

Thank you for your interest in our financial assistance programs!



Please read these instructions carefully. There is a list of required documents on the next page. If there is anything you don't understand, the intake staff will be happy to help you!

You may return your application by email (see below), mail, or by leaving it in the outside drop-box at our office. This box is checked daily. We are also open Monday through Friday from 9am to 5pm.

We cannot accept applications by fax as they tend to be illegible.

Your application will be reviewed for pre-eligibility within 3 business days. For some programs, you may need a phone or video appointment to discuss your application and complete additional paperwork. We will contact you to schedule that if necessary. You will be notified in writing of your approval or denial. **Please be advised that you have not been approved for funds until you have received this written notification.**

****If you are applying for assistance with move-in costs, Do not move in until you have received final approval and your landlord has completed the required paperwork. Signing a Lease and moving in prior to approval will AUTOMATICALLY make you ineligible for funds****

If you have any questions, please contact us at
Prevention@haconcapecod.org or
508-771-5400.

All documents listed on this page must be submitted with this application.

We cannot determine which programs would best serve your needs without all the required documents, therefore, **incomplete applications cannot be processed.** Please make sure each box is checked before returning the application.

Attached application. Please be sure to sign where indicated!

PROOF OF CRISIS: This shows what type of help you need. For example: an eviction notice, utility shutoff, mortgage arrearage letter. If you are applying for help to move into a new unit, document why you cannot remain where you are. (Again, **do not move in prior to approval**). If you are staying with someone temporarily, please ask us for a host household verification form.

CAUSE OF CRISIS: Our funds are for one-time use, in situations where something unexpected happens to cause you to fall behind in rent or utilities or your mortgage, or when you are homeless or at risk of homelessness. We need to document **what happened** and that it is a temporary situation. Some examples: a doctor's note stating you were out of work due to illness, a vehicle repair bill, unemployment benefits.

This needs to be third-party verification. It must come from someone not in your household. If you are COVID impacted, please check yes in that section of the application and complete the explanation below the check box. If you do so, you generally will not need to provide additional documentation.

PROOF OF INCOME: Please provide verification of income, dated within the last 60 days, for each household member 18 and over. For employment, please provide at least two pay stubs per job for each wage-earner or a letter from your employer. For other sources of income:

- Social Security: Please provide the most recent benefit letter dated within the last 12 months OR bank statement showing deposit dated within the last 60 days.
- Unemployment benefits: Please provide a printout showing weekly payment amount dated within the last 60 days OR bank statement showing deposit dated within the last 60 days.
- Child support:
 - Child Support through DOR: Please provide a DOR printout dated within the last 60 days OR bank statement showing deposit dated within the last 60 days.
 - Child support not through DOR: Please provide a letter from parent paying the child support, dated within the last 60 days, stating the child support amount and the frequency of payments OR bank statement showing deposit dated within the last 60 days.
- Other sources of income: Please provide a letter or other verification showing current income dated within last 60 days

IDENTIFICATION FOR HEAD OF HOUSEHOLD For example, Photo ID, Birth Certificate, Passport, Driver's License. This document must list the applicant's Date of Birth.

****You may send your application and/or any accompanying documents by emailing screenshots, as long as they are legible. ****

FREQUENTLY ASKED QUESTIONS:

How long does the process take?

Once your application is complete, processing time is approximately 14-21 days. This includes appointments, paperwork, contacting your landlord/vendor, and internal processing.

What is cause of crisis?

This is documentation that explains your housing situation and why you are currently in need. For example, if you are behind in rent, provide something that shows what happened, like being out of work for medical reasons, having an expensive car repair or being laid off from your job and waiting for unemployment benefits. If you need help moving into a place, show why you can't stay where you are currently, such as an eviction notice or letter from the Board of Health. If you're staying with friends or family, ask for a host household verification form they can fill out for you. There are other qualifiers as well. If you're not sure, ask!

How do I prove homelessness?

This depends on individual situations. If you are staying in a motel, provide recent receipts from the motel. If you're sleeping in your car or in another situation that is difficult to verify, we can accept a letter from a third party with knowledge of your situation, such as a doctor, therapist, employer or clergy person.

Do I need to have a social security number to apply?

No. For many of our programs, legal citizenship is not required. If a household member does not have a social security number, please enter N/A into the appropriate place in the application.

How much assistance can I get?

