Housing Assistance Application Reference Guide

For tenants applying for housing assistance through the Massachusetts Emergency Housing Payment Assistance Portal

Massachusetts Department of Housing and Community Development

This guide will take you through applying for housing assistance from the Commonwealth of Massachusetts, using the "Massachusetts Emergency Housing Payment Assistance Portal." The application described in this guide is for the Residential Assistance for Families in Transition program (RAFT). For more information on this program and to see if you're eligible <u>visit mass.gov</u>.

Note that a RAFT application can only be filled out and submitted online through the Massachusetts Emergency Housing Assistance Portal. If you are struggling with your application, you can contact your local Regional Admin Agency (RAA) for assistance. <u>Use this site</u> to determine and find contact details for your RAA.

How to use this guide:

- Jump ahead to a specific section by selecting it in the Table of Contents
- Search for key terms by pressing
 - o ctrl + F if you're on a PC
 - command + F if you're on a Mac

If at any point you encounter issues with the application process, please visit the <u>Troubleshooting</u> section of this document.

Table of Contents

Getting Started
Requirements
Terms
What You Will See on The Application 4
Uploading Files
Registering an Account
Starting a New Tenant Application 15
Application for those in need of rental and/or utility expense assistance
Application for those in need of moving expenses assistance
Tracking the Status of your Applications
Getting Started
Editing applications that have not yet been submitted
Withdrawing applications that have not yet been submitted
Reviewing applications that have been submitted92
Uploading documents to applications that have been submitted
Requesting an Administrative Review
Troubleshooting
Contacting your RAA 103
Resources

Getting Started

Requirements

You are required to provide the following to complete your RAFT application:

- A personal email address
- Identification for head of household
- Verification of current housing such as your lease
- Verification of eligible housing crisis such as a notice of eviction

You may also be asked for additional documents depending on your situation, such as a recent pay stub to verify income.

Terms

This guide will serve as a detailed walkthrough for submitting the tenant application for RAFT. Some common terms used throughout this guide are:

Applicant

The person who is requesting RAFT assistance, also known as the Tenant.

Advocate

Anyone who is assisting the Applicant in submitting the application, such as personnel at your RAA or community-based organization, or a close friend/family member.

Tenant

The person who is requesting RAFT assistance, also known as the Applicant.

Account

The unique registration identification associated with the person filling out the application, which allows them to complete and track their progress.

Note that if you are an Advocate, that this document uses direct language, using the term "you" throughout. When "you" is used, it is in reference to the Tenant / Applicant. Questions and consents will differ from those seen by applicants who register as Tenants.

MA Housing Assistance Application Reference Guide

What You Will See on The Application

Below are the things you will see on the application and what to do when you encounter them:

Text Boxes: Select into the box and type out a response

Username	
Username	

Buttons: Select them to navigate to other pages



Radio Buttons: Identifiable by the circles next to the text, these are used to select options from a brief list. You may select only one option.

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.
- O Moving: I need to leave where I am currently staying (i.e., homeless, couch surfing, or living in unsafe conditions).

Dropdown Boxes: Identifiable by the downward arrow, these open a small window to navigate through both short and long lists of options. You may only select one option.

Relation to Applicant *
Clear
Advocate Organization
Friend
Family Member

Auto-fill Box: Identifiable by the pencil icon, these will attempt to automatically locate what you are typing online as you type it in.

Getting Started: What You Will See on The Application



Checkboxes: Identifiable by the squares next to the text, these are used to select multiple options from a short list. You may select as many as you need.

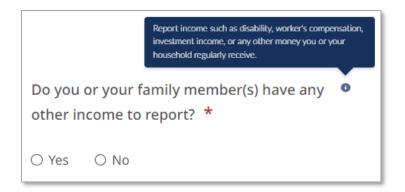
I, or someone in my household: *
🔽 Lost a job
Collected unemployment benefits
Had less income than usual (lower pay, fewer hours, or fewer clients if self-employed)

Date Selection Box: Identifiable by the calendar icon in the box, this allows you to select an exact date.

Date	of Bi	rth 🕇	•			
•	00	tob	er		202	2 🗸
Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5
			Today			

Additional Information Tooltip: This small icon will provide additional information to any given field by hovering or selecting it.





Uploading Files

This guide will assist you in uploading files for your application. To upload files, you must first select the **Upload Files** button.

✓ Proof of Identit		
	Upload Files or drop files * 🚯	
	소 Upload Files	
	Or drop files	

This will allow you to navigate to where the file is saved and select it for upload.

The supported file formats are bmp, jpeg, jpg, png, pdf, rtf, gif, heic. The maximum supported file size is: 10 MB. Editable office files (such as Word or Excel) are not permitted.

janize 🔻 🛛 New folde	er					BEE 🔻 🔲
^	Name	Date modified	Туре	Size		
• Quick access	V Last week (9)					
- Downloads 🖈	Proof of Current Housing	9/16/2022 9:12 AM	JPG File	6 KB		
Documents 🖈	Utility Bill	9/14/2022 5:18 PM	JPG File	181 KB		
	Proof of Income	9/14/2022 5:18 PM	JPG File	122 KB		
📰 Pictures 🛛 🖈	Other Documents	9/14/2022 5:17 PM	JPG File	5 KB		
Tenant Portal Sn	Eligibility	9/14/2022 5:17 PM	JPG File	41 KB		
📕 Train TenantOne 🗸	ID ID	9/14/2022 5:17 PM	JPG File	296 KB		
File n	ame: ID				✓ All Files	

MA Housing Assistance Application Reference Guide

You will receive a confirmation notice once your files have uploaded successfully.

	Upload Files		
а ^{ID,jpg} 296 КВ		- 0	
1 of 1 file uploaded		DONE	

Alternatively, you may drag and drop the file from your computer to the upload box.

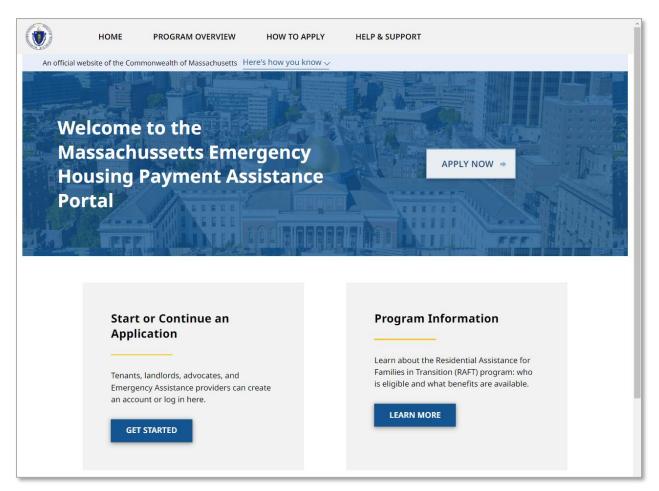
If you accidentally upload the incorrect file, you can select the $\hat{\mathbf{m}}$ icon to remove that file.

Registering an Account

Creation and Login

If you do not have a user account with the "Massachusetts Emergency Housing Payment Assistance Portal," you must create one. This account will contain basic information about yourself, including whether you are an applicant or an advocate.

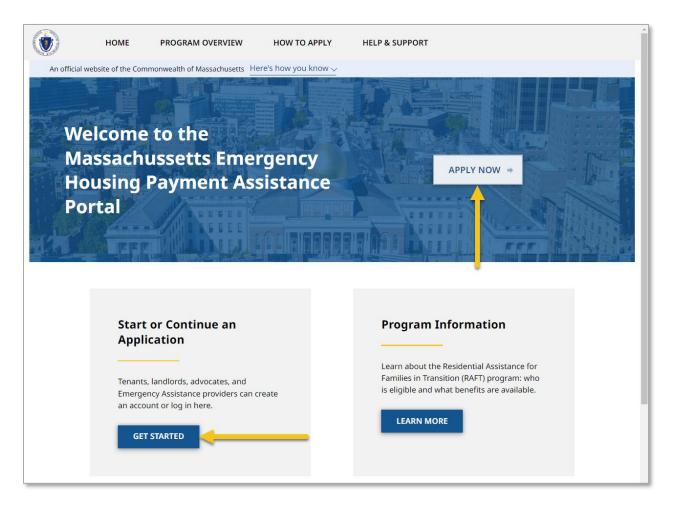
The first step to applying for RAFT assistance is to visit applyhousinghelp.mass.gov



To either log in to your existing account or create a new account, you must select either the **Apply Now** button or the **Get Started** button under the "Start or Continue an Application" section.

MA Housing Assistance Application Reference Guide

Registering an Account: Creation and Login



If you already have an account, enter your email, password, and complete the reCAPTCHA verification check, then select **Log In**.

	zelustraining3@yopmail.com
11 N. 7 (5 <i>4</i>)	
	V I'm not a robot
	LOG IN
	Forgot your password? Register as new user

If you wish to register a new account, select **Register as new user**.

	()
	Username
<i>- 1</i>	Password
	I'm not a robot
12 Made	LOG IN
	Forgot your password? Register as new user

The "User Registration" page requires you to enter the following information to create your account:

- First Name
- Last Name
- Email
- Confirm Email
- Preferred language
- Please select the category that bests describes your role
 - If you are applying for yourself, choose **Tenant**
 - If you are applying on behalf of someone else, choose **Tenant Advocate**

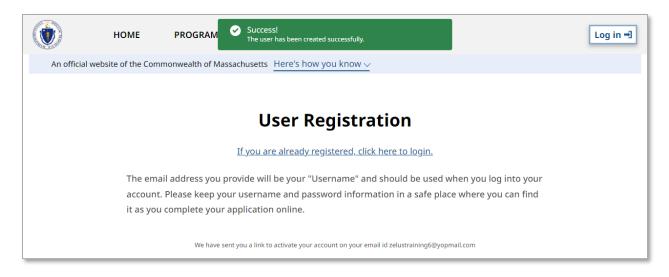
Note that once the user has been designated on this account your name and/or email cannot be changed. Please ensure the email provided is one you always have access to. Any password resets will be sent to this email address. If you do not have an email address, contact your local RAA to assist.

You must also complete the reCAPTCHA verification check before you can proceed.

Select **Submit** once you have completed the "User Registration" page.

	HOME	PROGRAM OVERVIEW	/ HELP &	SUPPORT	Log in 🚽
An official	website of the Con	nmonwealth of Massachusett	Here's how you	u know 🗸	
		ι	Jser Reg	istration	
		<u>If you</u>	<u>are already regis</u>	ered, click here to login.	
	accoun		ame and passwo	name" and should be used when you log into your rd information in a safe place where you can find	
	* First Na	ame		*Last Name	
	Train			TenantSix	
	*Email	aining6@yopmail.com		*Confirm Email zelustraining6@yopmail.com	
	Tenan	select the category that be t O Tenant Advocate O elter Provider/EA Diversion	Landlord/Owne		
	*Preferr	ed Language			
	English			* •	
			V I'm not a robot	reCAPTCHA Privacy-Terms	

The following page informs you that you have been sent a link to activate your account at the email provided. You should also see a temporary green banner indicating that the account was successfully created.



To activate your account, you must navigate to the email inbox you provided and find the verification email from **no-reply-dhs@massmail.state.ma.us**. Please do not send a reply to that email address.

The email will create your account with a temporary password. You must change the password to finalize your account.

Select the link to change your account password.

Sandbox: MA Housing: Welcome to Housing Portal A Housing Portal <sigude@deloitte.com> Thursday, October 06, 2022 3:29:21 PM</sigude@deloitte.com>	Reply	Forward	Html Text	Print	Delete	:
Dear Train, Thark you for your interest in Messachusets of the Avoidance. You have successfully created an account and can now complete and solvari an application. Username: advarianing/63;openal.com						٣
To change yun pusoword, plesse click here or visial hutpe://must-baseingmu.cl.12.forez.com/hutaingmu.login? - OSNPCGOLUMAN	QQRB/XICEP2TCJO	AEUYAYUQE	5e2NbIMb3ZKyCT1	y8MlxQSY7g	DsVQP00g!	63D%3D.
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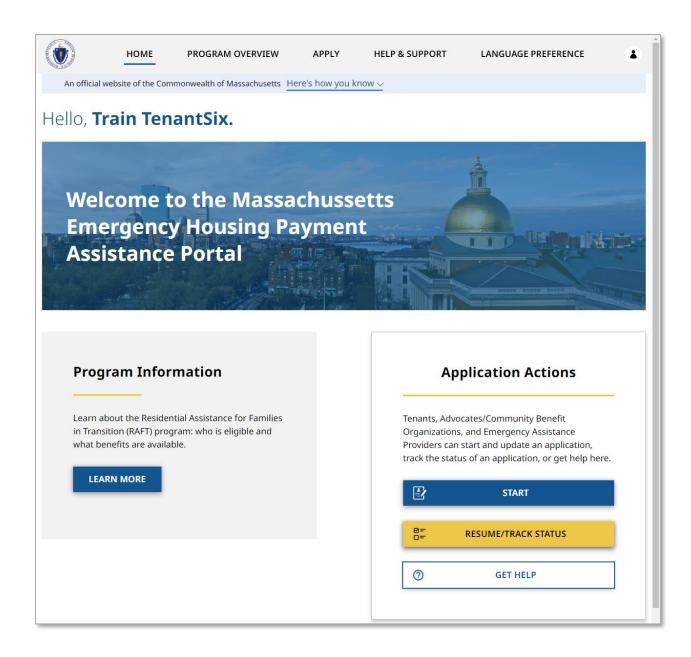
Follow the guidelines for creating a new password. It must meet the following requirements:

- At least 12 characters
- 1 uppercase letter
- 1 lowercase letter
- 1 number
- 1 special character

Select **Change Password** once you have entered your new password and confirmed it.

٢
Change Your Password
Enter a new password for zelustraining6@yopmail.com. Make sure to include at least:
2 12 characters
Also include at least 3 of the following: 1 uppercase letter 1 lowercase letter 1 number 1 special character 1
* New Password
Good
* Confirm New Password
Match
Change Password
Password was last changed on 10/6/2022, 3:29 PM.

Once you have changed your password, you should be logged in to the application portal and are ready to start your application.

