

Commonwealth of Massachusetts  
**DEPARTMENT OF HOUSING &  
COMMUNITY DEVELOPMENT**

Charles D. Baker, Governor ♦ Karyn E. Polito, Lt. Governor ♦ Jennifer D. Maddox, Undersecretary

**THIS IS AN IMPORTANT NOTICE. PLEASE HAVE IT TRANSLATED.**  
**Questa é una notizia molto importante. Per piacere falla tradurre.**  
**Este es un aviso importante. Sírvase mandarlo traducir.**  
**C'est important. Veuillez faire traduire.**  
**ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG.**  
**XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO NÀY.**  
**Este é um aviso importante. Por favor mande traduzi-lo.**  
**Es ê un avizu importanti. Di favor, manda traduzil.**  
**Se yon anons ki enpòtan anpil. Sou Ple, fè tradwi li pou w.**  
**Σπουδαιε Πληροφορεια – Παρακαλω να το μεταφρασετε.**  
**这是个重要文件，请做好翻译。**

**INSTRUCTIONS FOR COMPLETING NOTICE AND CERTIFICATION  
FROM RESIDENTIAL TENANT - FINANCIAL HARDSHIP RELATED TO  
COVID-19**

**General Information**

1. On March 10, 2020 the Governor declared a state of emergency related to the outbreak of the 2019 novel Coronavirus (“COVID-19”) in the Commonwealth of Massachusetts. A law signed by the Governor on April 20, 2020 (chapter 65 of the Acts of 2020) ensures that landlords cannot impose a late fee for non-payment of rent for a residential dwelling unit or begin eviction processes.
2. Also, landlords cannot provide rental payment data to a consumer reporting agency related to the non-payment of rent, **if** the tenant provides notice and documentation to the landlord that the non-payment of rent was due to a financial impact from COVID-19 within 30 days of the missed rent payment.
3. If you are unable to pay rent in full and on time due to financial hardship related to COVID-19, to avoid late fees and/or credit reporting **you must send notice and documentation to your landlord or your landlord’s management agent within 30 days following the date your rent was due**, explaining and documenting why the non-payment was due to a financial impact from COVID-19.

4. You should send the form to the same place you would usually send your rent, except that if you have an email address for your landlord or management agent you may send via email.
5. Please use this form to inform your landlord if you missed a rent payment due to a financial impact from COVID-19. If you are unable to download or obtain a hard copy of this form, you may send a letter or email containing the same details as to your financial hardship.
6. You may either fill out a hard copy of this form or download the form and complete it electronically. If you complete the form electronically and do not have a way to print and sign it, please type “/s/” and then your name on the signature line and email the form to your landlord or your landlord’s management agent. This will count as your electronic signature.
7. This form is intended to document your ability to pay rent based on income from **all adults in your household**. One adult must sign the form as the primary person who receives income in the household, but every adult living in the household who receives income must provide information and sign the form
8. If you have questions about this form, please contact your local Housing Choice Education Center (HCECs). You can find your local HCEC here: <https://www.masshousinginfo.org/>.

## **Section A – Background Information**

1. In the blank in Section A.1, please put your home address, including apartment number.
2. In Section A.2, if you have a written lease, check “Yes”; if you do not have a written lease, check “No”.
3. In Section A.3, put the amount of your monthly rent.
4. In Section A.4, if more than one adult living in the household receives income from any source, including unemployment insurance, alimony, child support, TANF, disability payments, or other income, check “Yes”; if you are the only adult in the household with income, check “No.”
5. If you checked “Yes” in section A.4, then put the names of the other adults with income in the blanks in Section A.5.
6. In Section A.6, insert the date on which the rent payment that you were unable to pay in full was due to your landlord. (Remember, if you miss more than one rent payment, you must send this form after each missed payment to receive protection against late charges and credit reporting.)

**Section B – Household Income Prior to the State of Emergency**

1. Section B.1 is asking you to list your household’s monthly income from all of the jobs held by all of the adults in your household who worked as hourly wage earners or salaried employees before the Governor declared the COVID-19 state of emergency on March 10, 2020. If an adult held more than one job, list each job separately. Do not include self-employment income (money earned working for yourself rather than for an employer).

Here is an example of how you would fill out the chart for a household with two adult workers, each of whom worked two jobs:

<u>Adult Name</u>	<u>Employer Name &amp; Address</u>	<u>Monthly Income</u>
Mary Smith	Tom’s Convenience Store, 123 Main Street, Boston, MA	\$1,400.00
Mary Smith	XYZ Supermarket, 456 Elm Street, Boston, MA	\$300.00
John Doe	ABC Pharmacy, 789 Pharmacy Row, Boston, MA	\$1,500.00
John Doe	Speedy Delivery Service, 100 Delivery Street, Boston, MA	\$200.00

2. Section B.2 is asking you to provide information about ALL of your household’s monthly income and the source of that income before the Governor declared the COVID-19 state of emergency on March 10, 2020:

*Include all sources of income including employment, unemployment payments, child support, any other money received from any source:*

<u>Source</u>	<u>Amount</u>
Income from employment or self-employment	
Unemployment payment	
All other sources of income (e.g., child support, alimony, gifts)	
<b>Total:</b>	

If your household’s only income was earnings from wages or salary, then the top line (income from employment or self-employment) should match the total monthly income in Section B.1. If one or more adults worked for themselves and not for an employer, then this amount will be different.

