administering Agency Staff Name & Title

Property Owner/Agent Address



# Proof of Ownership

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**Needs to contain the rental property address as well as the owner's name**

**Accepted documents:**

- 1) Tax Bill
- 2) Water Bill
- 3) Deed
- 4) Mortgage Bill
- 5) Rental Property Insurance Bill (Binder)
- 6) Assessor's website

**\*\*If the property owner's name from the above documents does not match the W-9, please provide a letter or supporting documents from the property owner (with signature) explaining the relationship between the two names (W-9 vs. Proof of Ownership)**

**\*\*If the address of the unit is not the same as the address written on the document given, please provide a letter (with signature) explaining why the addresses don't match.**



Direct Deposit Enrollment Request Form
Authorization Agreement for Automatic Deposits (ACH Credits)

Section 1 : Type of request (check one)

[ ] New Request for Direct Deposit OR [ ] Change Current Direct Deposit Information

Section 2 : Customer / Vendor / Payee Information

Name
Social Security # or Tax I.D. #
Daytime Phone Number
Address
City, State, Zip Code
E-mail Address (please print)

Section 3 : Direct Deposit Information:

[ ] Checking OR [ ] Savings

Account Holder's Name
Bank Name
Routing Number1
Account Number2

Please attached with voided check from the specified checking account.
Substitute documentation for account without paper check: 1) Bank statement; or 2) Letter from bank that indicate account name; account number and routing information

I authorize Metro Housing|Boston and Bank of America to make electronic deposits to the specified account.
If monies to which I am not entitled are deposited to my account, I authorize Metro Housing|Boston to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization or until this authorization is revoked by me in writing.

Signature (required)
Date

Call (617) 425-6616 if you have any questions. Please note: You may receive one or more "paper" checks before your direct deposit enrollment is processed and becomes active.
1 The first nine numbers from the left at the bottom of your deposit slip if using a savings account or your check if using a checking account is the bank routing number. This number is always nine digits.
2 Your account number is at the bottom of your check or savings deposit slip, after the bank routing number (and before the check number if using a check). If there are zeros before or after your account number, please include them.

For internal use Only:
Program: [ ] MTW / Section 8 or [ ] MRVP / CoC Program or [ ] HomeBASE / RAFT
Staff Name :