**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. RAA contact information is on the next page; please contact the RAA serving the part of the state where you currently live or are moving to.

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



|  |  |  |
| --- | --- | --- |
| **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:

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# 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?\*

YesNo

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?\*

YesNo

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?\*

YesNo

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.

# 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.**

NOTE FOR APPLICANTS APPLYING ONLINE: 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.

[To learn more about required documentation: https://www.mass.gov/how-to/how-to-apply-for-raft](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\*

 

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?\*

YesNo

If Yes, what is their name?\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the tenant's name on the lease?\*

YesNo

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?\*

YesNo

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?\*

YesNo

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\* MI Last Name\* Suffix

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Date of Birth\* (MM/DD/YYYY) Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Gender\*

MaleFemaleNon-BinaryTransgender

Decline to Answer

Social Security Number\*
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I do not have a social security number (SSN)

Race\* Ethnicity\*
American Indian or Alaska Native Hispanic/Latino

Asian Non-Hispanic/Non-Latino

White No Response

Black or African American

Native Hawaiian or Other Pacific Islander

Multi-Racial

No Response

Employment Status\* Type of ID\*
Employed Full-Time Driver’s License

Employed Part-Time State ID

Self-Employed US Passport

Unemployed Military ID

Student Military Dependent ID

Retired Birth Certificate

Disabled 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\*

HomeMobile

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

YesNo

Email\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact\* Preferred Language Email English

Phone 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\*

MaleFemaleNon-BinaryTransgender

Decline to Answer

Relationship to Head of Household\*

Spouse

Child

Parent

Other family member

Roommate

Race\* Ethnicity\*
American Indian or Alaska Native Hispanic/Latino

Asian Non-Hispanic/Non-Latino

White No Response

Black or African American

Native Hawaiian or Other Pacific Islander%

Multi-Racial

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\*

MaleFemaleNon-BinaryTransgender

Decline to Answer

Relationship to Head of Household\*

Spouse

Child

Parent

Other family member

Roommate

Race\* Ethnicity\*
American Indian or Alaska Native Hispanic/Latino

Asian Non-Hispanic/Non-Latino

White No Response

Black or African American

Native Hawaiian or Other Pacific Islander%

Multi-Racial

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\*

MaleFemaleNon-BinaryTransgender

Decline to Answer

Relationship to Head of Household\*

Spouse

Child

Parent

Other family member

Roommate

Race\* Ethnicity\*
American Indian or Alaska Native Hispanic/Latino

Asian Non-Hispanic/Non-Latino

White No Response

Black or African American

Native Hawaiian or Other Pacific Islander%

Multi-Racial

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\*

MaleFemaleNon-BinaryTransgender

Decline to Answer

Relationship to Head of Household\*

Spouse

Child

Parent

Other family member

Roommate

Race\* Ethnicity\*
American Indian or Alaska Native Hispanic/Latino

Asian Non-Hispanic/Non-Latino

White No Response

Black or African American

Native Hawaiian or Other Pacific Islander%

Multi-Racial

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?\*

YesNo

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

YesNo

Do you or your family member(s) receive any Social Security Retirement Income or pension/retirement income from a former job?\*

YesNo

Do you or your family member(s) receive any child support, alimony/spousal support, or foster child support?\*

YesNo

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?\*

YesNo

(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 Nutrition Assistance Program
 (SNAP)

 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? \* Amount? \*

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)

## 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 Nutrition Assistance Program
 (SNAP)

 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? \* Amount? \*

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)

## 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 Nutrition Assistance Program
 (SNAP)

 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? \* Amount? \*

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)

## 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 Nutrition Assistance Program
 (SNAP)

 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? \* Amount? \*

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)

## Household Member Income #5

Household Member First Name, Last Name\* Type of Income

 Earned Income/Salaries/Wages

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unemployment Insurance

 Temporary Assistance for Needy Families
 (TANF)

 Supplemental Nutrition Assistance Program
 (SNAP)

 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? \* Amount? \*

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)

## Household Member Income #6

Household Member First Name, Last Name\* Type of Income

 Earned Income/Salaries/Wages

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unemployment Insurance

 Temporary Assistance for Needy Families
 (TANF)

 Supplemental Nutrition Assistance Program
 (SNAP)

 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? \* Amount? \*

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)

## Household Member Income #7

Household Member First Name, Last Name\* Type of Income

 Earned Income/Salaries/Wages

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unemployment Insurance

 Temporary Assistance for Needy Families
 (TANF)

 Supplemental Nutrition Assistance Program
 (SNAP)

 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? \* Amount? \*

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)

**If you need to report additional income, please copy this page and attach it to the application.**

**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?\*

YesNo

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\* Frequency\*
Child support Daily (every day)

Childcare or care for a sick household member Weekly (once a week)

Tuition and fees for part-time vocational education Biweekly (every other week)

 Semi-monthly (twice a month)

 Amount (Before Taxes)\* Monthly (once a month)

 Semi-annually (twice a year)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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)?\*

YesNo

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\*

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\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HomeMobile 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?\*

YesNo

Add Rent Due Details

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

# of months behind\* What is your monthly rent?\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Overdue Rent\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Utility

## Add Utility #1

Utility Type\* Amount Due \*

Water

Gas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electric

Oil

Do you know the Account Number?\* Account Number\*

YesNo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name (Utility Provider Legal Business Name)\* Utility Provider Legal Business Phone\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Add Utility #2

Utility Type\* Amount Due \*

Water

Gas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electric

Oil

Do you know the Account Number?\* Account Number\*

YesNo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name (Utility Provider Legal Business Name)\* Utility Provider Legal Business Phone\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Add Utility #3

Utility Type\* Amount Due \*

Water

Gas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electric

Oil

Do you know the Account Number?\* Account Number\*

YesNo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name (Utility Provider Legal Business Name)\* Utility Provider Legal Business Phone\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Add Utility #4

Utility Type\* Amount Due \*

Water

Gas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electric

Oil

Do you know the Account Number?\* Account Number\*

YesNo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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](https://www.mass.gov/service-details/find-out-how-to-start-the-eviction-process)*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 Signature Signed Date**

**(Print: First Name, Last Name) (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.