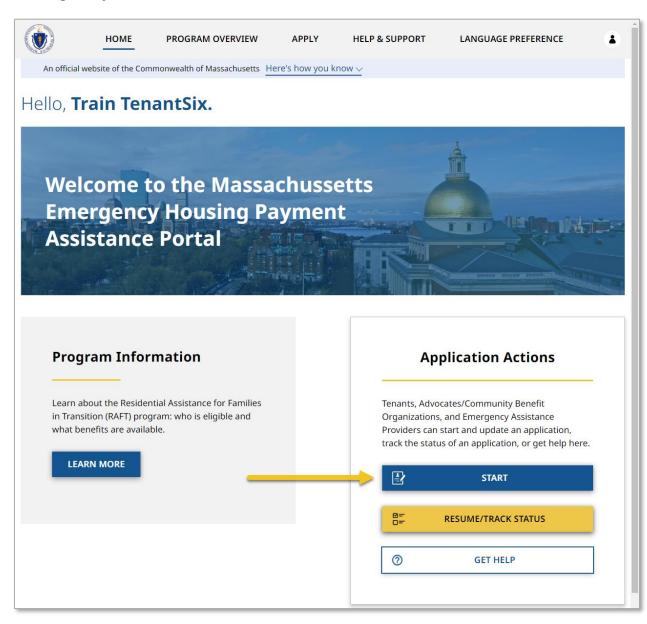


Starting a New Tenant Application

Application for those in need of rental and/or utility expense assistance

If you are looking to apply for assistance with moving fees, please see <u>"Application for</u> those in need of moving expenses assistance"

First, log into your account and select the **Start** button.



MA Housing Assistance Application Reference Guide

Select the one option from each section in "Living Situation" that most fit your situation. If you need assistance with paying overdue rent, you will likely select **Renter Staying: Renting your apartment/home, looking for help to stay in the same place**.

If you created your account as a Tenant, you may also optionally select another person, such as an advocate, that you can designate to assist you with the application process. If you do not wish to have an advocate associated with your application, select **No** to proceed.

You do not need to include your landlord here as they will be notified about your application. You can include others (friends, family members or community-based organization staff) that you would like to also receive email notifications.

HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE				
 Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.								
Living	Situation							
	0 • • •							
		Livin	g Situation					
	Select the statement that b	est describe	es your living situation	*				
	Renter Staying: Renting you	r apartment/	home, and looking for help	to stay in the same place.				
	 Moving: I need to leave whe unsafe conditions). 	ere I am curre	ntly staying (i.e., homeless,	, couch surfing, or living in				
	O Homeowner: Living in your home or help with other ho		oking for help paying your	mortgage to remain in your				
	Is there someone else, like application status to? *	an advocate	e, we should also send ir	nformation about your				
	• Yes							
	○ No							
				NEXT				

Select **Next** once you have completed the "Living Situation" page.

Review the "Instructions" page for your understanding, making note of the required documentation for submission.

To learn more about the required documentation, select the link on the page that says **Select here to learn more about required documentation**.

Select **Next** once you have reviewed the "Instructions" page.

Instructions
Instructions
✓ Instructions for completing the application
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.
Note that as April 16, 2022, the Emergency Housing Payment Assistance program has a benefit limit of \$10,000 and an income eligibility limit of 50% Area Median Income.
This application for rental assistance will take 20-30 minutes. You may save and resume this application later, but please complete it within 21 days. After 21 days, incomplete applications will be cancelled and you will need to start a new application if you still wish to apply.
 The application will ask you to provide: The household's current housing, and what challenges they may be facing The names, dates of birth, and social security numbers of everyone in the household. You don't have to include a social security number if they don't have one. Total household income The type of assistance needed The landlord's contact information. You may still apply if you don't have a new unit / new landlord, and plan to move within 60 days.
You will also have to submit the following documentation. The application will be processed faster if you include all of these documents: • ID for the head of household • Proof of housing crisis (for example a Notice to Quit or Court Summons) • Proof of housing (for example a lease) An agency may also request additional documentation proving the household income.
<u>Click here to learn more about required documentation.</u> After you submit the application, a case manager from a Regional Administering Agency (RAA) will contact you. Please respond quickly when they do.
PREVIOUS

If you chose to have an advocate on the "Living Situation" page, you will be brought to "Advocate Details" page. If you did not choose to have an advocate you may move directly to the "Prescreening" section of this guide.

The "Advocate Details" page requires the following information:

- Advocate First Name
- Advocate Last Name
- Relation to Applicant



- Selecting Advocate Organization will require you to enter the name of the organization
- Advocate Phone Number
- Advocate Email
- Language Preference of Person You're Applying For (Applicant)

You must also check the boxes to confirm you give consent to the Advocate to submit this application on your behalf and you give consent to communicate with the Advocate regarding this application on your behalf.

Select **Next** once you have completed the "Advocate Details" page.

١	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE			
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.								
		Advocate Details						
			Advo	cate Details				
		Advocate First Name *	Advocate	MI	Advocate Last Name *			
		Train			AdvocateOne			
		Relation to Applicant *	Advocate	Email *				
		Friend	zelustra	aining11@yopmail.com				
		Advocate Phone Number *	Language	Preference of Person You	're Applying For *			
		(332) 555-4321	English		•			
		 Please check this box to cor applicant. Please check this box to cor 	2		·			
		behalf of the client.	ini in you nave	consent to communicate	regarding and application on			
		PREVIOUS			NEXT			

The "Prescreening" page contains several sections which will help to determine your eligibility for RAFT. The page is made of several collapsible sections and each section must be filled out completely to proceed.

First, complete the "Applicant Details" section. This will include the following pieces of information about the tenant:

- # of Household Members (including yourself)
- Household Annual Income?
- What is the address for the rental unit you are seeking assistance for?

- Do you or an immediate family member work for an organization that administers RAFT, ERAP, or HomeBASE?
 - Selecting **Yes** will require you to enter their name.
- Is the tenant's name on the lease?

٢	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE				
	Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.								
		Prescreenin	g 		• • • •				
			Presc	reening					
		✓ Applicant Details							
		# of Household Members *		Household Annua	Income * 🕚				
		3	•	\$15,000.00					
		What is the address for the re * 564 Massachusetts Ave, C		Apt/Unit ‡					
		Do you or an immediate fa an organization that admir HomeBASE? *							
		🔾 Yes 💿 No							
		Is the tenant's name on the • Yes O No	e lease? *						

Next, complete the "Hardship" section by selecting all the challenges that apply to your situation. You must select at least one of the following options:

- Lost a job
- Collected unemployment benefits
- Had less income than usual (lower pay, fewer hours, or fewer clients if selfemployed)
- 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, or work fewer hours 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.)

HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE			
 Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.							
	Prescreening						
		Pres	creening				
	> Applicant Details						
	✓ Hardship						
	Please tell us the challenges yo	u have faced.					
	I, or someone in my househo	old: *					
	🗌 Lost a job						
	Collected unemployment ber	nefits					
	Had less income than usual (l	lower pay, fev	ver hours, or fewer clients	; if self-employed)			
	Had to miss work, or stop wo	rking, or wor	k fewer hours due to a he	alth or medical need			
	Had to miss work, or stop wo	rking, to take	e care of someone with he	alth or medical needs			
	Had to miss work, or stop wo was closed, or because my ch	-		y child's school or daycare			
	Had a roommate or househo higher housing costs	ld member m	nove out, stop paying rent,	, or die, leaving me with			
	Had higher bills than usual (for funeral costs, rent, utilities, etc.)		nedical bills, transportatio	n costs, childcare costs,			
	Had income that was too low rent, utilities, cleaning supplie		isic household expenses (f	for example, food, clothing,			

Next, complete the "Renter - Housing Crisis" section by selecting all the challenges that apply to your situation. You must select at least one of the following options:

- I have received a Notice to Quit from my landlord saying I owe rent
- I have been to court or have a court date scheduled about being evicted
 - \circ $\;$ Selecting this will require you to enter the next court date
- I have been evicted through a court process and I have to leave my home.

- Someone I live with is currently hurting me, threatening to hurt me, or making me or my family feel unsafe
- I have received a shut-off notice
 - Selecting this will create a new section of the application to complete regarding utilities.
- My service has been shutoff
 - Selecting this will create a new section of the application to complete regarding utilities.
- My heating oil or heating gas tank is empty and I cannot pay to refill it
 - Selecting this will create a new section of the application to complete regarding utilities.

١	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE			
	Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.							
		Prescreening						
			Pres	screening				
		> Applicant Details						
		> Hardship						
		, nardsnip						
		✓ Renter - Housing Crisis						
		Please use the section belov describe your current situat			or utility needs that			
		✓ I have received a Notice to Q	uit from my l	andlord saying I owe rent				
		I have been to court or have	a court date	scheduled about being ev	victed			
		I have been evicted through		-				
		Someone I live with is curren feel unsafe	tly hurting m	e, threatening to hurt me	e, or making me or my family			
		Utilities Assistance (check al	l that apply)				
		I have received a shut-off no	tice					
		My service has been shutoff						
		My heating oil or heating gas	s tank is emp	ty and I cannot pay to refi	ill it			

Finally, complete the "Landlord Application" section. This section is to indicate whether or not you have received an email confirmation from the MA RAFT/ERAP/HomeBASE Program that your landlord submitted an application.

Selecting **Yes** will require you to enter the Landlord Application Code, which will be in the email you received notifying you that your landlord has completed their portion of the application.

HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE			
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.							
Prescreening							
	0000						
Prescreening							
	> Applicant Details						
	> Hardship						
	> Renter - Housing Crisis						
	✓ Landlord Application						
	Have you received an ema that your landlord submitt			RAP/HomeBASE Program			
	⊖ Yes ● No						
	PREVIOUS			NEXT			

Select **Next** when you have completed the "Prescreening" page.

The "Confirm Address" page will allow you to confirm the address you entered and may give a United States Postal Service (USPS) recommended address format. If the USPS recommended format accurately displays your address, it is recommended to select **Use the recommended address**. Select **Use the Address You Entered** only if the USPS recommended address is inaccurate.

Select **Continue** once you have confirmed the address.

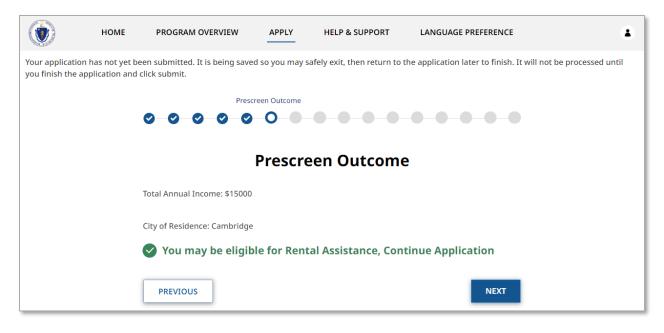
HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE				
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.								
	Confirm	Address						
		Confi	irm Address					
	We want to make sure we ha	ve your addres	ss right.					
	You Entered: 564 Massachusetts Avenue Cambridge		USPS Address Rec Postal Service): 564 MASSACHUSE	commended Format (US TTS AVE				
	MA 02139		CAMBRIDGE MA 02139 - 4029					
	Which address should we	use? *						
	USE THE ADDRESS Y	OU ENTERED	USE THE REC	COMMENDED ADDRESS				
	PREVIOUS			CONTINUE				

The "Prescreen Outcome" will confirm whether you may be eligible for assistance.

Note that this is only a preliminary screening and does not confirm your eligibility, regardless of the outcome. You may continue filling out the form even if the prescreen says you may be ineligible.

Select **Next** once you have reviewed the prescreen outcome.





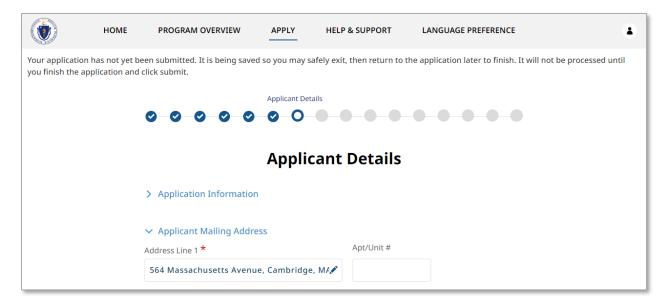
The "Applicant Details" page details the general information about the tenant or applicant. The page contains several sections, and each section must be filled out completely.

First, the "Application Information" section requires you to fill in the following general information about yourself:

- First Name
- Last Name
- Date of Birth
- Gender
- Applicant Social Security Number
 - If the Applicant does not have a social security number, you can select the checkbox labeled "I do not have a social security number (SSN)."
- Race
- Ethnicity
- Employment Status
- Type of ID
 - If you select **Driver's License** you will be prompted for the following:
 - Driver's License State
 - Driver's License Number

٢	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE		
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.							
			Applicant Detail	5			
		00000	0				
			Applica	ant Details			
		✓ Application Information	1				
		First Name *	MI	Last Name *	Suffix		
		Train		TenantSix			
		Date of Birth *		Age			
		10/18/1993	Ē	28			
		Gender *					
		○ Male ○ Female ● N	lon-Binary O	Transgender O De	cline to Answer		
		Social Security # *					
		555-11-2022		I do not have a number (SSN)	social security		
		Race *		Ethnicity *			
		White	•	Non-Hispanic/N	Ion-Latino 🔻		
		Employment Status *		Type of ID *			
		Employed Full-Time	•	Driver's License	• •		
		Drivers License State *		Drivers License Nu	mber *		
		МА	•	111222			

Next, fill in the "Applicant Mailing Address" with your address. This may have been filled out automatically from the previous section.



Finally, the "Applicant Contact Details" section requires you to input the following information about yourself:

- Phone Number
- Re-enter Phone Number
- Phone Type
 - If you select mobile, you must also select if you consent to receiving text messages regarding your application.
- Email
- Re-enter Email
- Preferred method of contact
- Preferred language

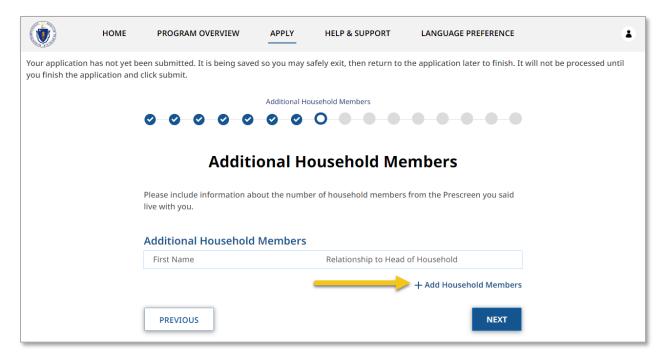
Select **Next** when you have completed the "Applicant Details" page.



HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE			
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.							
		Applicant Details					
		Applica	nt Details				
	> Application Information						
	> Applicant Mailing Addres	SS					
	✓ Applicant Contact Detail	s					
	Phone Number *		ne Number *	Phone Type *			
	(234) 555-6789	(234) 555-6	6789) Home			
			(• Mobile			
	I consent to receiving text n	nessages regar	ding housing assista	ance. Message &			
	Data rates may apply. ★ ● Yes ○ No						
	Email *		Re-enter Email *				
	zelustraining6@yopmail.co	om	zelustraining6	@vopmail.com			
	Preferred method of contact *		Preferred languag				
	Email	•	English	•			
	PREVIOUS			NEXT			
	PREVIOUS			NEXT			

The "Additional Household Members" page requires you to fill in information about the other people living in your residence.

To add a new member, select **Add Household Members**.



The "Additional Household Members" form requires you to enter the following information about the member you are adding:

- First Name
- Last Name
- Date of Birth
- SSN/TN
 - If your house member does not have a social security number, you can select the checkbox labeled "This member does not have a social security number (SSN)."
- Gender
- Relationship to Head of Household
- Race
- Ethnicity

Once completed, select **Save** to add a member to your household.



Номе	PROGRAM OVERVIEW APPLY I	HELP & SUPPORT LANGUAGE PREFERENCE	ž.
Your application has not yet b you finish the application and	Additional Household Me	embers	will not be processed until
	First Name *	Last Name *	^
	Learn	TenantSix	
	Date of Birth *	Age	
	04/17/1991	31	
	SSN/TIN *	□ This member does not have a social se-	
	987-55-4321	curity number (SSN)	
	Gender *		
	● Male ○ Female ○ Non-Binary	○ Transgender ○ Decline to Answer	
	Relationship to Head of Household * 🕚		
	Spouse	•	
	Race *	Ethnicity *	
	White <	Non-Hispanic/Non-Latino	
		CANCEL	ľ

You must repeat this process for each additional household member.

Select **Next** once you have added each household member.

٢	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE				
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.									
	Please include information about the number of household members from the Prescreen you said live with you.								
		First Name		Relationship to Head	of Household				
		Learn		Spouse					
		Knowledge		Child					
	+ Add Household Members								
	PREVIOUS								

The "Income" section indicates how much income your household is currently generating, and requires the following information:

- Do you or your family member(s) have any income from your current job?
- Do you or your family member(s) receive any Social Security Retirement Income or pension/retirement income from a former job?
- Do you or your family member(s) have any other income to report?
- Do you or your family member(s) receive any Social Security Income (SSI) or Social Security Disability Income (SSDI)?
- Do you or your family member(s) receive any child support, alimony/spousal support, or foster child support?

Additional information will be required based on your selection, as detailed in the following paragraphs.

Selecting **No** for all options will ask you to affirm you have no income, and you understand the organization processing your application may verify that this is true.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE			
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.								
			0-0-0	Income				
	Income							
	Do you or your family member(s) have any Do you or your family member(s) receive income from your current job? * any Social Security Income (SSI) or Social Yes No Yes No							
		Do you or your family member any Social Security Retirement pension/retirement income fit job? * O Yes • No	nt Income or	any child suppo	family member(s) receive rt, alimony/spousal er child support? *			
	Do you or your family member(s) have any other income to report? *							
	 Yes No I affirm I have no income, and I understand the organization processing my application may verify that this is true. * Yes No 							
		PREVIOUS			NEXT			

Selecting **Yes** for one or more options will require you to indicate the total annual income for each household member that it applies to.

To add a new income, select **Add Income**.

	HOME	PROGRAM OVERVIEW A	PPLY	HELP & SUPPORT	LANGUAGE PREFERENCE		
Your applicatio you finish the a			rou may safely	r exit, then return to	the application later to finish. It will not be processed until		
			Inc	ome			
		Do you or your family member(income from your current job? • • Yes O No	-	any Social Secur	amily member(s) receive ity Income (SSI) or Social ty Income (SSDI)? *		
		Do you or your family member(any Social Security Retirement I pension/retirement income from job? * O Yes • No	Income or	any child suppo	family member(s) receive rt, alimony/spousal er child support? *		
		Do you or your family member(other income to report? * • Yes O No		ioned that the house	held has wages		
		Based on the previous questions, you have mentioned that the household has wages, other income(s) please provide your income details here.					
		Household member		Total Annual Income	+ Add Income		
		PREVIOUS			NEXT		

The "Income" form requires you to fill in the following information:

- Household member name
- Type of Income
- How often are you paid?
- Amount



Note that at the end of the application you will be asked to prove the income you enter with documentation such as:

- Two paystubs dated within the last 60 days
- Unemployment printout(s) showing weekly payment amount
- Award letter(s) for benefits such as Social Security, TAFDC, SNAP, MassHealth, etc.

Once you have filled out the "Income" form, select **Save** to add that income to your application.

Your application has not yet by you finish the application and	Income	will not be processed until
	Note: you will be asked to prove the incom • Two paystubs dated within the last 60 o • Unemployment printout(s) showing we • Award letter(s) for benefits such as Soc	lays
	Household member *	Type of Income *
	Train TenantSix Q	Earned Income/Salaries/Wages
	How Often are you paid? *	Amount *
	Monthly (once a month)	\$1,250.00
	Total Annual Income	Monthly Household Income
	\$15,000.00	\$0.00
	CANCEL	

You must repeat this process for each additional source of income.

Select **Next** once you have added each source of income.



١	HOME PROGRAM OVERV	IEW APPLY HELP & SUPP	ORT LANGUAGE PREFERENCE			
	has not yet been submitted. It is be oplication and click submit.	ng saved so you may safely exit, then re Income	eturn to the application later to finish. It will not be processed until			
Income						
	Do you or your fam income from your c • Yes O No	urrent job? * any Social Security D	vour family member(s) receive l Security Income (SSI) or Social Disability Income (SSDI)? * • No			
	any Social Security	Retirement Income or any child income from a former support, o	• your family member(s) receive support, alimony/spousal or foster child support? * • No			
		Do you or your family member(s) have any other income to report? *				
		questions, you have mentioned that th e provide your income details here.	e household has wages,			
	Income					
	Household membe	Total Annual I	ncome			
	Train TenantSix	\$15,000.00				
	Learn TenantSix	\$4,800.00				
			+ Add Income			
	PREVIOUS		NEXT			

The "Household Deduction" page indicates expenses that can be subtracted from your total income, such as Child support, Childcare or care for a sick/incapacitated household member, and Tuition and fees for vocationally-related education (cannot be full-time).

Selecting **Yes** on this page will require you to indicate the deduction amount for each expense that it applies to.

To add a new deduction, select **Add Deductions**.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE				
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.									
				Household Deduction					
	Household Deduction								
		Some expenses you might have can be subtracted from your income to make you eligible. 1. Child support. 2. Childcare or care for a sick/incapacitated household member. 3. Tuition and fees for vocationally-related education (cannot be full-time). Do you or a member of your household currently pay for any of the expenses listed above? *							
	● Yes ○ No								
		Expense		Deduction Amount					
	+ Add Deductions								
		PREVIOUS			NEXT				

The "Income Deductions" form requires you to fill in the following information:

- Expense
- Frequency
- Amount (Before Taxes)

Note that at the end of the application, you will be asked to upload documentation showing these expenses and proof of payment. You must include two, and they must be dated within the last 60 days.

Once you have filled out the "Income Deductions" form, select **Save** to add that deduction to your application.

но	PROGRAM OVERVIEW	APPLY HELP & SUPPORT	LANGUAGE PREFERENCE	(a)
Your application has no you finish the application		ns		will not be processed until
	these expenses. This could be of Revenue, checks you paid	, you will be asked to provide do e payment history from the Mas to the person who has custody tody. Documents must show the Frequency *	ssachusetts Department of your child or a letter	
	Child support	▼ Daily (every da	y) 🔻	
	Amount (Before Taxes) *	Deduction Amoun	t	
	\$13.00	\$4,745.00		
			CANCEL SAVE	

You must repeat this process for each additional deduction.

Select **Next** once you have added each deduction.

HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE
 on has not yet be application and		d so you may	safely exit, then return to t	the application later to finish. It will not be processed until
			Household Deduction	
	0 0 0 0 0	00	000	
	ŀ	louseh	old Deductio	n
	Some expenses you might h 1. Child support. 2. Childcare or care for a sick/ 3. Tuition and fees for vocation Do you or a member of your above? * • Yes O No	incapacitated nally-related	household member. education (cannot be full-ti	ime).
	Income Deductions			
	Expense		Deduction Amount	
	Child support		\$4,745.00	
				+ Add Deductions
	PREVIOUS			NEXT

The "Rent" page contains several sections and must be filled out completely.

MA Housing Assistance Application Reference Guide

First, the "Subsidized Housing" section asks if you currently live in housing where your rent goes up or down when your income goes up or down, such as Section 8 or public housing.

Selecting **Yes** in this section will require you to enter the reason your household has fallen behind on rent.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE				
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.									
Rent									
	Rent								
	✓ Subsidized Housing								
		Do you currently live in hor goes up or down (i.e., you l							
		• Yes 🔘 No							
		What caused non-payment	? *						
		○ A one time expense (Car re	pair, funeral e	xpenses, medical bills, chilo	dcare expenses, etc)				
		A temporary reduction in in	come (reduce	ed hours, medical leave, etc)				
		O Loss of a job							

Next, the "Landlord Information" section requires you to fill in basic information about your landlord. Note that if you are currently renting from a company, you may use a Point of Contact from the company for the personal information. You must answer the following:

- Landlord Type
 - Selecting **Company** or **Property Management Company** requires you to enter the Company Name.
- Landlord First Name
- Landlord Last Name
- Landlord Email
- Landlord Phone
- Landlord Phone Type
- Landlord Address
- Does your landlord live at the property where you rent your unit?

Note that if you do not have your landlord's email or phone number you can select either the **I don't have an email for the landlord** or **I don't have a phone number for the landlord** options. However, you must fill in at least one of those methods of contact to proceed.

has not yet beer plication and clic		g saved so you may sa	fely exit, then return to t Rent	he application later to finish. It will not b	e processed i
C		O O O			
		I	Rent		
>	Subsidized Housin	g			
~	Landlord Informat	ion			
La	Landlord Type * O Individual 💿 Company		Company Name *		
0			Renting Compan	iy Incorporated	
0	Property Managemer	nt Company			
La	ndlord First Name *		Landlord Last Name	* e	
Т	rain		LLTwo		
La	ndlord Email *		🗌 I don't have an e	mail for the landlord	
z	elustraining13@yop	omail.com			
La	ndlord Phone *	Landlord Phone	I don't have a nh	one number for the	
(890) 555-4321	Type *	landlord		
		⊖ Home			
		Mobile			
La	ndlord Address 🕇		Apt/Unit #		
2	00 S Common St, Ly	/nn, MA 01905, USA			
			here you rent your uni		

Finally, the "Add Rent Due Details" section requires the following information about your rental agreement:

- How many months behind are you?
 - If you live in subsidized housing, the maximum benefit available is 6 months.

- What is your monthly rent?
- Total Overdue

Select **Next** once you have completed the "Rent" section.

HOME	PROGRAM OVERVIEW	APPLY H	IELP & SUPPORT	LANGUAGE PREFERENCE
 on has not yet b application and		so you may safely	exit, then return to t	he application later to finish. It will not be processed until
			Rent	
	\circ \circ \circ \circ	000	000	
		Re	ent	
	> Subsidized Housing			
	> Landlord Information			
	✓ Add Rent Due Details			
	# of months behind? * 🚺		What is your month	hly rent ? * 🕚
	4	•	\$250.00	
			Total Overdue Rent	*
	Do you need help paying fut can receive up to 1 month o		\$1,000.00	
	through RAFT. *			
	○ Yes			
	PREVIOUS			NEXT

If you selected one of the utilities options in the "Hardship" section of the "Prescreening" page, you will be brought to the "Utility" page.

The "Utility" page requires you to enter each unpaid utility as well as the amount due.

To add a new utility, select **Add Utility**.

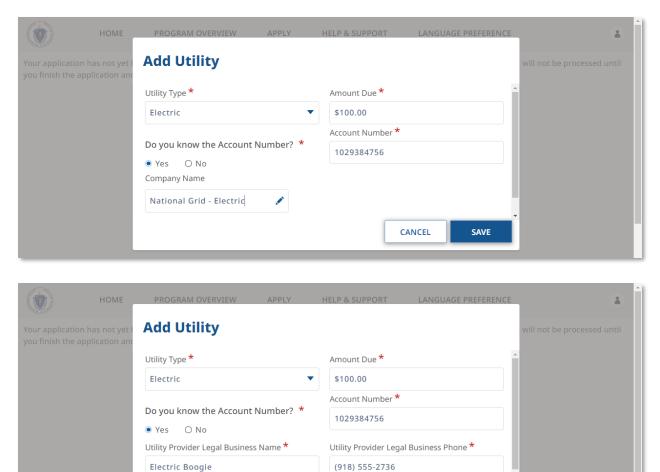
٢	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE				
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.									
		Utility							
		Add Utility							
		Utility Type			Amount Due				
					+ Add Utility				
		PREVIOUS			NEXT				

The "Add Utility" form requires the following information about your unpaid utility:

- Utility Type
- Amount Due
- Do you know the Account Number?
 - Selecting **Yes** will require you to enter the account number.
- Company Name
- Utility Provider Legal Business Name
- Utility Provider Legal Business Phone

If you locate the company within the "Company Name" field, you will not need to fill in the "Utility Provider Legal Business Name" or "Utility Provider Legal Business Phone" fields and they will disappear. Conversely, if you fill in the "Utility Provider Legal Business Name" and "Utility Provider Legal Business Phone" fields, the "Company Name" field will disappear. A screenshot of each will be shown below.

In either case, select **Save** to add the utility to your application.



CANCEL

SAVE

You must repeat this process for each additional utility.

Select **Next** once you have added each utility.



HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE	٠				
 Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.									
Utility									
	Add Utility								
	Utility Type			Amount Due					
	Electric			\$100.00					
				+ Add Utility					
	PREVIOUS			NEXT					

The "Upload Documents" page requires you to upload the following documents to the application:

- Proof of Identity
- Proof of Current Housing
- Verification of Eligible Housing Crisis

You may also upload the following optional documents:

- Other Documents
 - This may be anything that can help validate any of the information you entered throughout the application
- Proof of Income

Additionally, if utilities are included in your application, you will be required to upload a utility bill to the "Upload Utility Bill" section.

To learn more about how to upload files, please visit the <u>Uploading Files</u> section of this guide and repeat the process there for all required fields.

Select **Next** when you have completed the "Upload Documents" page to finalize your application.

HOME PR	OGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE	PREFERENCE	
has not yet been sub oplication and click su	omitted. It is being save ıbmit.	d so you may s	safely exit, then return	to the application la	ater to finish. It will no	ot be processed until
				Upload Document	ts	
\bigcirc	0000	00	0000	00		
		Upload	d Documen	ts		
∽ Pr	oof of Identity					
		Upload Fil	les or drop files *	6		
			Upload Files	-		
		-	Or drop files			
			ID.jpg		a	
> Pr	oof of Current Housi	ng				
> Ve	rification of Eligible H	lousing Crisis	5			
> Ot	her Documents					
> Pr	oof of Income					
> Ut	ility Bill					
PI	REVIOUS				NEXT	

The "Review" page allows you to review your information for accuracy. If you need to correct something, select the **Previous** button to navigate to the page that is inaccurate. Additionally, you can select the incorrect page from the dots at the top.

Select **Next** once you have finalized and verified the "Review" page.

томе	PROGRAM OVERVIEW APPLY HELP & SUPPORT LANGUAGE PREFERENCE
Your application has not yet finish the application and di	been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you As submit.
	Resiew
	• • • • • • • • • • • • • • • • • • •
	Review
	Please review the information you entered. If you need to make changes, click "previous" at the
	bottom of the page to reach the page you need to change.
	Train TenantSix
	✓ Phone
	2345556789
	✓ Phane Type
	Mobile
	✓ Email
	zelustraining6@yopmail.com
	✓ Rental Property/Unit Address
	564 Massachusetts Ave, Cambridge, MA 02139, USA AptrUnit #
	✓ Landlord/Owner
	Train LLTwo
	✓ Household Members
	3
	✓ Monthly Household Income
	\$1,650.00
	Annual Household Income 519.800.00
	V Monthly Deductions
	* montiny Deductions
	✓ Annual Deductions
	\$4,745.00
	✓ Income And Deduction Summary
	\$15,055.00
	✓ Total Rent Assistance Requested
	\$1,000,00
	✓ Total Utility Assistance Requested
	\$100
	PREVIOUS

The "Certification" page requires you to affirm the following information:

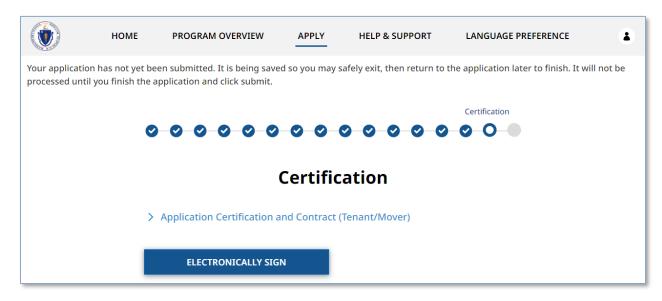
- I have responded truthfully and completely to every question to the best of my knowledge. I understand if I lie, my application may be denied and/or referred for criminal prosecution.
- I have not already received money from other programs, friends, or family for the costs I am asking RAFT to help cover. If I do receive money from another person or program to help pay rent, I will tell the RAA processing my application.
- I understand RAFT can only pay up to \$10,000 for overdue rent arrears and up to one month of future rent. I understand I will be responsible for paying my rent in the future, and I cannot rely on RAFT to pay my rent.

Additional information can be found below the affirmation section.

Select each to affirm the three statements.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE	A			
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.									
					Certification				
	Certification								
		✓ Application Certification	n and Contrac	ct (Tenant/Mover)					
		Statement of Affirmation							
		 I have responded truthfully understand if I lie, my appl 							
	I have not already received money from other programs, friends, or family for the costs I am asking RAFT to help cover. If I do receive money from another person or program to help pay rent, I will tell the RAA processing my application.								
		 I understand RAFT can only future rent. I understand I rely on RAFT to pay my ren 	will be respons						

Once you have affirmed, select the **Electronically Sign** button to sign the document.



The button will automatically enter your name and the date.

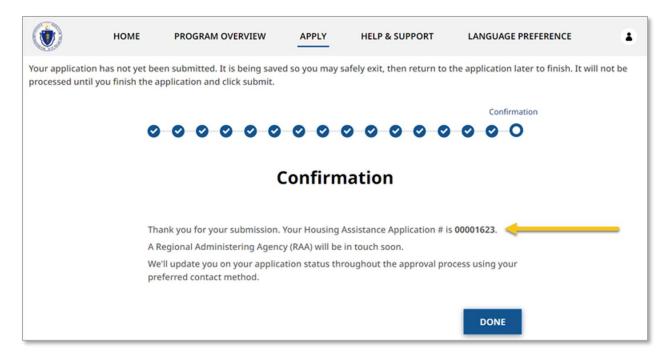
Select **Next** once you have completed the "Statement of Affirmation" and signed the application.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE			
	Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.							
	Certification							
	>	Application Certificatio	n and Contract (Tenant/Mover)				
	-	i <mark>ned By</mark> ain TenantSix	Signed Date 10/06/2022					
		PREVIOUS			NEXT			

The "Confirmation" page confirms that your application has been submitted successfully.

Be sure to document your **Assistance Application Number** for later reference. This number will be used to track the progress of your application with your assigned Regional Administering Agency (RAA).

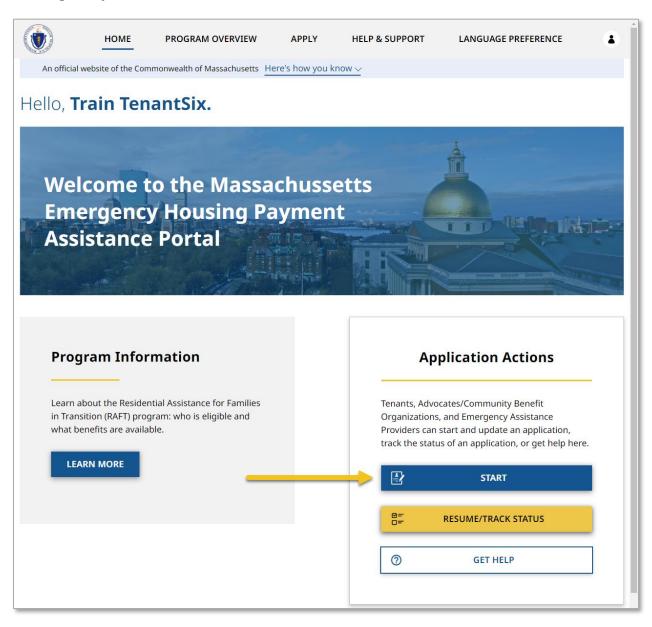
Select **Done** to close out of the page.



Application for those in need of moving expenses assistance

If you are looking to apply for assistance with rental or utility expenses, please see <u>Application for those in need of rental and/or utility expense assistance</u>.

First, log into your account and select the **Start** button.



Next, select the options in "Living Situation" that most fit your situation. If you need assistance with moving fees, you will likely select **Moving: I need to leave where I am currently staying (i.e., homeless, couch surfing, or living in unsafe conditions)**.

Once selected, you will be given the option to select if you know the new landlord for the property you are moving to.

Note that you may still apply if you don't have a new unit / new landlord, and plan to have a unit within 60 days. This will generate a Letter of Intent. If you have a unit and landlord, then providing an email contact for your new landlord will help your application be processed faster.

If you created your account as a Tenant, you may also optionally select another person, such as an advocate, that you can designate to assist you with the application process. If you do not wish to have an advocate associated with your application, select **No** to proceed.

You do not need to include your landlord here as they will be notified about your application. You can include others (friends, family members or community-based organization staff) that you would like to also receive email notifications.

Select **Next** once you have completed the "Living Situation" page.

HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE				
 Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.								
Living	Situation							
	0 0 0 0	-0-0						
		Livin	g Situation					
	Select the statement that b	est describe	s your living situation	*				
	○ Renter Staying: Renting you	r apartment/h	ome, and looking for hel	p to stay in the same place.				
 Moving: I need to leave where I am currently staying (i.e., homeless, couch surfing, or living in unsafe conditions). 								
 Homeowner: Living in your home, and looking for help paying your mortgage to remain in your home or help with other housing costs. 								
	Do you know the new landl	ord for the p	property and address y	vou're moving to? *				
	• Yes							
	⊖ No							
	You may still apply if you don't days. If you have a unit and la help your application be proce	ndlord, then p						
	Is there someone else, like application status to? *	an advocate	, we should also send	information about your				
	• Yes							
	⊖ No							
				NEXT				

Review the "Instructions" page for your understanding, making note of the required documentation for submission.

To learn more about the required documentation, select the link on the page that says **Select here to learn more about required documentation**.

Select **Next** once you have reviewed the "Instructions" page.

Instructions
✓ Instructions for completing the application
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.
Note that as April 16, 2022, the Emergency Housing Payment Assistance program has a benefit limit of \$10,000 and an income eligibility limit of 50% Area Median Income.
This application for rental assistance will take 20-30 minutes. You may save and resume this application later, but please complete it within 21 days. After 21 days, incomplete applications will be cancelled and you will need to start a new application if you still wish to apply.
 The application will ask you to provide: The household's current housing, and what challenges they may be facing The names, dates of birth, and social security numbers of everyone in the household. You don't have to include a social security number if they don't have one. Total household income The type of assistance needed The landlord's contact information. You may still apply if you don't have a new unit / new landlord, and plan to move within 60 days.
You will also have to submit the following documentation. The application will be processed faster if you include all of these documents: • ID for the head of household • Proof of housing crisis (for example a Notice to Quit or Court Summons) • Proof of housing (for example a lease)
An agency may also request additional documentation proving the household income.
Click here to learn more about required documentation.
After you submit the application, a case manager from a Regional Administering Agency (RAA) will contact you. Please respond quickly when they do.
PREVIOUS

If you chose to have an advocate on the "Living Situation" page, you will be brought to "Advocate Details" page, where you must provide the following information:

- Advocate First Name
- Advocate Last Name
- Relation to Applicant
 - Selecting **Advocate Organization** will require you to enter the name of the organization
- Advocate Phone Number
- Advocate Email

MA Housing Assistance Application Reference Guide

• Language Preference of Person You're Applying For (Applicant)

You must also check the boxes to confirm you give consent to the Advocate to submit this application on behalf of the yourself and you give consent to communicate with the Advocate regarding this application on your behalf.

١	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE					
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.										
		Advocate Details								
			Advoc	ate Detail	s					
		Advocate First Name *	Advocate M	I	Advocate Last Name *					
		Tenant			AdvocateOne					
		Relation to Applicant *	Advocate P	none Number *	Advocate Email *					
		Friend •	(432) 555	-6789	zelustraining11@yopmail.					
		Language Preference of Person	n You're Applyin	g For *						
		English		•						
	 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. 									
		PREVIOUS			NEXT					

Select **Next** once you have completed the "Advocate Details" page.

The "Prescreening" page contains several sections and must be filled out completely.

Note that if you do not know where you are moving to, you must confirm that you plan to move in the next 60 days.

First, complete the "Applicant Details" section. This will include the following pieces of information:

- # of Household Members (including you)
- Household Annual Income?
- What do you currently live?
- What is the address for the unit you are moving into?

- Do you or an immediate family member work for an organization that administers RAFT, ERAP, or HomeBASE?
 - Selecting **Yes** will require you to enter their name.
- Is the tenant's name on the lease?
- Do you plan to use rental voucher in the new unit, like MRVP, Section 8 or emergency housing voucher?

HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE
tion has not yet b e application and		d so you may safe	ly exit, then return to	the application later to finish. It will not be processed until
	Prescreening			Certification
	0000		• • • •	0-0-0-0-0
		Presc	reening	
	✓ Applicant Details			
	# of Household Members * 🧃		Household Annua	I Income * 0
	3	•	\$15,000.00	
	Where do you live now? * 3		Apt/Unit #	#
	1470 S Washington St, Nor	rth Attleborougi	h, MA🖍	
	What is the address of the unit	t you're moving in	ito? Apt/Unit #	#
	388 Elm St, North Attlebor	ough, MA 02760), US	
	Do you or an immediate fai an organization that admin HomeBASE? *			
	🔿 Yes 💿 No			
	Is the tenant's name on the	e lease? *		
	● Yes ○ No			
	Do you plan to use rental ve housing voucher? *	oucher in the ne	ew unit, like MRVP, S	Section 8 or emergency
	○ Yes ● No			

Next, complete the "Hardship" section by selecting all the challenges that apply to your situation. You must select at least one of the following options:

- Lost a job
- Collected unemployment benefits
- Had less income than usual (lower pay, fewer hours, or fewer clients if selfemployed)

- 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, or work fewer hours 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.)

HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE			
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.							
	Prescreening						
	0 0 0 0						
		Pres	screening				
	> Applicant Details						
	✓ Hardship						
	Please tell us the challenges y	ou have faced	<i>I</i>				
	I, or someone in my housel	nold: *					
	🗌 Lost a job						
	Collected unemployment be	enefits					
	Had less income than usual	(lower pay, fe	wer hours, or fewer clients	s if self-employed)			
	Had to miss work, or stop w	orking, or wo	rk fewer hours due to a he	alth or medical need			
	Had to miss work, or stop w	orking, to tak	e care of someone with he	alth or medical needs			
	Had to miss work, or stop w was closed, or because my c			y child's school or daycare			
	Had a roommate or househ higher housing costs	old member r	nove out, stop paying rent	, or die, leaving me with			
	 Had higher bills than usual funeral costs, rent, utilities, 		medical bills, transportatio	on costs, childcare costs,			
	Had income that was too low rent, utilities, cleaning supp		asic household expenses (f	for example, food, clothing,			

Next, complete the "Moving - Housing Crisis" section by selecting all the challenges that apply to your situation. You must select at least one of the following options:

- I have received a Notice to Quit that says my lease will be terminated if I do not pay all rent owed.
- I do not have a current lease and have received a notice that I need to leave my residence.
- I have been to court or have a court date scheduled about being evicted
 - Selecting this will require you to enter the next court date.
- I have been evicted through a court process and I have to leave my home.
- I'm couch-surfing or doubled up, and can't stay anymore
- I'm currently homeless (e.g., sleeping in shelter, a car, or outside.)
- Someone I live with is currently hurting me, threatening to hurt me, or making me or my family feel unsafe
- The Board of Health or my healthcare provider says I need to leave my residence because the unit is not safe or healthy for me.
- Other: (Please explain the circumstances that will cause you to be homeless within 30 days)
- I have received a shut-off notice
 - Selecting this will create a new section of the application to complete regarding utilities.
- My service has been shutoff
 - Selecting this will create a new section of the application to complete regarding utilities.
- My heating oil or heating gas tank is empty and I cannot pay to refill it
 - Selecting this will create a new section of the application to complete regarding utilities.

Note that selecting any of the last three options will create new sections of the application to complete regarding utilities.

HOME	PROGRAM OVERVIEW AF	PPLY HELP & SUPPORT	LANGUAGE PREFERENCE
 on has not yet b application and		ou may safely exit, then return to	o the application later to finish. It will not be processed until
	Prescreening		
	0-0-0-0-		• • • • •
		Prescreening	
	> Applicant Details		
	> Hardship		
	➤ Moving- Housing Crisis		
	Please use the section below to l describe your current situation.	5 5 , 5	or utility needs that
	I have received a Notice to Quit th owed.	at says my lease will be terminat	ed if I do not pay all rent
	I do not have a current lease and	have received a notice that I nee	d to leave my residence.
	I have been to court or have a cou	irt date scheduled about being e	victed
	I have been evicted through a cou	irt process and I have to leave m	y home.
	I'm couch-surfing or doubled up,	and can't stay anymore	
	I'm currently homeless (e.g., sleep	ing in shelter, a car, or outside.)	
	Someone I live with is currently here feel unsafe	urting me, threatening to hurt m	e, or making me or my family
	☐ The Board of Health or my health unit is not safe or healthy for me.	care provider says I need to leave	e my residence because the
	Other: (Please explain the circums	stances that will cause you to be l	homeless within 30 days)
	Utilities Assistance (check all tha	t apply)	
	I have received a shut-off notice		
	My service has been shutoff		
	My heating oil or heating gas tanl	is empty and I cannot pay to rel	fill it

Finally, complete the "Landlord Application" section. This section is to indicate whether or not you have received an email confirmation from the MA RAFT/ERAP/HomeBASE Program that your landlord submitted an application.

Selecting **Yes** will require you to enter the Landlord Application Code, which will be in the email you received notifying you that your landlord has completed their portion of the application.

Select **Next** when you have completed the "Prescreening" page.

н	IE PROGRAM OVERVIEW APPLY HELP & SUPPORT LANGUAGE PREFERENCE							
	Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.							
	Prescreening							
	Prescreening							
	> Applicant Details							
	> Hardship							
	> Moving- Housing Crisis							
	✓ Landlord Application							
	Have you received an email confirmation from the MA RAFT/ERAP/HomeBASE Program that your landlord submitted an application? \star							
	○ Yes ● No							
	PREVIOUS							

The "Confirm Address" page will allow you to confirm the address you entered and may give a United States Postal Service (USPS) recommended address format. If the USPS recommended format accurately displays your address, it is recommended to select **Use the recommended address**. Select **Use the Address You Entered** only if the USPS recommended address is inaccurate.

Select **Continue** once you have confirmed the address.



HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE				
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.								
	Confirm Add		• • • • •					
	We want to make sure we have	e your address	right.					
	You Entered: 388 Elm Street North Attleborough		USPS Address Rec Postal Service): 388 ELM ST	ommended Format (US				
	MA 02760		NORTH ATTLEBOR MA 02760 - 3304	0				
	Which address should we u	se? *						
	USE THE ADDRESS YO	U ENTERED	USE THE REC	OMMENDED ADDRESS				
	PREVIOUS			CONTINUE				

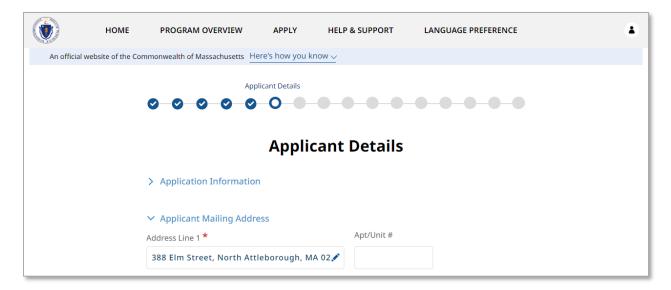
The "Applicant Details" page contains several sections and must be filled out completely.

First, the "Application Information" section requires you to fill in the following general information:

- First Name
- Last Name
- Date of Birth
- Gender
- Applicant Social Security Number
 - If you do not have a social security number, you can select the checkbox labeled "I do not have a social security number (SSN)."
- Race
- Ethnicity
- Employment Status
- Type of ID
 - If you select **Driver's License** you will be prompted for the following:
 - Driver's License State
 - Driver's License Number

١	HOME	PROGRAM OVERVIEW	APPLY	F	IELP & SUPPORT	LANGUAGE PREFERENCE	
An officia	l website of the Con	nmonwealth of Massachusetts	ere's how you k	now ·	<u> </u>		
		Appli	icant Details				
			Applic	an	t Details		
		✓ Application Information	1				
		First Name *	M	[Last Name *	Suffix	
		Train			TenantSix		
		Date of Birth *			Age		
		10/01/1982			40		
	Gender * • Male · Female · Non-Binary · Transgender · Decline to Answer Social Security # * I do not have a social security rumber (SNI)						
		Race *			number (SSN) Ethnicity *		
		Black or African American		•	Non-Hispanic/No	n-Latino 🔻	
		Employment Status *			Type of ID *		
		Employed Full-Time		•	Driver's License	▼	
		Drivers License State *			Drivers License Num	ber *	
		MA		•	1234567		

Next, fill in the "Applicant Mailing Address" with your address. This may have been filled out automatically from the previous section.



Finally, the "Applicant Contact Details" section requires you to input the following information:

- Phone Number
- Re-enter Phone Number
- Phone Type
 - If you select this you must also select if you consent to receiving text messages regarding housing assistance.
- Email
- Re-enter Email
- Preferred method of contact
- Preferred language

Select **Next** when you have completed the "Applicant Details" page.



	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE
Your application you finish the a			d so you may safel	y exit, then return	to the application later to finish. It will not be processed until
			Applicant Details		
		$\circ \circ \circ \circ \circ$	00		
			Applica	nt Detail	s
		> Application Information	1		
		> Applicant Mailing Addre	255		
		✓ Applicant Contact Detai	ls		
		Phone Number *	Re-enter Phor	ne Number <mark>*</mark>	Dhana Tura *
		(444) 555-6677	(444) 555-6	677	Phone Type *
					• Mobile
		I consent to receiving text	messages regarc	ding housing ass	sistance. Message &
		Data rates may apply. *			
		● Yes 🔾 No			
		Email *		Re-enter Email	*
		zelustraining6@yopmail.c			ng6@yopmail.com
		Preferred method of contact *		Preferred lang	juage *
		Email	•	English	•
		PREVIOUS			NEXT
		FREVIOUS			

The "Additional Household Members" page requires you to fill in information about the other people living in your residence.

To add a new member, select **Add Household Members**.

٢	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE				
An officia	al website of the Com	monwealth of Massachusetts	ere's how you k	now 🗸					
Additional Household Members Additional Household Members									
	Please include information about the number of household members from the Prescreen you said live with you.								
		Additional Household	Members						
		First Name		Relationship to Head	of Household				
	+ Add Household Members								
		PREVIOUS			NEXT				

The "Additional Household Members" form requires the following information about the member you are adding:

- First Name
- Last Name
- Date of Birth
- SSN/TN
 - If your house member does not have a social security number, you can select the checkbox labeled "This member does not have a social security number (SSN)."
- Gender
- Relationship to Head of Household
- Race
- Ethnicity

Once completed, select **Save** to add a member to your household.

Номе		HELP & SUPPORT LANGUAGE PREFERENCE					
An official website of the Cor	Additional Household Me	embers					
	First Name *	Last Name *					
	Think	TenantSix					
	Date of Birth *	Age					
	12/11/1980	41					
	SSN/TIN *	☐ This member does not have a social se-					
	555-66-7788	curity number (SSN)					
	Gender *						
	○ Male ● Female ○ Non-Binary ○ Transgender ○ Decline to Answer						
	Relationship to Head of Household * 🕚						
	Spouse	▼					
	Race *	Ethnicity *					
	Multi-racial 🔹	Hispanic/Latino 🔻					
		CANCEL					

You must repeat this process for each additional household member.

Select **Next** once you have added each household member.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE				
An official	An official website of the Commonwealth of Massachusetts Here's how you know								
	Additional Household Members								
		Addit	ional H	ousehold Me	embers				
	Please include information about the number of household members from the Prescreen you said live with you.								
		First Name		Relationship to Head	l of Household				
		Think		Spouse					
		Knowledge		Child					
					+ Add Household Members				
		PREVIOUS			NEXT				

The "Income" section indicates how much income your household is currently generating, and requires the following information:

- Do you or your family member(s) have any income from your current job?
- Do you or your family member(s) receive any Social Security Retirement Income or pension/retirement income from a former job?
- Do you or your family member(s) have any other income to report?
- Do you or your family member(s) receive any Social Security Income (SSI) or Social Security Disability Income (SSDI)?
- Do you or your family member(s) receive any child support, alimony/spousal support, or foster child support?

Additional information will be required based on your selection, as detailed in the following paragraphs.

Selecting **No** for all options will ask you to affirm you have no income, and you understand the organization processing your application may verify that this is true.

	HOME	PROGRAM OVERVIEW APPLY	HELP & SUPPORT LANGUAGE PREFERENCE
An official w	vebsite of the Co	nmonwealth of Massachusetts Here's how you know	<u>v</u> <u>×</u>
			come
		Do you or your family member(s) have any income from your current job? * O Yes O No	Do you or your family member(s) receive any Social Security Income (SSI) or Social Security Disability Income (SSDI)? * O Yes • No
		Do you or your family member(s) receive any Social Security Retirement Income or pension/retirement income from a former job? * O Yes • No	Do you or your family member(s) receive any child support, alimony/spousal support, or foster child support? * O Yes • No
			, d the organization processing my application
		may verify that this is true. * Yes O No PREVIOUS	NEXT

Selecting **Yes** for one or more options will require you to indicate the total annual income for each household member that it applies to.

To add a new income, select **Add Income**.



	HOME	PROGRAM OVERVIEW APPLY H	IELP & SUPPORT LANGUAGE PREFERENCE
An official v	website of the Co	ommonwealth of Massachusetts Here's how you know	<u> </u>
		Inc	ome
		Do you or your family member(s) have any income from your current job? * • Yes O No	Do you or your family member(s) receive any Social Security Income (SSI) or Social Security Disability Income (SSDI)? * O Yes • No
		Do you or your family member(s) receive any Social Security Retirement Income or pension/retirement income from a former job? * • Yes • No	Do you or your family member(s) receive any child support, alimony/spousal support, or foster child support? * O Yes • No
		Do you or your family member(s) have any other income to report? * O Yes O No	
		Based on the previous questions, you have menti please provide your income details here.	oned that the household has wages, income(s)
		Income	
		Household member T	otal Annual Income
			+ Add Income
		PREVIOUS	NEXT

The "Income" form requires you to fill in the following information:

- Household member name
- Type of Income
- How often are you paid?
- Amount

Note that at the end of the application you will be asked to prove the income you enter with documentation such as:

- Two paystubs dated within the last 60 days
- Unemployment printout(s) showing weekly payment amount
- Award letter(s) for benefits such as Social Security, TAFDC, SNAP, MassHealth, etc.

Once you have filled out the "Income" form, select **Save** to add that income to your application.

Номе	PROGRAM OVERVIEW APPLY	HELP & SUPPORT LANGUAGE PREFERENCE	(A)
An official website of the Co	Income		
	 Two paystubs dated within the last 60 d Unemployment printout(s) showing we 		
	Household member *	Type of Income *	
	Train TenantSix Q	Earned Income/Salaries/Wages 🔹	
	How Often are you paid? *	Amount *	
	Biweekly (every other week)	\$900.00	
	Total Annual Income	Monthly Household Income	
	\$23,400.00	\$1,950.00	
		CANCEL	

You must repeat this process for each additional source of income.

Select **Next** once you have added each source of income.

	HOME	PROGRAM OVERVIEW A	.PPLY H	ELP & SUPPORT	LANGUAGE PREFERENCE			
An official	website of the Com	nmonwealth of Massachusetts Here's h	now you know 🗸	_				
		0 0 0 0 0	Income					
	Income							
		Do you or your family member(s) have any income from your current job? * • Yes O No		Do you or your family member(s) receive any Social Security Income (SSI) or Social Security Disability Income (SSDI)? * O Yes • No				
		Do you or your family member(any Social Security Retirement i pension/retirement income fro job? * O Yes No	Income or	any child suppo	family member(s) receive ort, alimony/spousal ter child support? *			
		Do you or your family member(other income to report? * O Yes O No Based on the previous questions, y please provide your income details	ou have menti	oned that the hous	ehold has wages, income(s)			
		Income						
		Household member		otal Annual Income				
		Train TenantSix	\$	23,400.00	+ Add Income			
		PREVIOUS			NEXT			

The "Household Deduction" page indicates expenses that can be subtracted from your total income, such as Child support, Childcare or care for a sick/incapacitated household member, and Tuition and fees for vocationally related education (cannot be full-time).

Selecting **Yes** on this page will require you to indicate the deduction amount for each expense that it applies to.

