

Metro West Collaborative Development

Emergency Rental Assistance Application DRAFT

Applicant's First Name _____ Last Name _____

Co-Applicant's First Name _____ Last Name _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

E-Mail Address _____ Re-enter E-mail: _____

Language Preference (if other than English): _____

Total Number of People in Household (including yourself) _____

Total Number in Household 18 years or older _____

Total Number in Household Under 18 years _____

This program is for people who have lost income due to covid-19 related circumstances. Does your household meet this eligibility? ___ yes ___ no

Number of bedrooms in your home? _____

Is anyone in your household a veteran? ___ yes ___ no

Do you have a Section 8 Voucher, MRVP or other rental assistance such as RAFT? ___ yes ___ no

Is anyone in your household age 55 or up? ___ yes ___ no

What is your current rent each month? ___ \$ _____

Do you owe back rent? ___ yes ___ no If yes, how much ___ \$ _____

I have an application for Unemployment Assistance pending ___ yes ___ no

Types of income being received by the household:
(JUST Yes or No)

Wages

Unemployment Benefits

Social Security

SSI/Disability

Child Support

Allimony

Pension/Retirement

TANF

Other

Optional*: Do you or any member of your household classify yourself as any of the following? (This may include more than one group). Responses are voluntary and will help us track the diversity of the applicant pool.

- Asian/Native Hawaiian/Pacific Islander
- Black/African-/Caribbean-American
- Latino/a
- Native American
- White/Caucasian
- Another Race or Ethnicity (please specify): _____

Landlord's Contact Information:

Name: _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Best Phone Number _____ Email _____

*landlord MUST participate in this program. If this is left blank the application is incomplete and will not be considered.

Certifications

Certification of Information

- I/We certify that all information furnished in this application for affordable housing assistance is true and complete to the best of my/our knowledge.
- I/We certify that our household is not receiving any other government-funded rental assistance.
- I/We certify that our household does not have access to other resources sufficient to cover the rent.
- I/We understand that any false statement, made knowingly and willfully, will be sufficient cause for rejection of my/our application.
- I/We understand that landlord participation in this program is required.
- I/We understand that ANY false information on this application or statements given are punishable by law and will lead to cancellation of this application and rental assistance.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Release of Information

I/We understand that this authorization or the information obtained with its use may be given to and used to administer and enforce program rules and policies in compliance with HUD or Massachusetts DHCD or any other federal or state housing program guidelines

I/We agree that a photocopy or facsimile or other electronic transmission of this authorization may be used for the purposes stated above.

I/We understand that all decisions made by Metro West CD are final and that any appeals must be submitted in writing to the Metro West CD Board of Director.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

APPLICATION CHECKLIST

- One most recent paystub for all employed household members over the age of 18.
- Evidence of reduced income – this might be a second paystub showing reduced hours, or a lay-off notice from your employer, multiple month's bank statements or notices from Unemployment Assistance.
- Evidence of any other income sources (unemployment, child support, alimony, pension/retirement, etc.)
- Most recent bank statement for all bank accounts for all household members over the age of 18.
- Copy of Lease or letter from landlord evidencing monthly rent amount

THESE MUST BE INCLUDED WITH YOUR APPLICATION OR IT WILL BE DEEMED INCOMPLETE