We operate a number of different programs with different guidelines, qualifications, and assistance limits. We can't determine the amount for which you may be eligible until your application has been reviewed by the appropriate staff.

Do you only help families with children?

No. All residents of the Cape & islands can request financial assistance from HAC, regardless of family composition.

When should I put in the application?

That's up to you. A completed application is good for 30 days. You can apply any time, but if you are unable to use the funds within 30 days, you will need to reapply. Letting your application expire **has no effect** on your future ability to receive assistance.

Emergency Housing Payment Assistance Application

Version 2022.10.25

This application is for Emergency Housing Payment Assistance, including the Residential Assistance for Families in Transition (**RAFT**).

You can submit this paper application to your local Regional Administering Agency (RAA), listed below. It's also fast and easy to apply from a computer or your smartphone at <https://applyhousinghelp.mass.gov/>.

If you need help completing the application, contact your local RAA for free assistance. Please contact the RAA serving the part of the state where you currently live or are moving to.



You can also find your nearest RAA online; take a picture of this image with your phone: <https://hedfuel.azurewebsites.net/raa.aspx>

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

You can learn about the Residential Assistance for Families in Transition (RAFT) program: who is eligible and what benefits are available at <https://www.mass.gov/service-details/residential-assistance-for-families-in-transition-raft-program>

Application Sections:

1. Living Situation
2. Instructions
3. Prescreening
4. Applicant Details
5. Additional Household Members
6. Income
7. Household Deduction
8. Rent
9. Documents
10. Review
11. Certification
12. How to Submit an Application

Living Situation

Select the statement that best describes your living situation*

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

Is there someone else, like an advocate, we should also send information about your application status to?*

- Yes No

If you answered “Moving: I need to leave where I am currently staying (i.e., homeless, couch surfing, or living in unsafe conditions)” in the question above, you are required to answer the next 2 questions below:

Do you know the new landlord for the property and address you're moving to?*

- Yes No

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

Do you plan to move in the next 60 days?*

- Yes No

If you answered “No” to the above question, please come back to apply within 60 days of your planned move

At this time, the MA Emergency Housing Payment Assistance application is not accepting applications from homeowners. Homeowners in need of mortgage assistance or other housing assistance may apply for the new Homeowner Assistance Fund (HAF) program. Please visit <https://massmortgagehelp.org/> to learn more about HAF and to see if you may be eligible. You may also call the HAF Call Center at (833) 270 – 2953 or call 2-1-1 for more information and to apply.

To apply for our Homeless Prevention Program, which does serve homeowners, please continue and complete the homeowner addendum at the end of this packet as well.

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.

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.

To learn more about required documentation: <https://www.mass.gov/how-to/how-to-apply-for-raft>

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

If you are an Advocate or would like us to provide details about your application to an Advocate Organization, Friend or Family Member, please fill out the Advocate Details section below.

Advocate Details

Advocate First Name*

Advocate MI

Advocate Last Name*

Relation to Applicant*

Advocate Phone Number

Advocate Email*

Advocate Organization

Friend

Family Member

Please Circle the Language Preference of Person You're Applying For*

English

Español

Português

中國人

Kreyòl ayisyen

ខ្មែរ

русский

Tiếng Việt

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.

Prescreening

Including yourself, how many people live in your home? Include any children, roommates, family members or other people that live with you on the line below

of Household Members*

Household Annual Income*

Where do you live now? (If you are homeless, please provide an address where you may collect mail)*

Street / PO BOX*

Apt/Unit #

City*

State*

Zip Code*

If you indicated above that you are moving to a new unit, please provide the address of the unit you are moving into. If you do not yet have a unit secured, in the section below, please only indicate the city or town you might move to. *

Street / PO BOX* _____ Apt/Unit # _____ City* _____

State* _____ Zip Code* _____

Do you or an immediate family member work for an organization that administers RAFT, ERAP, or HomeBASE?*

Yes No

If Yes, what is their name?*

Is the tenant's name on the lease?*

Yes No

If no, a signed sublease agreement that says who the primary tenant is, and the dates of sublease tenancy will be needed. Please note: Funds can only be paid to the property owner; they cannot be paid to the primary tenant offering the sublease.

Do you plan to use rental voucher in the new unit, like MRVP, Section 8 or emergency housing voucher?*

Yes No

Hardship

Please tell us the challenges you have faced..

