

Emergency Housing Payment Assistance Application

Version 2022.1

This application is for Emergency Housing Payment Assistance, including the Emergency Rental Assistance Program (**ERAP**) and Residential Assistance for Families in Transition (**RAFT**). You will be matched with the most appropriate program based on your needs.

You can submit this paper application to your local RAA. It's also fast and easy to apply from a computer or your smartphone at www.mass.gov/COVIDHousingHelp.

The application will ask you:

- About your **current housing**, and what challenges you may be facing
- Information about who is in your **household**
- How much **money** everyone in your household makes
- What kind of **assistance** you need
- For your **landlord's contact information**

You will also have to submit the following documentation. Your application will be processed faster if you include all of these documents with your application.

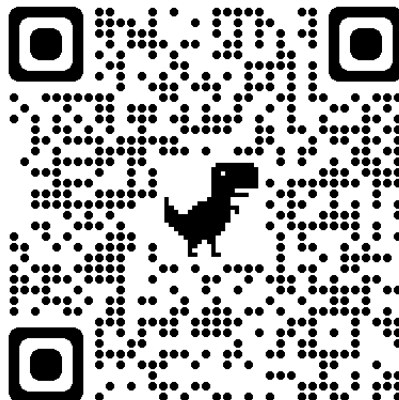
- **ID** for the head of household
- Proof of **housing crisis** (for example an eviction notice or letter saying you're behind on rent)
- Proof of **housing** (for example a lease or mortgage)
- Proof of **income** (for example paystubs)

After you submit the application, a case manager from a **Regional Administering Agency (RAA)** will contact you using **the contact info you provide here**. Please respond quickly when they do.

The Emergency Housing Payment Assistance application is **free**. No fee is required to apply, and free help is available to complete applications. Beware of scams by people charging an "application fee" to help submit an application.

If you need help completing the application, contact your local RAA for free assistance. RAA contact information is on the next page; please contact the RAA serving the part of the state where you currently live or are moving to.

You can also find your nearest RAA online; take a picture of this image with your phone:



<https://hedfuel.azurewebsites.net/raa.aspx>

RAA	Address	Phone Number
Berkshire Housing Development Corp. (BHDC), serving the Berkshires	P.O. Box 1180, Pittsfield, MA 01202-1180	(413) 499-1630 x168
Community Teamwork, Inc. (CTI), serving the North Shore	17 Kirk Street, Lowell, MA 01852	(978) 459-0551
Housing Assistance Corp. (HAC), serving the Cape and Islands	460 West Main Street, Hyannis, MA 02601	(508) 771-5400
Way Finders, Inc., serving Springfield and Hampden County	1780 Main Street, Springfield, MA 01103	(413) 233-1600
Metro Housing Boston, serving the Boston metro area	1411 Tremont Street, Boston, MA 02120	(617) 425-6700
RCAP Solutions, serving Worcester County	191 May Street, Worcester, MA 01602	(978) 630-6771
South Middlesex Opportunity Council, Inc. (SMOC), serving Metro West, including Framingham	7 Bishop Street, Framingham, MA 01702	(508) 872-0765
Neighbor Works Housing Solutions, serving the South Shore and South Coast	169 Summer Street, Kingston, MA 02364	(781) 422-4204
Lynn Housing Authority and Neighborhood Development (LHAND), serving Lynn	LHAND Family Success Center, 39 Curwin Terrace, Lynn, MA 01905	(339) 883-2342
Franklin County Regional Housing & Redevelopment Authority, serving Franklin County	241 Millers Falls Road, Turners Falls, MA 01376	(413) 863-9781
Central Massachusetts Housing Alliance (CMHA), serving Worcester County	6 Institute Road, PO Box 3, Worcester, MA 01609	(774) 243-3872

1. Household information

Head of household name: _____

Preferred language: _____

Phone number: _____

Email address: _____

Alternate contact information: _____

What is your current address? _____

What is your mailing address, if different? _____

If you are moving, what will be your new address? _____

Can we text you about your application at the phone number listed above? Messaging and data rates may apply.

Yes

No

2. Current living situation

Select the statement that best describes your living situation.

Renter Staying: Renting your apartment/home, and looking for help to stay in the same place.

Moving: You need to leave where you are currently staying (i.e., homeless, couch surfing, or living in unsafe conditions).

Homeowner Assistance Fund

If you own a 1-4 family home and are having trouble paying your mortgage, you may also be eligible for mortgage assistance under the state's Homeowners Assistance Fund (HAF) program which includes assistance for eligible owner-occupants of 1-4 family homes. Visit www.massmortgagehelp.org or call 2-1-1 for more information and to apply.

3. Advocate

Are you an advocate, looking to help a tenant/client get help?

