



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. COVID RAFT Owner Contract Addendum Agreement
 - c. For all rental arrears, please add the most recent ledger.
2. Current Lease or Tenant agreement
 - a. If subsidized, tenant share lease that shows rent portion and contract rent
3. W-9 form (enclosed)
4. Proof of ownership of the property the tenant is or will be living in.
 - a. See enclosed list of acceptable proof of ownership
5. Direct Deposit Enrollment Request Form (enclosed)
6. Voided check or letter from bank (We do not accept deposit tickets)
7. 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 hold requested documentation until Case Manager reaches out to provide you with where to submit securely.



Massachusetts Department of Housing and Community Development

RAFT OWNER CONTRACT

Metro Housing | Boston
1411 Tremont Street Boston, MA. 02120

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):

Monthly Rental Stipend \$_____ (\$_____ per month x _____ # of months)
Security Deposit \$_____
First Month's Rent \$_____
Last Month's Rent \$_____
Rent Arrears \$_____
Total \$_____ (may not exceed \$4,000 unless household is eligible for the COVID RAFT enhanced benefit of up to \$10,000. In that case, an agreement will be facilitated either by the RAA or by a community or court mediator. In cases where the RAFT benefit exceeds \$4000, the COVID RAFT Owner Contract Addendum must also be signed and submitted with this contract.)

Owner Acknowledgements

- I certify that I am the property owner (or authorized agent for the owner) of the above referenced property (Participant Address).
I certify 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 Agency.
Except as stated in the COVID RAFT Owner Contract Addendum, if applicable, nothing in this Agreement precludes the owner/agent from using any and all remedies available under law, including the institution of eviction proceedings against the Participant, if the Participant fails to make future rent payments due after the date of this Agreement.

Property Owner/Agent Signature

RAFT Administering Agency Staff Signature

Property Owner/Agent Name

RAFT Administering Agency Staff Name & Title

Property Owner/Agent Address

Property Owner/Agent Phone/Email

RAFT OWNER CONTRACT ADDENDUM
To be filled out when benefit level exceeds \$4,000

This agreement is entered into by and among the Administering Agency, the Property Owner and the Participant for the purpose of keeping the Participant stably housed for a period of at least 6 months from the date of signing this agreement or until June 30, 2021, if there are school-aged children in the unit, whichever is longer.

A benefit level of more than \$4,000, not to exceed \$10,000, is available to eligible households who are behind on rent, or expect to become behind on rent, due to a financial hardship related to COVID-19.

Receipt of a benefit level above \$4,000 requires that the landlord enter into an agreement to keep the tenant stably housed for at least for six months or until June 30, 2021 if there are school-aged children in the unit, whichever is later.

Current lease end date: _____

If lease end date is less than six months from the date of this contract, or prior to June 30, 2021 if there are school aged children in the unit, whichever is longer, one of the following boxes must be checked:

- Landlord and tenant agree to enter into a month-to-month tenancy agreement following the lease end date.
- Landlord and tenant agree to sign a new lease effective _____ (new lease effective date) with a lease term of _____ (lease term length).

Current arrears owed, if any: \$ _____

Monthly rent (tenant share, if tenant has a rental subsidy or public housing): \$ _____

For tenants without a rental subsidy, RAFT will pay a combination of arrears and future rental stipends, if applicable. Stipends for market rate rental housing may last for up to 12 months, as long as the total benefit is expended within 12 months.

For tenants with a rental subsidy, RAFT rental stipends may not be paid. RAFT will only cover a maximum of 6 months of back rent for tenants with a rental subsidy.

The tables below indicate the expenses that will be paid through RAFT after this contract is signed and the application is approved.

ARREARS

1. Total arrearage at time of contract creation	2. RAFT payment toward arrears	3. Tenant portion toward arrears (if any)	4. Amount forgiven (if any)	5. Amount entered into a payment plan (if any)*

The sum in the first box must equal the sum of boxes 2-5.

RENTAL STIPENDS

Month	RAFT stipend	Tenant portion of rent (must be at least 30% of tenant's gross income at time of application)	Amount to be forgiven (if any)	Amount of rent payments to be deferred and paid later under a payment plan (if any)*

TOTAL:	\$	\$	\$	\$

Total RAFT payment (arrears + stipends): \$ _____
 Total tenant payment over duration of agreement (arrears & future rent): \$ _____
 Total amount forgiven over duration of agreement (arrears & future rent): \$ _____
 Total amount entered into a payment plan over duration of agreement (arrears & future rent): \$ _____

*If the landlord and tenant will enter into a repayment agreement for any amount not covered by RAFT or the tenant and not forgiven, include details about the payment plan below.

All parties agree that there will be no attempt in the future to collect amounts listed in the "Amount forgiven" column above.

So long as the tenant is meeting the tenant's obligations under this Owner Contract Addendum (paying the agreed-on tenant monthly rent payments as well as any obligations under a repayment agreement for arrearages) and any stipend called for in this Addendum is being paid to the landlord, the landlord cannot file for eviction for nonpayment for six months or until after June 30, 2021 if there are school-aged children in the unit, whichever is later, even if the sum of the stipend plus the required tenant payment is less than contract rent.

Property owner signature: _____ Date: _____

Tenant signature: _____ Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
	6 City, state, and ZIP code		
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																					
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Proof of Ownership

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 :