I, or someone in my household:*

Lost a job

Collected unemployment benefits

Had less income than usual (lower pay, fewer hours, or fewer clients if self-employed)

Had to miss work, or stop working, or work fewer hours due to a health or medical need

Had to miss work, or stop working, to take care of someone with health or medical needs

Had to miss work, or stop working, or work fewer hours because my child's school or daycare was closed, or because my child had online school

Had a roommate or household member move out, stop paying rent, or die, leaving me with higher housing costs

Had higher bills than usual (for example, medical bills, transportation costs, childcare costs, funeral costs, rent, utilities, etc.)

Had income that was too low to pay for basic household expenses (for example, food, clothing, rent, utilities, cleaning supplies, etc.)

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

Please ensure at least one value is selected in the Moving - Housing Crisis, Renter - Housing Crisis, or Utilities Assistance sections below.

Moving - Housing Crisis

If you are answered “Moving: I need to leave where I am currently staying.....” under the Living Situation above, please use the section below to highlight any and all housing or utility needs that describe your current situation. (check all that apply)

- 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
- 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)

Renter - Housing Crisis

If you answered, “Renter Staying...” under the Living Situation above, please use the section below to highlight any and all housing or utility needs that describe your current situation. (check all that apply)

- 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
- 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

Utilities Assistance (check all that apply)

- I have received a shut-off notice
- My service has been shutoff
- My heating oil or heating gas tank is empty and I cannot pay to refill it

If there is a next court date associated with the crisis you selected above, when is that next court date?
(MM/DD/YYYY)

_____ I don't know

Landlord Application

Have you received an email confirmation from the MA RAFT/ERAP/HomeBASE Program that your landlord submitted an application?*

Yes No

If you answered “Yes” to the question above “Have you received an email confirmation.....that your landlord submitted an application?” then please provide their Landlord Application code found in that email.

Landlord Application Code*

Applicant Details

Application Information

First Name*
Suffix

MI

Last Name*

Date of Birth* (MM/DD/YYYY)

Age

Gender*

Male Female Non-Binary Transgender
 Decline to Answer

Social Security Number*

I do not have a social security number (SSN)

Race*

American Indian or Alaska Native
 Asian
 White
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Multi-Racial
 No Response

Ethnicity*
 Hispanic/Latino
 Non-Hispanic/Non-Latino
 No Response

Employment Status*

Employed Full-Time

Type of ID*

Driver's License

Application for Emergency Housing Payment Assistance – Tenant

- Employed Part-Time
- Self-Employed
- Unemployed
- Student
- Retired
- Disabled

- State ID
- US Passport
- Military ID
- Military Dependent ID
- Birth Certificate
- Valid Foreign Passport
- Certificate of Citizenship
- Certificate of Naturalization
- US Permanent Resident Card
- Trusted Traveler ID (Global Entry, FAST, SENTRI, NEXUS)
- Enhanced Tribal Card
- Native American Tribal Photo ID

If you chose "Driver's License" as Type of ID, you are required to provide your Drivers License State and Drivers License Number below:

Drivers License State*

Drivers License Number*

Applicant Mailing Address

Street / PO BOX*

Apt/Unit #

City*

State*

Zip Code*

Applicant Contact Details

Phone Number*

Phone Type*

- Home
- Mobile

I consent to receiving text messages regarding housing assistance. Message & Data rates may apply.*

- Yes
- No

Email*

Preferred method of contact*

- Email
- Phone

Preferred Language

- English
- Spanish
- Portuguese
- Chinese Traditional
- Haitian Creole
- Khmer
- Russian
- Vietnamese

Additional Household Members

Please include information about the number of household members from the Prescreen you said live with you.

Additional Household Members #1

First Name*

Last Name*

Date of Birth* (MM/DD/YYYY)

Age

SSN/TIN*

This member does not have a social security
Number(SSN)

Gender*

- Male
- Female
- Non-Binary
- Transgender
- Decline to Answer

Relationship to Head of Household*

- Spouse
- Child
- Parent
- Other family member
- Roommate

Application for Emergency Housing Payment Assistance – Tenant
Race*

- American Indian or Alaska Native
- Asian
- White
- Black or African American
- Native Hawaiian or Other Pacific Islander%
- Multi-Racial
- No Response

Ethnicity*

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- No Response

Additional Household Members #2

First Name*

Last Name*

Date of Birth* (MM/DD/YYYY)

Age

SSN/TIN*

This member does not have a social security
Number(SSN)