To add a new deduction, select **Add Deductions**.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE		
An official v	website of the Con	nmonwealth of Massachusetts H	ere's how you	know 🗸			
		0-0-0-0-0	00	Household Deduction			
		H	louseh	old Deductio	on		
	Some expenses you might have can be subtracted from your income to make you eligible. 1. Child support. 2. Childcare or care for a sick/incapacitated household member. 3. Tuition and fees for vocationally-related education (cannot be full-time). Do you or a member of your household currently pay for any of the expenses listed above? * • Yes O No						
		Income Deductions					
		Expense		Deduction Amount			
					+ Add Deductions		
		PREVIOUS			NEXT		

The "Income Deductions" form requires you to fill in the following information:

- Expense
- Frequency
- Amount (Before Taxes)

Note that at the end of the application, you will be asked to provide documentation showing these expenses and proof of payment. You must include two, and they must be dated within the last 60 days.

Once you have filled out the "Income Deductions" form, select **Save** to add that deduction to your application.



Номе	PROGRAM OVERVIEW APPLY	HELP & SUPPORT LANGUAGE PREFERENCE	^
An official website of the Co	Income Deductions		
	At the the end of the application, you will showing these expenses. Please include p receipts, or money orders). You must inclu last 60 days. Expense *		
	•		
	Childcare or care for a sick householc▼	Daily (every day)	
	Amount (Before Taxes) *	Deduction Amount	
	\$10.00	\$3,650.00	
		CANCEL	

You must repeat this process for each additional deduction.

Select **Next** once you have added each deduction.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE
An official	website of the Cor	nmonwealth of Massachusetts	ere's how you k	now 🗸	
		0-0-0-0-0	•	Household Deduction	Certification
		H	louseh	old Deductio	on
		Some expenses you might h. 1. Child support. 2. Childcare or care for a sick/ 3. Tuition and fees for vocation Do you or a member of your above? * • Yes O No	'incapacitated nally-related e	household member. ducation (cannot be full-t	ime).
		Income Deductions			
		Expense		Deduction Amount	
		Childcare or care for a si	ck househo	\$3,650.00	
		Tuition and fees for part	-time vocati	\$5,000.00	
					+ Add Deductions
		PREVIOUS			NEXT

If you selected that you know the new landlord for the property you're moving to in the "Living Situation" section, you will be brought to the "Rent" page.

The "Rent" page contains several sections and must be filled out completely.

First, the "Subsidized Housing" section asks if you currently live in housing where your rent goes up or down when your income goes up or down, such as Section 8 or public housing.

Selecting **Yes** will require you to enter the reason your household has fallen behind on rent.

٢	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE	Î	
An official	website of the Com	nmonwealth of Massachusetts	ere's how you l	know 🗸		ŋ	
				Rent			
	✓ Subsidized Housing						
		Do you currently live in ho goes up or down (i.e., you l		, <u> </u>	-		
		🔿 Yes 💿 No					

Next, the "Landlord Information" section requires the following basic information about your landlord:

- Landlord Type
 - Selecting **Company** or **Property Management Company** requires you to enter the name of the Landlord Company/Property Manager Name.
- Landlord First Name
- Landlord Last Name
- Landlord Email
- Landlord Phone
- Landlord Phone Type
- Landlord Address
- Does your landlord live at the property where you rent your unit?

Note that if you do not have your landlord's email or phone number you can select the **I don't have an email for the landlord** or **I don't have a phone number for the landlord** respectively. However, you must have at least one of those methods of contact to proceed.

	HOME	PROGRAM OVERVI	EW APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE
An official v	vebsite of the Co	mmonwealth of Massachus	setts Here's how you k	know 🗸	
		0-0-0-0	-0-0-0-	Rent	
				Rent	
		> Subsidized Housi	ng		
		✓ Landlord Informa	ation		
		Landlord Type *		Company Name *	
			mnany	Property Solution	ons Inc.
		Property Manageme			
		Landlord First Name *		Landlord Last Nam	ne *
		Train		LLTwo	
		Landlord Email *			
		zelustraining13@yo	opmail.com	I don't have an o	email for the landlord
		Landlord Phone *			
		(432) 555-6767	Landlord Phone Type *	☐ I don't have a pl landlord	hone number for the
			O Home		
			 Mobile 		
		Landlord Address *		Apt/Unit #	
		149 W Bacon St, Pla	ainville, MA 02762, U	J. ** *	
		Does your landlord l	ive at the property	where you rent your ur	nit? *
		⊖ Yes ● No			

The "Rent Details" section requires the following information about your upcoming lease:

- Lease start date
- Lease end date



	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE
An official	website of the Con	monwealth of Massachusetts	ere's how you k	know 🗸	
		0-0-0-0-0	00	Rent	
				Rent	
		> Subsidized Housing			
		> Landlord Information			
		✓ Rent Details			
		Lease start date *		Lease end date *	
		11/01/2022		■ 11/01/2023	a

The "Add Rent Due Details" section requires the following information about the assistance you are requesting:

- What is your monthly rent?
 - You can receive up to 1 month of future rent through RAFT.
- Do you need help paying future rent?
- Do you require first months rent?
- Do you require last months rent?
- Do you require a security deposit?
 - If you select **Yes** you will be required to answer "How much is the security deposit?"

Select **Next** when you have completed the "Rent" page.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE
An official	website of the Con	nmonwealth of Massachusetts He	re's how you knov	V V	
		0 0 0 0 0	_0_0_0	Rent	
			R	lent	
		> Subsidized Housing			
		> Landlord Information			
		✓ Rent Details			
		Lease start date *		Lease end date	*
		11/01/2022		11/01/2023	
		 Add Rent Due Details What is your monthly rent ?* \$750.00 	0		
		Do you need help paying fu can receive up to 1 month o through RAFT. *		Do you requir e • Yes O No	e first months rent? *
		○ Yes ● No	_		
		● Yes ○ No	rent?		e a security deposit? *
		Security Deposit Amount? *		● Yes O No	
		\$750.00	-		
		PREVIOUS			NEXT

If you selected that you know the new landlord for the property you're moving to in the "Living Situation" section, and selected that you need assistance with utilities, you will be brought to the "Utility" page.

The "Utility" page requires you to enter each unpaid utility as well as the amount due.

To add a new utility, select **Add Utility**.

١	НОМЕ	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE	
An officia	al website of the Com	monwealth of Massachusetts	ere's how you k	know 🗸		
			00	Utility		
				Utility		
		Add Utility				
		Utility Type			Amount Due	
					+ Add Utility	
		PREVIOUS			NEXT	

The "Add Utility" form requires the following information about your unpaid utility:

- Utility Type
- Amount Due
- Do you know the Account Number?
 - Selecting **Yes** will require you to enter the account number.
- Company Name
- Utility Provider Legal Business Name
- Utility Provider Legal Business Phone

If you locate the company within the "Company Name" field, you will not need to fill in the "Utility Provider Legal Business Name" or "Utility Provider Legal Business Phone" fields and they will disappear. Conversely, if you fill in the "Utility Provider Legal Business Name" and "Utility Provider Legal Business Phone" fields, the "Company Name" field will disappear. A screenshot of each will be shown below.

In either case, select **Save** to add the utility to your application.

ном	PROGRAM OVERVIEW APPLY	HELP & SUPPORT LANGUAGE PREFERENCE	
	Add Utility	_	
	Utility Type *	Amount Due *	
	Gas	\$200.00	
	Do you know the Account Number? *		
	○ Yes ● No Company Name		
	Amerigas 💉		
	•		
		CANCEL	
ном			^

НОМЕ	PROGRAM OVERVIEW APPLY	HELP & SUPPORT LANGUAGE PREFER	ENCE
An official website of the Co	Add Utility		
	Utility Type *	Amount Due *	*
	Gas	\$200.00	_
	Do you know the Account Number? $ st $		
	○ Yes 💿 No Utility Provider Legal Business Name *	Utility Provider Legal Business Phone *	
	Attleborough Gas Company	(222) 555-1234	
		CANCEL	

You must repeat this process for each additional utility.

Select **Next** once you have added each utility.



	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE	
An official	website of the Com	monwealth of Massachusetts	ere's how you l	know 🗸		
		0 0 0 0 0	00	Utility		
				Utility		
		Add Utility				
		Utility Type			Amount Due	
		Gas			\$200.00	
					+ Add Utility	
		PREVIOUS			NEXT	

If you selected that you know the new landlord for the property you're moving to in the "Living Situation" section, you will be brought to the "Moving/Additional Expenses" page.

The "Moving/Additional Expenses" page requires you to indicate whether or not you require assistance with moving expenses.

Note that an RAA case worker will work with you to select eligible moving companies and furnishings as part of the application process. If you pay for expenses with ineligible moving companies now, the money cannot be paid back later.

Selecting **Yes** requires you to enter each expense.

Select the **Add Moving or Additional Expense (If known)** button to add a new expense to the application.



	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE
Your application you finish the a		5	l so you may s	safely exit, then return to t	he application later to finish. It will not be processed until
		0 0 0 0 0	000	Moving/A	dditional Expenses
		Movi	ng/Ad	ditional Expe	enses
		Do you require assistance v	vith moving	expenses? *	
		• Yes O No			
		An RAA case worker will work the application process. If you		5 5 1	5 5
		Add Moving or Additio	nal Expen	se	
		Expense Category		Amount Owed Compa	any Name
				+ Add Moving or	Additional Expense (If known)
		PREVIOUS			NEXT

The "Add Moving or Additional Expense" form requires you to fill in the following information about your expense:

- Expense Category
- Amount Owed
- Company Name

Select **Save** to add the expense to your application.

PROGRAM OVERVIEW APPLY	HELP & SUPPORT LANGUAGE PREFERENCE		Â
Add Moving or Additional	l Expense		
Expense Category *	Amount Owed *		
Moving 🔻	\$250.00		
Company Name *			
Moving Helpers			
	CANCEL SAVE		
	Add Moving or Additional Expense Category* Moving Company Name *	Add Moving or Additional Expense Expense Category* Amount Owed * Moving • Company Name * Moving Helpers Cancel Save	Add Moving or Additional Expense Expense Category* Amount Owed * Moving • Company Name * Moving Helpers CANCEL SAVE

You must repeat this process for each additional expense.

Select **Next** once you have added each expense.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPP	ORT L	ANGUAGE PREFERENCE
Your application you finish the ap			so you may s	afely exit, then re	eturn to the a	oplication later to finish. It will not be processed until
					Moving/Additio	nal Expenses
		0 0 0 0 0	000		0 0 0	
		Movi	ng/Ad	ditional	Expens	ses
		Do you require assistance v	vith moving	expenses? *		
		● Yes ○ No				
		An RAA case worker will work the application process. If you		-		
		Add Moving or Additio	nal Expen	se		
		Expense Category		Amount Owed	Company I	Name
		Moving		\$250.00	Moving H	elpers 💽
				+ Add M	oving or Addi	tional Expense (If known)
		PREVIOUS				NEXT

The "Upload Documents" page requires you to upload the following documents to the application:

- Proof of Identity
- Proof of Current Housing
- Verification of Eligible Housing Crisis

You may also upload the following optional documents:

- Other Documents
- Proof of Income

Additionally, if utilities are included in your application, you will be required to upload a utility bill to the "Upload Utility Bill" section.

To learn more about how to upload files, please visit the <u>Uploading Files</u> section of this guide and repeat the process there for all required fields.

Select **Next** when you have completed the "Upload Documents" page to finalize your application.

	HOME	PROGRAM OVERVIEW APPLY HELP & SUPPORT LANGUAGE PREFERENCE
An official	website of the Com	nmonwealth of Massachusetts Here's how you know 🗸
		Upload Documents
		Upload Documents
		✓ Proof of Identity
		Upload Files or drop files * 0
		± Upload Files
		Or drop files
		ID.jpg
		> Proof of Current Housing
		> Verification of Eligible Housing Crisis
		> Other Documents
		> Proof of Income
		> Utility Bill
		PREVIOUS

The "Review" page allows you to review your information for accuracy. If you need to correct something, select the **Previous** button to navigate to the page that is inaccurate. Additionally, you can select the incorrect page from the dots at the top.

Select **Next** once you have finalized and verified the "Review" page.

HOME PROGRAM OVERVIEW APPLY HELP & SUPPORT LANGUAGE PREFERENCE
An official website of the Commonwealth of Massachusetts Here's how you know 🗸
Review
Please review the information you entered. If you need to make changes, click "previous" at the bottom of the page to reach the page you need to change.
✓ Tenant
Train TenantSix
✓ Phone
4445556677
✓ Phone Type
Mobile
✓ Email
zelustraining6@yopmail.com
✓ Rental Property/Unit Address
388 Elm Street, North Attleborough, MA 02760 Apt/Unit #
✓ Landlord/Owner
Train LLTwo
✓ Household Members
3
V Monthly Household Income
\$1,950.00
✓ Annual Household Income
\$23,400.00
✓ Monthly Deductions
\$720.83
V Annual Deductions 58,650.00
sa_pouluo ✓ Income And Deduction Summary
S14,750.00
✓ Total Rent Assistance Requested
\$2,250.00
✓ Total Utility Assistance Requested
\$200
✓ Total Moving Expense Assistance Requested
\$250.00
PREVIOUS NOCT

The "Certification" page requires you to affirm the following information:

- I have responded truthfully and completely to every question to the best of my knowledge. I understand if I lie, my application may be denied and/or referred for criminal prosecution.
- I have not already received money from other programs, friends, or family for the costs I am asking RAFT to help cover. If I do receive money from another person or program to help pay rent, I will tell the RAA processing my application.

MA Housing Assistance Application Reference Guide

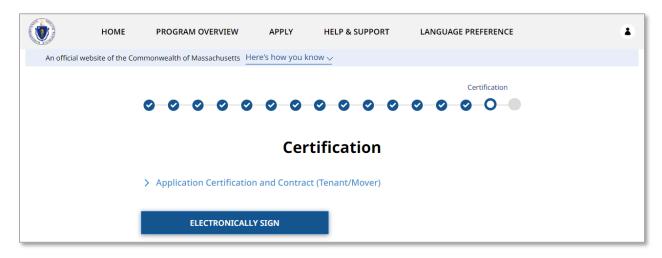
• I understand RAFT can only pay up to \$10,000 for overdue rent arrears and up to one month of future rent. I understand I will be responsible for paying my rent in the future, and I cannot rely on RAFT to pay my rent.

Additional information can be found below the affirmation section.