No, I am applying for myself. *Please continue on to Section 4.*

Yes, I am applying on behalf of someone else. *Advocates are strongly encouraged to apply for their clients online at www.mass.gov/COVIDHousingHelp*

*Please complete the following section **only** if you are an advocate applying on someone else's behalf*

Advocate Name: _____

Relationship to applicant: _____

Language preference of person you're applying for: _____

Advocate's phone number: _____

Advocate's email: _____

Advocates organization/affiliation: _____

Advocate Consent Confirmation

- Please check this box to confirm you have consent to submit this application on behalf of the applicant.
- Please check this box to confirm you have consent to communicate regarding this application on behalf of the client.

4. COVID-19 Impact

Many households in Massachusetts have been financially affected by the COVID-19 pandemic. Please tell us what challenges you have faced since the pandemic started in March of 2020. You can check more than one box.

I, or someone in my household...

- Lost a job
 - Collected unemployment benefits
 - Had less income than usual (lower pay, fewer hours, or fewer clients if self-employed)
 - Had to miss work, or stop working, or work fewer hours due to a health or medical need
 - Had to miss work, or stop working, to take care of someone with health or medical needs
 - Had to miss work, or stop working, or work fewer hours because my child's school or daycare was closed, or because my child had online school
 - Had a roommate or household member move out, stop paying rent, or die, leaving me with higher housing costs
 - Had higher bills than usual (for example, medical bills, transportation costs, childcare costs, funeral costs, rent, utilities, etc.)
 - Had income that was too low to pay for basic household expenses (for example, food, clothing, rent, utilities, cleaning supplies, etc.)
 - Other financial problem (please explain)
-
-

5. Reason for application

Please use the section below to highlight any and all housing needs that describe your current situation. (Check all that apply)

I **rent** my home and...

- I am behind on rent
- I have received a Notice to Quit that says my lease will be terminated if I do not pay all rent owed
- I have been to court or have a court date scheduled about being evicted
- A judge has said I have to leave my home
- A sheriff or constable has delivered court papers about being evicted
- I can't afford future rent

I need to **move** because...

- I'm couch-surfing or doubled up and can not stay anymore
- I'm currently homeless (e.g., sleeping in a shelter, a car, or outside)
- I lost my housing due to a fire, flood, or natural disaster
- Someone I live with is currently hurting me or my family, threatening to hurt me or my family, or making me or my family feel unsafe.

I **rent** my home and...

- I am behind on utilities
 - I have received a utility shut-off notice
 - My utility service has been shut-off
 - I am unable to turn on utilities in my new unit
 - Other (please describe below)
-
-
-

6. Subsidized Housing

Do you currently live in housing where your rent goes up or down when your income goes up or down (i.e., you have a voucher, like Section 8, or live in public housing)?

- Yes
- No

7. Household information

Please list below all members of your household. Household members include children, dependents, relatives, and roommates who help pay the rent you said you owe in this application.

Household member	Name	Date of birth	Gender	Ethnicity	Race	Social Security Number If none, write "N/A"
Head of household			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Prefer not to answer	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other _____			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Prefer not to answer	
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<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other_____			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Prefer not to answer	
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** If you do not have a social security number, write N/A. Not having a social security number will not affect eligibility.*

8. Household income

List all sources of income for all household members. Sources of income may include, but are not limited to, wages, unemployment, Social Security benefits, pensions, TAFDC, EAEDC, child support, alimony, income from self-employment, and regular contributions or gifts from persons not residing in the household.

If your household has more than six sources of income, please attach additional pages to document all of your household income.

Name	Income source (i.e., job, DTA benefits)	Gross Amount (before taxes)	Frequency	Check this box if a household member 18 or older has zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income

Some sources of income may be deductible from your gross income for eligibility determination purposes. Please check off if you or a member of your household listed above **currently pay** for any of the following expenses:

Name	Expense(s)	Amount(s)	Frequency
	<input type="checkbox"/> Child support, separate support, or alimony paid under court order or agreement <input type="checkbox"/> Child care or care of a sick or incapacitated household member <input type="checkbox"/> Tuition and fees for vocationally related post-secondary education (not full-time)		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):
	<input type="checkbox"/> Child support, separate support, or alimony paid under court order or agreement <input type="checkbox"/> Child care or care of a sick or incapacitated household member <input type="checkbox"/> Tuition and fees for vocationally related post-secondary education (not full-time)		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):

9. Employment

Are you employed? Please check one.

- Yes, I have a job(s)
- No, I lost my job(s) within the last 3 months
- No, I lost my job(s) more than 3 months ago

10. Request for Assistance

What kind of assistance do you need? Please check all that apply.

I need help with overdue rent payments (“arrears”).

If you currently owe arrears (back rent), how much is currently overdue?

Please list all past months you owe money for (for example, January 2021, February 2021)

I also need help paying future rent payments. Please note, you must already have overdue rent to receive help paying future rent.

How much is your current monthly rent payment? _____

I need help with overdue utilities.

What type of utilities do you need assistance paying?