Gender*

- Male
- Female
- Decline to Answer
- Non-Binary
- Transgender

Relationship to Head of Household*

- Spouse
- Child
- Parent
- Other family member
- Roommate

Race*

- American Indian or Alaska Native
- Asian
- White
- Black or African American
- Native Hawaiian or Other Pacific Islander%
- Multi-Racial
- No Response

Ethnicity*

- Hispanic/Latino
- Non-Hispanic/Non-Latino
- No Response

Additional Household Members #3

First Name*

Last Name*

Date of Birth* (MM/DD/YYYY)

Age

SSN/TIN*

This member does not have a social security
Number(SSN)

Gender*

- Male Female Non-Binary Transgender
 Decline to Answer

Relationship to Head of Household*

- Spouse
 Child
 Parent
 Other family member
 Roommate

Race*

- American Indian or Alaska Native
 Asian
 White
 Black or African American
 Native Hawaiian or Other Pacific Islander%
 Multi-Racial
 No Response

Ethnicity*

- Hispanic/Latino
 Non-Hispanic/Non-Latino
 No Response

Additional Household Members #4

First Name*

Last Name*

Date of Birth* (MM/DD/YYYY)

Age

SSN/TIN*

This member does not have a social security
Number(SSN)

Gender*

Male Female Non-Binary Transgender

Decline to Answer

Relationship to Head of Household*

Spouse

Child

Parent

Other family member

Roommate

Race*

American Indian or Alaska Native

Asian

White

Black or African American

Native Hawaiian or Other Pacific Islander%

Multi-Racial

No Response

Ethnicity*

Hispanic/Latino

Non-Hispanic/Non-Latino

No Response

If you need to add additional family members, please copy this page and attach it to the application.

Income

Report any earned income/salaries/wages here, before taxes

Do you or your family member(s) have any income from your current job?*

Yes No

Do you or your family member(s) receive any Social Security Income (SSI) or Social Security Disability Income (SSDI)?*

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?*

Yes No

Report income such as disability, worker's compensation, investment income, or any other money you or your household regularly receive

Do you or your family member(s) have any other income to report?*

Yes No

(Select the following box below only if the answer applies to you.)

I affirm I have no income, and I understand the organization processing my application may verify that this is true.

Based on the previous questions, if you have mentioned that the household has wages, SSI or SSDI, Retirement Income or Pension, child support, spousal support or foster child support, other income(s) please provide your income details here.

Income

Note: 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.

Household Member Income #1

Household Member First Name, Last Name*

Type of Income

- Earned Income/Salaries/Wages
- Unemployment Insurance
- Temporary Assistance for Needy Families (TANF)

- Supplemental Security Income (SSI)
- Social security disability insurance (SSDI) Social
- Security Retirement Income
- Pension or retirement income from a former job

- Veteran's Pension
- Alimony or other spousal support
- Foster Child support
- Private disability insurance
- VA non-service connected disability pension
- VA service -connected disability compensation
- Worker's compensation
- Training Program Stipend

How Often are you paid? *

- Daily (every day)
- Weekly (once a week)
- Biweekly (every other week)
- Semi-monthly (twice a month)
- Monthly (once a month)
- Semi-annually (twice a year)
- Annually (once a year)

Amount? *

Household Member Income #2

Household Member First Name, Last Name*

Type of Income

- Earned Income/Salaries/Wages
- Unemployment Insurance
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)

- Social security disability insurance (SSDI) Social
- Security Retirement Income
- Pension or retirement income from a former job
- Veteran's Pension
- Alimony or other spousal support
- Foster Child support
- Private disability insurance
- VA non-service connected disability pension
- VA service -connected disability compensation
- Worker's compensation
- Training Program Stipend

How Often are you paid? *

- Daily (every day)
- Weekly (once a week)
- Biweekly (every other week)
- Semi-monthly (twice a month)
- Monthly (once a month)
- Semi-annually (twice a year)
- Annually (once a year)

Amount? *

Household Member Income #3

Household Member First Name, Last Name*

Type of Income

- Earned Income/Salaries/Wages
- Unemployment Insurance
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- Social security disability insurance (SSDI)
- Social Security Retirement Income

- Pension or retirement income from a former job
- Veteran's Pension
- Alimony or other spousal support
- Foster Child support
- Private disability insurance
- VA non-service connected disability pension
- VA service -connected disability compensation
- Worker's compensation
- Training Program Stipend