Select each to affirm the three statements.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE						
Your application has not yet been submitted. It is being saved so you may safely exit, then return to the application later to finish. It will not be processed until you finish the application and click submit.											
					Certification						
	00000000000000000										
Certification											
		✓ Application Certification	and Contra	ct (Tenant/Mover)							
		Statement of Affirmation									
		 I have responded truthfully understand if I lie, my appli 									
	I have not already received money from other programs, friends, or family for the costs I am asking RAFT to help cover. If I do receive money from another person or program to help pay rent, I will tell the RAA processing my application.										
		 I understand RAFT can only future rent. I understand I v rely on RAFT to pay my rent 	vill be respons								

Once you have affirmed, select the **Electronically Sign** button to sign the document.



The button will automatically enter your name and the date.

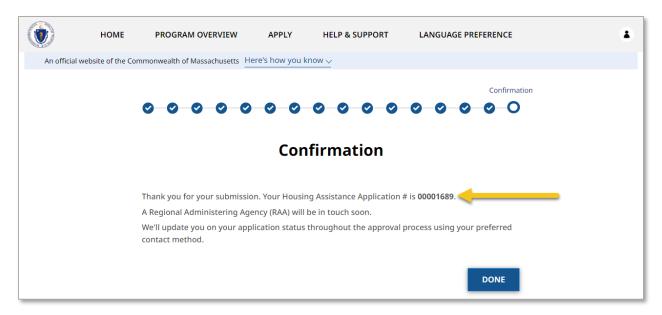
Select **Next** once you have completed the "Statement of Affirmation" and signed the application.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE	۵					
An official	website of the Corr	nmonwealth of Massachusetts	ere's how you k	now 🗸							
			Cer	tification							
		> Application Certificatio	n and Contrac	t (Tenant/Mover)							
		Signed By	Signed Da	ate							
		Train TenantSix	10/07/202	22							
		PREVIOUS			NEXT						

The "Confirmation" page confirms that your application has been submitted successfully.

Be sure to document your **Assistance Application Number** for later reference. This number will be used to track the progress of your application with your assigned Regional Administering Agency (RAA).

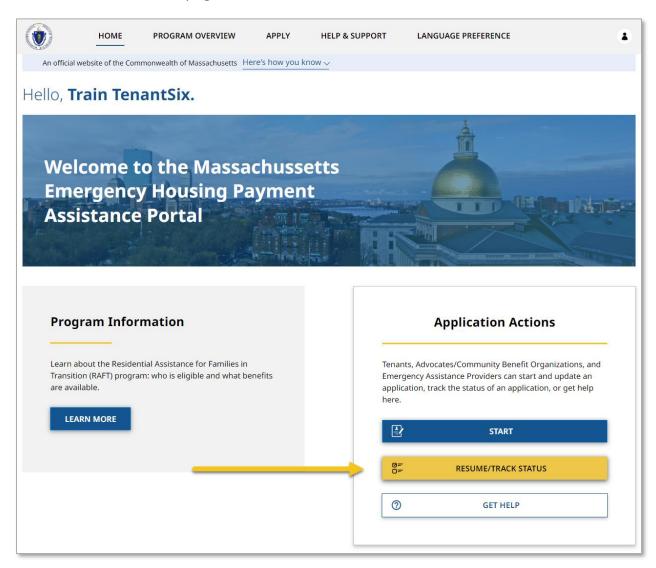
Select **Done** to close out of the page.



Tracking the Status of your Applications

Getting Started

If you want to revisit an application you have started but didn't submit, or an application you have finished and submitted, you can do so by selecting the **Resume/Track Status** button from the "Home" page.



Here you will see any applications you have started or submitted. The status of each application is identified at the top. The statuses, along with their descriptions, are as follows:

• Not Submitted – The application has been started, but not submitted

- Submitted The application has been submitted but is awaiting a match with a landlord application
- Under Review The application has been matched and an RAA is ensuring the case is eligible for payment and has the necessary information
- Ready for Payment The application has been approved for payment, but no payment has been issued
- Paid Payment has been issued
- Closed The case is finished and can no longer be accessed or edited

Additionally, you can see the type of case that has been requested. This will either be:

- Raft Application for renters and movers who know where they are moving to
- Letter Of Intent for movers who do not know where they are moving to

	💓 ном	IE PROGRAM OVERVIEW	V APPLY	HELP & SUPPORT	LANGUAGE PREFERE	NCE	4
Application Status Bew please find the status of your applications. If you do not already have an application in process, you may apply using the Apply Menu Option above. Image: Case Case Case All Case Image: Case Case Case Image: Case Number #00003124 Image: Case Number #00003124 Image: Case Number #000003124 Image: Case Number #00003124 Image: Case Number #00003124 <td< td=""><td>An official website of t</td><td>he Commonwealth of Massachusett</td><td>B Here's how you kno</td><td>WV V</td><td></td><td></td><td></td></td<>	An official website of t	he Commonwealth of Massachusett	B Here's how you kno	WV V			
Application Status Bew please find the status of your applications. If you do not already have an application in process, you may apply using the Apply Menu Option above. Image: Case Case Case All Case Image: Case Case Case Image: Case Number #00003124 Image: Case Number #00003124 Image: Case Number #000003124 Image: Case Number #00003124 Image: Case Number #00003124 <td< td=""><td>Back</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Back						
Below please find the status of your applications. If you do not already have an application in process, you may apply using the Apply Menu Option above. Recent Cases All Cases All Cases TAm a Tenant If you are a tenant requesting for rental assistance and you do not see your request below, you can start a new application by clicking Apply menu! Mot Submitted Under Review Approved - Pending Payment Closed Case Number #00003124 Letter Of Intent Mot Submitted Under Review Ready for Payment Paid Closed Case Number #00003122 Case Type RAFT Application Rental Property	BACK						
above. Recent Cases Image: Case S All Cases Image: Case And Transit Image: Case And Transit If you are a tenant requesting for rental assistance and you do not see your request below, you can start a new application by clicking Apply menut Image: Case Number #00003124 Image: Case Type Letter Of Intent Under Review Ready for Payment Paid Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Ratit Application Rental Property Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122			Applicat	tion Status			
above. Recent Cases Image: Case S All Cases Image: Case And Transit Image: Case And Transit If you are a tenant requesting for rental assistance and you do not see your request below, you can start a new application by clicking Apply menut Image: Case Number #00003124 Image: Case Type Letter Of Intent Under Review Ready for Payment Paid Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122 Ratit Application Rental Property Image: Case Number #00003122 Image: Case Number #00003122 Image: Case Number #00003122							
Image: Start and Start Application Rental Property		l the status of your applications.	. If you do not already	have an application in p	rocess, you may apply us	ing the Apply Menu Optic	on
I Am a Tenant If you are a tenant requesting for rental assistance and you do not see your request below, you can start a new application by clicking Apply menul Not Submitted Under Review Approved - Pending Payment Closed Case Number #00003124 Case Type Letter Of Intent Paid Closed Case Number #00003122 Case Number #00003122 Mot Submitted Under Review Ready for Payment Paid Closed Case Type Rest Application Rental Property		Recent Cases			All Cases		
I Am a Tenant I you are a tenant requesting for rental assistance and you do not see your request below, you can start a new application by clicking Apply menu! Not Submitted Under Review Approved - Pending Payment Closed Case Number #00003124 Letter Of Intent Not Submitted Under Review Ready for Payment Paid Closed Case Number #00003122 Case Number #00003122 Case Type Paid Closed Case Type Rater #00003122 Rental Property							
I Am a Tenant I you are a tenant requesting for rental assistance and you do not see your request below, you can start a new application by clicking Apply menu! Not Submitted Under Review Approved - Pending Payment Closed Case Number #00003124 Letter Of Intent Not Submitted Under Review Ready for Payment Paid Closed Case Number #00003122 Case Number #00003122 Case Type Paid Closed Case Type Rater #00003122 Rental Property							
I Am a Tenant If you are a tenant requesting for rental assistance and you do not see your request below, you can start a new application by clicking Apply menul Not Submitted Under Review Approved - Pending Payment Closed Case Number #00003124 Case Type Letter Of Intent Paid Closed Case Number #00003122 Case Number #00003122 Mot Submitted Under Review Ready for Payment Paid Closed Case Type Rest Application Rental Property	ED.						
Not Submitted Under Review Approved - Pending Payment Closed Case Number #00003124 Case Type Letter Of Intent Not Submitted Submitted Vot Submitted Under Review Ready for Payment Paid Closed Case Number #00003122 Case Number #00003122 Case Type RAFT Application Rental Property							
Case Number #00003124 Case Type Letter Of Intent Not Submitted Submitted Under Review Ready for Payment Paid Closed Case Number #00003122 Case Type Rental Property	If you are a tenant requ	uesting for rental assistance and	l you do not see your	request below, you can s	tart a new application by	clicking Apply menu!	
Case Number #00003124 Case Type Letter Of Intent Not Submitted Submitted Under Review Ready for Payment Paid Closed Case Number #00003122 Case Type Rental Property			Under Deview	Annual Dendin	- Brunn ant	Classed	
Case Type Letter Of Intent Not Submitted Submitted Under Review Ready for Payment Paid Closed Case Number #00003122 Case Type RAFT Application Rental Property	NOUS	ubinitied	Under Review	Approved - Pendir	ig Payment	closed	
Letter Of Intent Not Submitted Submitted Under Review Ready for Payment Paid Closed Case Number #00003122 Case Type RAFT Application Rental Property	Case Number	#00003124				••	•
Letter Of Intent Not Submitted Submitted Under Review Ready for Payment Paid Closed Case Number #00003122 Case Type RAFT Application Rental Property	Case Type						
Case Number #00003122 ···· Case Type RAFT Application Rental Property							
Case Number #00003122 ···· Case Type RAFT Application Rental Property							
Case Number #00003122 ···· Case Type RAFT Application Rental Property							
Case Number #00003122 ···· Case Type RAFT Application Rental Property							
Case Type RAFT Application Rental Property	Not Submitt	ed Submitted	Under Review	Ready for Payment	Paid	Closed	
RAFT Application Rental Property							
Rental Property	Case Number	#00003122				••	•
	Case Type						•
	Case Type RAFT Application						•

Editing applications that **have not yet** been submitted

To edit an application that has not yet been submitted select the three dots on the right of that application.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFEF	RENCE				
An officia	l website of the Com	nmonwealth of Massachuseti	Here's how you kno	<u>√ WC</u>						
🗲 Back	Back Application Status									
	Below please find the status of your applications. If you do not already have an application in process, you may apply using the Apply Menu Option above.									
		Recent Cases			All Cases	5				
Case			d you do not see your Under Review	request below, you can Approved - Pend		by clicking Apply menu Closed				

Select **Edit** to continue working on your existing application.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE P	PREFERENCE	
An officia	l website of the Com	monwealth of Massachusetts	Here's how you know	<u>w</u> ~			
🗲 Back			Applicat	ion Status			
Belov above		atus of your applications. I	f you do not already l	have an application in p	rocess, you may a	apply using the Apply Menu (Option
		Recent Cases			All	Cases	
		ed Ui	you do not see your r nder Review	request below, you can s Approved - Pendin		ation by clicking Apply menu Closed	!
Case	r Type r Of Intent					Edit Withdraw	

Here you will be able to review what you have entered and edit as needed.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE						
An official	website of the Cor	nmonwealth of Massachusetts	ere's how you k	now 🗸							
	Living	o Situation									
			Livin	g Situation							
	Select the statement that best describes your living situation \star										
		O Renter Staying: Renting you	ur apartment/h	ome, and looking for he	lp to stay in the same place.						
		 Moving: I need to leave wh unsafe conditions). 	ere I am currer	ntly staying (i.e., homeles	s, couch surfing, or living in						
		O Homeowner: Living in your home or help with other ho		king for help paying you	r mortgage to remain in your						
		Do you know the new land	llord for the p	property and address y	/ou're moving to? *						
		⊖ Yes									
		No									
		You may still apply if you don days. If you have a unit and la help your application be proc	andlord, then p								
		Is there someone else, like	an advocate	, we should also send	information about your						
		application status to? *									
		⊖ Yes									
		No									
					NEXT						

Withdrawing applications that **have not yet** been submitted

To withdraw an application that has not yet been submitted select the three dots on the right of that application.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFE	RENCE	
An official	website of the Com	monwealth of Massachusetts H	ere's how you kno	<u>W \v</u>			
🗲 Back							
			Applicat	ion Status			
Below above.		atus of your applications. If y	ou do not already	have an application in p	rocess, you may apply	using the Apply Menu (Option
		Recent Cases			All Case	S	
			u do not see your r e r Review	request below, you can s Approved - Pendir		by clicking Apply menu Closed	1
Case Letter	Type Of Intent						

Select **Withdraw** to withdraw your application.

٢	HOME	PROGRAM OVERVIE	W APPLY	HELP & SUPPORT	LANGUAGE PREF	ERENCE	4
An official	website of the Com	nmonwealth of Massachuse	tts Here's how you k	now 🗸			
Back			Applica	ation Status	r		
			Appliet	scion Status			
Below above.		tatus of your application	s. If you do not alread	dy have an application in	process, you may appl	y using the Apply Mer	nu Option
		Recent Cases			All Case	es	
	enant requesting	ed	nd you do not see you Under Review	ır request below, you car Approved - Pend		n by clicking Apply me Closed	nu!
Case 1	Number #0000	03124			Ec	lit	••••

The "Withdraw Application" page requires you to provide a reason for your decision to withdraw your application.

HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE					
	v	Vithdra	aw Applicatio	n					
Reason for Withdrawal *									
	No longer in need of assis	stance							
		N	EXT						

Select **Next** once you have entered your reason for withdrawing.

The "Confirmation" page will verify that your withdrawal has completed.

Select **Done** to close out of the withdrawal page.

٢	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE	4				
			Con	firmation						
	Your Application # 00003124 has been withdrawn.									
			DC	DNE						

Reviewing applications that **have** been submitted

Applications that have been submitted cannot be edited. However, you can review the information entered during the initial submission by selecting the three dots on the right of that application.