- Gas
- Oil
- Electric
- Other

If you currently owe utility arrears, how much is currently overdue? _____

Please list all past months you owe money for (for example, January 2021, February 2021)

What is the utility name(s)? _____

What is the account number(s), if you know? _____

I need help with moving costs (for example, first/last month rent, security deposit, or moving costs).

11. Landlord information (renters only)

*If you are seeking assistance with moving to a new location, please include your **new** landlord's information.*

Landlord name: _____

Landlord address: _____

Preferred language: _____

Phone number: _____

Email address: _____

Alternate contact information: _____

Does your landlord live at the property where you rent your unit?

Yes

No

Is there someone who collects rental payments on behalf of your landlord?

Yes

No

12. Authorization and Release

You have provided certain Personal Information (name, address, income, age, etc.) about you, your household and/or the person on whose behalf you are applying (collectively, the “Participant(s)”. It will be used to determine eligibility and the need for financial assistance for the Residential Assistance for Families in Transition (RAFT), Emergency Rental Assistance Program (ERAP) (collectively, “Emergency Housing Payment Assistance”), as well as other programs the Massachusetts Department of Housing and Community Development (DHCD) may administer, and to comply with federal and state reporting and record keeping requirements. The information is also used to manage the housing program, to protect the public financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, local public housing authorities, regional non-profit housing agencies, service providers and civil or criminal investigators and prosecutors. It may also be used for research and program evaluation purposes. Otherwise, the information will be kept confidential and only used by the Regional Agency staff in the course of their duties.

To verify program eligibility, the Regional Agency will provide information about you and/or the Participant to others (agencies, including the Executive Office of Labor and Workforce Development, the Department of Unemployment Assistance [for unemployment insurance and other income information], the Department of Revenue, the Department of Transitional Assistance, MassHealth, and other state agencies, organizations, service providers, employers, your landlord, your mortgage holder or individuals) and receive information from those entities about you. Further, it may be necessary to discuss or correspond with others regarding this information. By signing below, you are giving permission to DHCD and other entities as described herein to exchange information about you. If you are applying on behalf of another person or persons, you affirm you have their consent as well.

You or your authorized representative have a right to inspect and copy any information collected about you. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the Regional Agency holds about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file.

Under state privacy laws, applicants and program participants may give or withhold their permission to share this Personal Information. However, failure to permit the Regional Agency to share the required information may result in delay, ineligibility for programs, or termination.

Participant obligations

If Participant is found eligible and receives assistance, Participant agrees to:

- Provide the Regional Agency with all requested information from all sources for all household members, as requested.
- Remain in contact with the Regional Agency, as needed by the Regional Agency, in order to assist the Regional Agency with tracking and reporting on program performance.
- Not purposely do anything that would jeopardize the Participant’s current housing or employment status.
- Not commit fraud or make any false statements in connection with the Emergency Housing Payment Assistance programs.

Other obligations of the Participant:

- The Participant agrees that he/she does not have any financial interest in the rental unit for which program funds are being used.
- The Participant agrees if he/she is approved for the same funding need by a different funder or source, he/she will immediately notify the Regional Agency and use best efforts to ensure that the funds are returned to the Regional Agency or to the other funder.

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- The Participant agrees that all terms, conditions, and provisions of this contract apply to all members of the Participant’s household.
- The Participant agrees to continue to make housing payments not covered by Emergency Housing Payment Assistance programs. Failure to comply with rent, utility, or other payment obligations without a compelling justifiable cause may disqualify the Participant from any additional Emergency Housing Payment Assistance.

By signing below, you affirm that you have been given the consent of the Participant to apply on his/her behalf and have informed the Participant of these obligations.

By signing below, you acknowledge that you understand that this application is not a commitment of monetary assistance.

By signing below, you certify under the pains and penalties of perjury that all of the information provided in this application is true, complete, and accurate to the best of your knowledge. You agree to do your best to provide, upon request, documentation to support any self-certification, if used. You certify that you, or the Participant on whose behalf you are applying, have not received or been approved for funds from any other source to pay for the same expenses that you have requested above. You understand that any false statement or misrepresentation may result in the withdrawal or denial of this application or any other action that the Department of Housing and Community Development (“DHCD”) and/or the Regional Agency may deem appropriate, including prosecution for fraud.

This authorization is valid for a period of 10 years from the date of signing.

Applicant signature: _____

Date: _____

Document Checklist

- Identification for the head of household (examples: photo ID, license, birth certificate, passport)
- Documentation of current housing and primary residence (examples: lease, tenancy at will agreement, mortgage statement)
- Documentation of eligible housing crisis; examples include, but are **not limited to**:
 - Notice of arrears and/or letter from landlord confirming unpaid rent amount
 - Court summons
 - Letter from host family if doubled up
 - Utility bill showing amount overdue or shutoff notice
-
- W-9 from payee (landlord, moving company, etc), if applicable
- Proof of ownership for landlord if funds will be used to pay a landlord
- Verification of amount owed or due for any funds being covered

Other: _____
Other: _____
Other: _____
Other: _____