How Often are you paid? *

- Daily (every day)
- Weekly (once a week)
- Biweekly (every other week)
- Semi-monthly (twice a month)
- Monthly (once a month)
- Semi-annually (twice a year)
- Annually (once a year)

Amount? *

Household Member Income #4

Household Member First Name, Last Name*

Type of Income

- Earned Income/Salaries/Wages
- Unemployment Insurance
- Temporary Assistance for Needy Families (TANF)

- Supplemental Security Income (SSI)
- Social security disability insurance (SSDI)
- Social Security Retirement Income
- Pension or retirement income from a former job
- Veteran's Pension

- Alimony or other spousal support
- Foster Child support
- Private disability insurance
- VA non-service connected disability pension
- VA service -connected disability compensation
- Worker's compensation
- Training Program Stipend

How Often are you paid? *

- Daily (every day)
- Weekly (once a week)
- Biweekly (every other week)
- Semi-monthly (twice a month)
- Monthly (once a month)
- Semi-annually (twice a year)
- Annually (once a year)

Amount? *

Household Deduction

Some expenses you might have can be subtracted from your income to help 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

If you answered “Yes” that you or a member of your household currently pay for any of the expenses listed above, please provide details in the Income Deductions section below:

At the end of the application, you will be asked to provide documentation showing these expenses. This could be receipts showing tuition you paid or a letter from the educational institution that says how much you paid.

Expense*

- Child support
- Childcare or care for a sick household member
- Tuition and fees for part-time vocational education

Frequency*

- Daily (every day)
- Weekly (once a week)
- Biweekly (every other week)
- Semi-monthly (twice a month)
- Monthly (once a month)
- Semi-annually (twice a year)

Amount (Before Taxes)*

If you need to report additional household deduction expenses, please copy this page and attach it to the application

Rent

Subsidized Housing

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

Yes No

If you answered “Yes” to the above question, “Do you currently live in housing where your rent goes up or down when your income goes up or down (i.e., you have a voucher, like Section 8, or live in public housing)?” then you are required to answer the following question:

What caused non-payment?*

- A one time expense (Car repair, funeral expenses, medical bills, childcare expenses, etc)
- A temporary reduction in income (reduced hours, medical leave, etc.)
- Loss of a job

Landlord Information

Landlord Type*

Application for Emergency Housing Payment Assistance – Tenant

Individual Company Property Management Company

Company Name*

Landlord First Name*

Landlord Last Name*

Landlord Email*

I don't have an email for the landlord

Landlord Phone*

Landlord Phone Type*

Home Mobile

I don't have a phone number for the landlord

Landlord Address

Street / PO BOX*

Apt/Unit #

City*

State*

Zip Code*

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

Yes No

Add Rent Due Details

If you live in subsidized housing, the maximum benefit available is 6 months

What is your monthly rent?*

of months behind*

Total Overdue Rent*

Utility

Add Utility #1

Utility Type*

Water

Gas

Electric

Oil

Amount Due *

Do you know the Account Number?*

Yes No

Account Number*

Company Name (Utility Provider Legal Business Name)*

Utility Provider Legal Business Phone*

Add Utility #2

Utility Type*

Water

Gas

Electric

Oil

Amount Due *

Do you know the Account Number?*

Yes No

Account Number*

Company Name (Utility Provider Legal Business Name)*

Utility Provider Legal Business Phone*

Documents

You must submit a **complete application with all required documents** to receive benefits.**

****NOTE:** *Any applications submitted on or after 8/1/2022 require a notice to quit or an eviction notice/court summons in order to be approved for overdue rent.*

Additionally, we encourage tenants to reach out **early** to their landlords and inform them about their application for emergency housing payment assistance. Landlords or property management will be needed to complete the process.

The following documentation is required to apply:

1. ID for Head of Household (such as a state issued driver’s license, birth certificate, or passport)
2. Proof of Current Housing (such as a lease, tenancy agreement, or tenancy at will agreement)
3. Verification of Housing Crisis (such as a Notice to Quit, an eviction notice, a utility shutoff notice, or documentation showing an inability to stay in your current home due to health, safety, or other reasons)
4. Income Verification. In addition, after you apply, the Regional Administering Agency (RAA) or Rental Assistance Processing (RAP) Center processing your application will need to verify your income.

Your landlord will also be asked to provide information before you receive benefits.