You must also list in the chart the amount that you and the other adults in your household received on a monthly basis from unemployment payments and from all other sources of income before March 10.

**Note: Massachusetts law prohibits discrimination based on receipt of public assistance.**

**Section C – Current Household Income**

1. Section C-1 is asking you to provide information about ALL of your household’s monthly income and the source of that income for the month before your missed rent payment. **It looks very similar to Section B.2, but covers the month before your missed rent payment rather than the period right before the Governor declared a state of emergency:**

One other difference is that the chart requires you to list as a source any amounts you received from the federal government under the CARES Act during the month before your rent was due. This includes the one-time payment of \$1,200 per adult and \$500 per minor under 16 and the extra \$600/week in unemployment insurance.

*Include all sources of income including employment, unemployment payments, CARES Act payments, child support, any other money received from any source:*

<u>Source</u>	<u>Amount</u>
Income from employment or self-employment	
Unemployment payment	
Federal CARES Act Assistance	
All other sources of income ( <i>e.g.</i> , child support, alimony, gifts)	
<b>Total:</b>	

**Note: Massachusetts law prohibits discrimination based on receipt of public assistance.**

2. Section C.2 asks for a side-by-side comparison of your income during the month before your missed rent payment was due and before the state of emergency began. The first amount should match the total in Section C.1. The second amount should match the total in Section B.2.
2. Total household income for the month before the rent due date: \$\_\_\_\_\_. Total monthly household income before the state of emergency that began on March 10, 2020: \$\_\_\_\_\_.

## **Section D – Increased COVID-19 Related Expenses**

If you have experienced financial hardship because of increased expenses due to COVID-19, you should complete this section, whether or not you lost any income. You should only include increases in expenses that occurred because of the COVID-19 emergency.

The first sentence asks you to state the amount of your increased expenses due to COVID-19:

- Since March 10, 2020, household expenses have increased by approximately \$ \_\_\_\_\_ per month for the following COVID-19 related reasons (*check all that apply*):

If this applies to you, please fill in the blank with an estimate of your monthly increased expenses. Then please check the box or boxes that apply to you. If none of the options listed applies to you, but your expenses increased for other COVID-19 related reasons, check the box marked “Other” and fill in the blank with an explanation.

The options are:

- Extra costs because a child’s school or day care has been closed under the state of emergency, including child care, food and other related costs.
- Extra costs because one or more household members are working extra hours to respond to the COVID-19 emergency,, including child care or transportation.
- Extra medical costs related to COVID-19 that are not covered by insurance.
- Other: \_\_\_\_\_

## **Section E. – Other Financial Hardship**

If the COVID-19 public health emergency has caused you financial hardship for other reasons, check the box in this section and fill in the blank with an explanation. For example, if you previously received payments of alimony or child support from a former spouse who does not live with you, and your former spouse lost his or her job due to COVID-19 and is now unable to make those payments to you, this would be the place to explain your situation.

## **Section F – Loss of Income Related to COVID-19**

1. Section F.1 is asking you to list the reason(s) why you or any other adult in the household lost income as a result of COVID-19, including layoffs, reduced hours, and illness. If a box is checked, you must fill in the name of the adult who was affected. The options are:

- Showed symptoms of or tested positive for COVID-19, was required to provide care for a family member or relative who showed symptoms of or tested positive for COVID-19, or was forced to self-quarantine due to close contact with someone who tested positive for COVID-19.

List name(s) of affected person(s):

---

- Was laid off or lost a job when his or her place of employment closed.

List name(s) of affected person(s):

---

- Worked fewer hours when his or her place of employment either closed or reduced worker hours due to the state of emergency.

List name(s) of affected person(s):

---

- Earned less income (if self-employed or an independent contractor) due to a reduction in work from clients who were closed due to the state of emergency.

List name(s) of affected person(s):

---

- Had to leave job because schools were closed and had no childcare.

List name(s) of affected person(s):

---

- Experienced some other impact from COVID-19.

Describe impact and list name(s) of affected person(s):

---

## **G. Certification of Financial Hardship**

By signing this form, you are stating that all of the following are true and accurate:

- (1) Total household income, for the month before the rent due date (from Section A part 6) was less than three (3) times my monthly rent.
- (2) Because of the loss of income and/or increase in expense described above, the household cannot pay the rent due and have enough money left to pay for food, medical and related expenses, health insurance premiums, utilities, child care, and job-related transportation expenses.
- (3) The non-payment of rent due on the rent due date was due to a financial impact from COVID-19 as described in section F.
- (4) The household has paid partial rent to the extent it can in light of the financial hardship(s) noted above.

- (5) The information provided in this form is a true and accurate statement of the financial hardship the household has experienced related to COVID-19.

*If you sign this form, all of these statements must be true.*

Finally, please note that **all adults in the household who receive income from any source** must sign the form, either electronically or in hard copy.