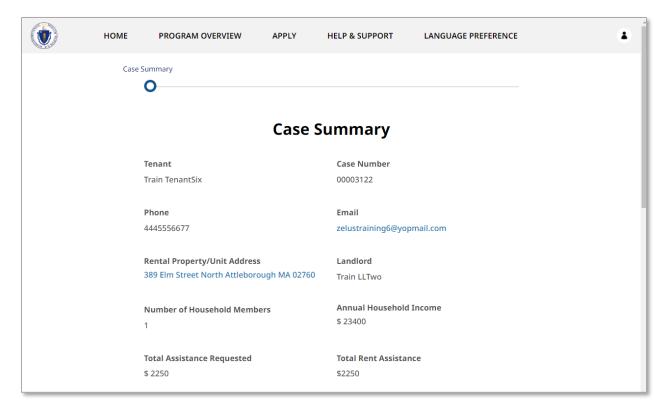
	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE
An officia	l website of the Com	monwealth of Massachusetts	ere's how you kno	wv~	
🗲 Back			Applicat	tion Status	
Below above		atus of your applications. If y	ou do not already	have an application in pro	ocess, you may apply using the Apply Menu Option
		Recent Cases			All Cases
Case Case RAFT Rent	Not Submitted Number #0000 Type Application al Property	Submitted	u do not see your Under Review	request below, you can st	art a new application by clicking Apply menu! Paid Closed

Select View Case Summary to begin reviewing.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE	
An official	website of the Com	monwealth of Massachusetts	Here's how you know	W V		
🗲 Back						
			Applicat	ion Status		
Below above		tatus of your applications. If y	you do not already l	have an application in pro	ocess, you may apply using the Apply	Menu Option
above.						
		Recent Cases			All Cases	
E 3						
I Am a Tena If you are a		g for rental assistance and yo	ou do not see your r	equest below, you can sta	art a new application by clicking Apply	menu!
_						
	Not Submitted	Submitted	Under Review	Ready for Payment	Paid Clo	sed
Case	Number #0000	03122				
						•••
Case RAFT A	Type Application				View Case Summary	
	l Property				Upload Documents	
		ttleborough, MA 02760				

You can view general information about the case, as well as the signed contract.

	MA Housing Assistance Application		
Contraction of the second	MA Housing Assistance Application	Reference	Guide



Scroll down and select **Done** when you are finished reviewing.

Signed By	Signed Date	
Train TenantSix	2022-10-07	
		DONE

Uploading documents to applications that **have** been submitted

Applications that have been submitted cannot be edited. However, you can add additional documentation to that application by selecting the three dots on the right of that application.



	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE	
An officia	al website of the Com	monwealth of Massachusetts H	lere's how you kno	W V		
🗲 Back			Applicat	tion Status		
Belov abov		atus of your applications. If y	ou do not already	have an application in pro	ocess, you may apply using the Apply Menu Op	otion
		Recent Cases			All Cases	
Case RAFT Rent	Not Submitted	Submitted	u do not see your i Under Review	request below, you can sta	art a new application by clicking Apply menu! Paid Closed	

Select **Upload Documents** to begin uploading.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE	4
An official v	website of the Com	monwealth of Massachusetts H	ere's how you kno	W V		
🗲 Back						
			Applicat	tion Status		
Below p above.	blease find the st	atus of your applications. If y	ou do not already	have an application in pro	ocess, you may apply using the App	ly Menu Option
		Recent Cases			All Cases	
		g for rental assistance and you	u do not see your i Under Review	request below, you can st Ready for Payment	art a new application by clicking Ap Paid	ply menu! Closed
Case T RAFT A Renta	pplication I Property	J3122 ttleborough, MA 02760			View Case Summary Upload Documents	

The "Upload Documents" page will give you a list of all the documents you have already uploaded, as well as giving you the option to upload additional documents.

To learn more about how to upload files, please visit the <u>Uploading Files</u> section of this guide and repeat the process there for all required fields.

Select **Done** when you have completed the "Upload Documents" page to finalize your application.

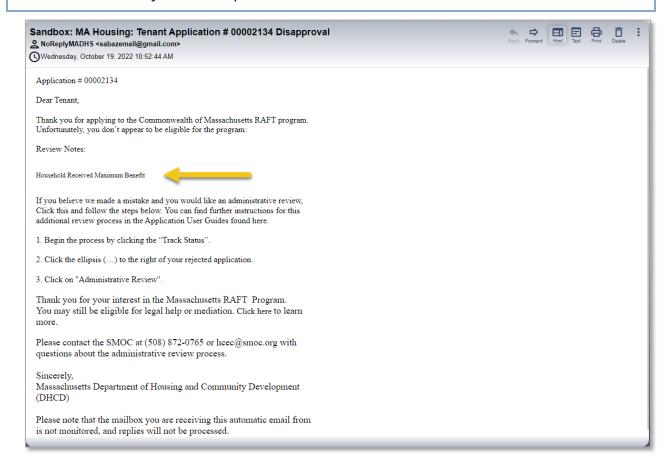
٢	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE		
		If an RAA has contacted you n you would like the RAA to con using the upload button and s	equesting add sider when pr	ocessing your application,	have additional documents please upload documentation		
		The list of documents	already u	bloaded :			
		Document Name ProofOfIdentity-ID					
		ProofOfHousing-Proof of	Current Hou	sing			
		HousingCrisis-Eligibility					
		UtilityBill-Utility Bill					
		AdditionalDoc-ID					
		 Upload Additional Docu 	iments				
			L	Upload Files Upload Files Or drop files			
			DO	DNE			

Requesting an Administrative Review

If your application was denied you will receive an email with a reason for denial and describing the steps to appeal that decision.

Applications can time out if you or your Landlord neglected to provide appropriate detail in the required timeframe:

- Moving applications must be completed within 90 days of your submission.
- Additional documentation or information requested by an RAA must be submitted within 14 days of the request.



To appeal an application that was denied select the three dots on the right of that application.

Tracking the Status of your Applications: Requesting an Administrative Review

Application Status
Below please find the status of your applications. If you do not already have an application in process, you may apply using the Apply Menu Option above.
Recent Cases All Cases
I Am a Tenant If you are a tenant requesting for rental assistance and you do not see your request below, you can start a new application by clicking Apply menu! Not Submitted Submitted Under Review Ready for Payment Paid Denied
Case Number #00002134
Rental Property 900 Main Street, Millis, MA 02054

Select Request Administrative Review/Appeal.

	Application Status	
Below please find the status of your applications. I above.	If you do not already have an application in proc	cess, you may apply using the Apply Menu Option
Recent Cases All Cases		
Ist I Am a Tenant If you are a tenant requesting for rental assistance Not Submitted Submitted Case Number #00002134 Case Type RAFT Application Rental Property 900 Main Street, Millis, MA 02054	te and you do not see your request below, you co Under Review Ready for Payment	an start a new application by clicking Apply menul Pald Denied Comparison Request Administrative Review/Appeal

The "Enter Administrative Review Information" page will ask you to provide a reason why you believe the decision to deny your application should be reconsidered. Select **Next** once you've entered your response.

Tracking the Status of your Applications: Requesting an Administrative Review

۲	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE	٤.
		Enter Administrative Re	view Information	•		
		Enter Ad	ministra	ative Reviev	v Information	
		Please state specifically wh	y you believe ou	ur determination is incorr	rect. You will also be able to provi	0
					NEXT	I

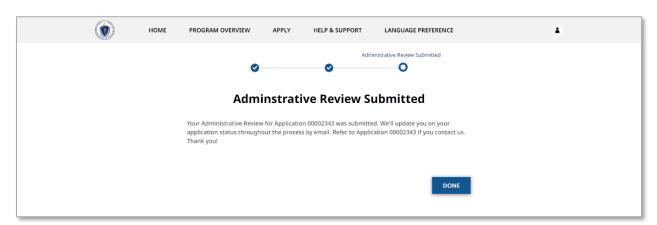
The "Upload Supporting Documents" page allows you to upload any additional documents that supports your request for an appeal.

To learn more about how to upload files, please visit the <u>Uploading Files</u> section of this guide and repeat the process there for all required fields.

Select **Next** when you have completed the "Upload Documents" page to finalize your appeal.

٢	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE
		⊘ —	Upload S	upporting Documents	
		Uploa	d Supp	oorting Docu	ments
		✓ Supporting Documents			
		Please provi		uments that support y Upload Files	our claim 🕚
				Or drop files	
				ID.jpg	a
		PREVIOUS			NEXT

The "Administrative Review Submitted" page will provide you a confirmation that your appeal was submitted with a new application number.



Select **Done** to return to the "Application Status" page.

Once your appeal has been reviewed, a new case will be opened to continue the assistance process. You may track this status like any other case in the "Resume/Track Status" page.

Troubleshooting

Contacting your RAA

If you encounter any issues at any stage of the application process, select the **Help & Support** button at the top of the screen.

	HOME	PROGRAM OVERVIEW	APPLY	HELP & SUPPORT	LANGUAGE PREFERENCE
An offici	al website of the Con	nmonwealth of Massachusetts	ere's how you l	know 🗸 👇	
Hello,	Train Ten	antSix.			
Em		to the Massa y Housing Pa Portal			

The assistance page will guide you on the best way to contact your RAA for assistance.

To begin, you must select a community you are a part of, using the **Select a Community** dropdown box. Select the box to begin.

Select a Community:		~		dhed Massachusetts
Regional Admin Agency:				
	Ū.	contact information for a regional agency and review i		
Check the table below, displaying the region bayment assistance programs.	al income limits b	y household size for the selected community, to see if	f you meet the income	e criteria for DHCD's emergency housing
Check the table below, displaying the region payment assistance programs.	al income limits b	0 0 1	f you meet the income on. It is very importan	e criteria for DHCD's emergency housing nt you submit a complete application with
Check the table below, displaying the region ayment assistance programs. MPORTANT: When you apply, you will he required documentation. If your application We encourage you to review the application	al income limits b twe to document y a does not have al for the Residentia	y household size for the selected community, to see if	f you meet the income on. It is very importan n, it will take additiona am before submitting i	e criteria for DHCD's emergency housing nt you submit a complete application with al time to process.
Check the table below, displaying the region payment assistance programs. IMPORTANT: When you apply, you will he required documentation. If your application We encourage you to review the application	al income limits b twe to document y a does not have al for the Residentia	y household size for the selected community, to see if our income, housing, and other household information I required documents, or accurate contact information I Assistance for Families in Transition (RAFT) progra	f you meet the income on. It is very importan n, it will take additiona am before submitting i	e criteria for DHCD's emergency housing nt you submit a complete application with al time to process.

Select from the options available.

Select a Community:	Lugartown	difted Massachusetts
Regional Admin Agency:	Egremont Erving Essex Everett	
	Fairhaven Fall River	
Select your city/town from the drop-down menu		tion for a regional agency and review income-limits for the programs.
Check the table below, displaying the regional is ayment assistance programs.	, Florida Foxborough	re for the selected community, to see if you meet the income criteria for DHCD's emergency housing
MPORTANT: When you apply, you will have required documentation. If your application de	Framingham Franklin Freetown	using, and other household information. It is very important you submit a complete application with ments, or accurate contact information, it will take additional time to process.
We encourage you to review the application for ontinue to operate remotely and offices may no	t Gardner Georgetown	Families in Transition (RAFT) program before submitting it to your regional agency. Most agencies re encourage you to visit their website.
Program Income Eligibility Limits	Gill Gloucester	Metropolitan Area
	Goshen	Household Size
	Gosnold	Household Size

Once a community has been selected, you will be given the following information about the RAA:

- Name
- Location
- Phone Number
- Program Eligibility Limits

Contact the RAA to assist you further.

Gelect	a Commun	ity.	almouth	~				Mass	achusetts
egional Ac	dmin Agency:	46 H 50	ousing Assistance C 0 West Main Stree vannis , MA 0260 8-771-5400 oply Now	t			Google Maps		
lect your city	/town from the dr	op-down menu a	ove to get contact in	formation for a region	al agency and revie	w income-limits for	or the programs.		
heck the table syment assistant IPORTANT: quired docum	below, displaying nce programs. When you apply, nentation. If you	the regional inco you will have to application does	document your incon not have all required	old size for the selecte ne, housing, and other l documents, or accura	d community, to se household information to the contact information of the	e if you meet the in ation. It is very im ion, it will take ad	ncome criteria for D portant you submit ditional time to proc	a complete applic ess.	cation with
heck the table ayment assistant APORTANT: Aquired docum Te encourage y	below, displaying nce programs. When you apply, nentation. If you you to review the a	the regional inco you will have to application does	ome limits by househo document your incor not have all required : Residential Assistan	old size for the selecte ne, housing, and other	d community, to se household informative contact information nsition (RAFT) pro-	e if you meet the in ation. It is very im ion, it will take ad gram before subm	ncome criteria for D portant you submit ditional time to proc	a complete applic ess.	cation with
heck the table syment assistant APORTANT: equired docum e encourage y ontinue to oper	below, displaying nce programs. When you apply, nentation. If you you to review the a	the regional inco you will have to application does	ome limits by househo document your incor not have all required : Residential Assistan	old size for the selecte ne, housing, and other l documents, or accura ce for Families in Tra	d community, to se household informative contact information nsition (RAFT) pro-	e if you meet the in ation. It is very im ion, it will take ad gram before subm	ncome criteria for D portant you submit ditional time to proc itting it to your regio	a complete applic ess.	cation with
heck the table syment assistant APORTANT: quired docum e encourage y ontinue to oper	below, displaying nce programs. When you apply, nentation . If you rou to review the a rate remotely and	the regional inco you will have to application does	ome limits by househo document your incor not have all required : Residential Assistan	old size for the selecte ne, housing, and other l documents, or accura ce for Families in Tra	d community, to se household informative contact information nsition (RAFT) pro-	e if you meet the in ation. It is very im ion, it will take ad gram before subm	ncome criteria for D portant you submit ditional time to proc itting it to your regio	t a complete appli d ess. onal agency. Most a	cation with
heck the table syment assistant APORTANT: equired docum e encourage y ontinue to oper	below, displaying nce programs. When you apply, nentation . If you rou to review the a rate remotely and	the regional inco you will have to application does	ome limits by househo document your incor not have all required : Residential Assistan	old size for the selecte ne, housing, and other l documents, or accura ce for Families in Tra	d community, to se household informative contact information nsition (RAFT) pro-	e if you meet the in ation. It is very im ion, it will take ad gram before subm ite.	ncome criteria for D portant you submit ditional time to proc itting it to your regio	t a complete appli d ess. onal agency. Most a	cation with

Resources

Residential Assistance for Families in Transition – RAFT Program

How to Apply for Emergency Housing Payment Assistance

Determine your Regional Admin Agency