To learn more about required documentation: <https://www.mass.gov/how-to/how-to-apply-for-raft>

Document Checklist

- Proof of Identity For the Head of Household (examples: photo ID, license, birth certificate, passport)
- Proof of Current Housing (examples: lease or tenancy at will agreement)
- Verification of Eligible Housing Crisis; examples include, but are **not limited to**:
 - Notice to Quit
 - Eviction Notice/Court summons
 - Letter from host family if doubled up
 - Utility bill showing amount overdue or shutoff notice

Other Documents

Other: _____

Other: _____

Other: _____

Other: _____

Proof of Income (Proof of Income is optional at time of application submission. The agency processing your application may contact you at a later time to request proof of income. Providing it now can speed the processing time for your application.)

Utility Bill (If applying for Utility Assistance)

Review

Please review the information you entered.

Certification

Application Certification and Contract (Tenant/Mover)

Statement of Affirmation

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.

Authorization and Release

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

program evaluation purposes. Otherwise, the information will be kept confidential and only used by the Regional Agency staff in the course of their duties.

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

Further, it may be necessary to discuss or correspond with others regarding this information. By signing below, you are giving permission to DHCD and other entities as described herein to exchange information about you. If you are applying on behalf of another person or persons, you affirm you have their consent as well.

You or your authorized representative have a right to inspect and copy any information collected about you. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the Regional Agency holds about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. Under state privacy laws, applicants and program participants may give or withhold their permission to share this Personal Information. However, failure to permit the Regional Agency to share the required information may result in delay, ineligibility for programs, or termination.

Participant Obligations

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

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

Other obligations of the Participant:

- The Participant agrees that he/she does not have any financial interest in the rental unit for which program funds are being used.
- The Participant agrees if he/she is approved for the same funding need by a different funder or source, he/she will immediately notify the Regional Agency and use best efforts to ensure that the funds are returned to the Regional Agency or to the other funder.
- The Participant agrees that all terms, conditions, and provisions of this contract apply to all members of the Participant's household.
- The Participant agrees to continue to make housing payments not covered by Emergency Housing Payment Assistance programs. Failure to comply with rent, mortgage, utility, or other payment obligations without a compelling justifiable cause may disqualify the Participant from any additional Emergency Housing Payment Assistance.

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

- The Participant agrees to continue to make housing payments not covered by Emergency Housing Payment Assistance programs. Failure to comply with rent, mortgage, utility, or other payment obligations without a compelling justifiable cause may disqualify the Participant from any additional Emergency Housing Payment Assistance.

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

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

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

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

You certify that you, or the Participant on whose behalf you are applying, have not received or been approved for funds from any other source to pay for the same expenses that you have requested above. You understand that any false statement or misrepresentation may result in the withdrawal or denial of this application or any other action that the Department of Housing and Community Development (“DHCD”) and/or the Regional Agency may deem appropriate, including prosecution for fraud.

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

Signed By (Print: First Name, Last Name)	Signature	Signed Date (Month/Day/Year)
---	------------------	---

How To Submit an Application

To submit this application, please contact your local RAA listed on page 2 of this application.

Once you submit your application, a Regional Administering Agency (RAA) will be in touch soon.

We'll update you on your application status throughout the approval process using your preferred contact method. If you need help with your application, including language assistance, please contact the Regional Administering Agency (RAA) who processes applications in your area. RAA contact details are on page 2 of this application.

HOMEOWNER ADDENDUM

Please complete if you are a homeowner applying for funds

Homeowner: Living in your home and looking for help paying housing costs to remain in your home or help with other housing costs.

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

I **own** my home and...

- I am behind on my mortgage
 - I have received a notice of foreclosure
 - I received forbearance but the time has expired or is close to expiring
 - I asked my lender for forbearance (agreement to temporarily stop paying or make lower payments) but my lender refused
 - I can't afford future mortgage payments
 - Other (please describe below)
-
-

I **own** my home and...

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

Request for Assistance

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

- I need help with overdue mortgage payments ("arrear").
If you currently owe arrears (back mortgage), how much is currently overdue?

- I need help paying future mortgage payments.
How much is your current monthly rent or mortgage payment? _____
- I need help with overdue utilities.
What type of utilities do you need assistance paying?
 - Gas
 - Oil
 - Electric
 - Other
 If you currently owe utility arrears, how much is currently overdue? _____
 What is the utility name(s)? _____
 What is the account number(s), if you know? _____

HOMEOWNER ADDENDUM

Mortgage Information

Bank/lender name: _____

Account number: _____