

RAFT/ERMA Landlord Application

Instructions

The Residential Assistance for Families in Transition (RAFT) and the Emergency Rental and Mortgage Assistance (ERMA) programs can assist households experiencing a housing emergency, such as inability to pay rent. This application is for landlords/property owners owning 20 or fewer rental units in Massachusetts to initiate an application for RAFT/ERMA on behalf of their tenants.

Step 1: Complete the Pre-application checklist (Question 1) to ensure there is a reasonable chance you/your tenant is eligible for RAFT.

Step 2: Your tenant **MUST** give their consent before you complete the rest of the application. Please print out, ask tenant to sign, and attach Tenant Consent to this application. “ You **MAY NOT** threaten or force your tenant to sign, and allegations of such behavior will result in your ineligibility for future RAFT/ERMA payments.

Step 3: Complete this application, sign it, and submit the application and accompanying materials to your RAA.

Step 4: The RAA will contact you in several weeks regarding the status of your application, any additional information they may need, and to discuss the benefit level with you.

1. Pre-application checklist

There are certain restrictions and eligibility requirements for RAFT/ERMA. Before completing the full application, please confirm the following:

- I recognize that my tenant must meet household income eligibility requirements which are: less than 50% area median income (AMI) to access RAFT or less than 80% AMI to access ERMA. Tenant income will be verified at a later stage, and I will not proceed with this application if my tenant is unlikely to be found ineligible. To see the AMI limits by town/city, visit <https://hedfuel.azurewebsites.net/raa.aspx>.
- I certify under the pains and penalties of perjury that I (or the owner of this dwelling) own 20 rental units or fewer in the Commonwealth of Massachusetts.
- I recognize that all adult tenants in the household must read and sign the consent form for me, as their landlord, to apply for RAFT/ERMA on their behalf. IF they do not sign the consent form, I cannot proceed with the application.

LANDLORD: STOP HERE AND SHARE THE TENANT CONSENT FORM (ATTACHMENT 1 AT THE END OF THIS APPLICATION) WITH YOUR TENANT.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN TENANT CONSENT FORM BEFORE PROCEEDING, AND THE SIGNED FORM MUST BE INCLUDED WITH THE APPLICATION.

2. Information from Tenant Consent form

a. COVID-19 certification

Please read the tenant consent form and check the appropriate box below indicating if their current housing situation is related to COVID-19.

- The tenant has certified that their housing situation was caused or made worse by the COVID-19 pandemic and economic crisis.
- The tenant’s housing crisis was not caused by COVID-19, and this application should be considered for the appropriate program.

b. Past RAFT/ERMA Receipt

- The tenant has indicated that they already have a pending RAFT application but gave their consent to proceed with this newer application instead.
- The tenant does not have a pending RAFT application.

3. Landlord/property owner information

Name and role (i.e., owner, landlord) of person completing this form: _____
Property owner name, if different: _____
Landlord address: _____
Preferred language: _____

Phone number: _____

Email address: _____

Alternate contact information: _____

4. Reason for application

Please briefly describe the tenant’s housing situation, what type of financial assistance (arrears and/or stipends) you are requesting, and the reason for the request.

How much funding are you requesting for assistance with the tenant’s housing emergency? Please note that benefit levels are determined by formula, and you may not receive the full amount requested. _____

5. Tenant information

Tenant name: _____

Tenant address: _____

Preferred language: _____

Phone number: _____

Email address: _____

Alternate contact information: _____

6. Household information

Household member	Name (Last, First)	Date of birth	Sex	Ethnicity	Race	Social Security Number (if applicable)
Head of household			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other _____			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other _____			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian	

					<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other_____			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other_____			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other_____			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other_____			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	

7. Rental information

How much is the monthly rent payment?

If the tenant currently owes arrears (rent/mortgage), how much is currently overdue?

Does the tenant have a housing subsidy or live in subsidized housing?

Yes No Unknown

If yes, what kind of subsidy or subsidized housing?

Section 8 (mobile/tenant-based or project-based)

MRVP

Other Subsidy (explain) _____

8. Household income

List all sources of income for all household members. Sources of income may include, but are not limited to, wages, unemployment, Social Security benefits, pensions, TAFDC, EAEDC, child support, alimony, income from self-employment, and regular contributions or gifts from persons not residing in the household.

If the household has more than six sources of income, please attach additional pages to document all of your household income.

Name	Income source (i.e., job, DTA benefits)	Gross Amount (before taxes)	Frequency	Check this box if a household member 18 or older has zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income

I certify that the above income is true, accurate and complete to the best of my knowledge. I recognize that incorrect statements about the tenant’s household income may result in application delays or denial.

Some sources of income may be deductible from the tenant’s gross income for eligibility determination purposes. Please check off if a household member listed above **currently pays** for any of the following expenses. You may leave this section blank if you do not know.

Name	Expense(s)	Amount(s)	Frequency
	<input type="checkbox"/> Child support, separate support, or alimony paid under court order or agreement <input type="checkbox"/> Child care or care of a sick or incapacitated household member <input type="checkbox"/> Tuition and fees for vocationally related post-secondary education (not full-time)		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):
	<input type="checkbox"/> Child support, separate support, or alimony paid under court order or agreement <input type="checkbox"/> Child care or care of a sick or incapacitated household member <input type="checkbox"/> Tuition and fees for vocationally related post-		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):

	secondary education (not full-time)		
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9. Authorization and Release for Landlord

You have provided certain information, including Personal Information (name, address, income, age, etc) about a tenant household in a property you own. This information will be used to determine eligibility and the need for financial assistance for the Residential Assistance for Families in Transition (RAFT) and Emergency Rental and Mortgage Assistance (ERMA) programs.

By signing below, you acknowledge that you understand that this application is not a commitment of monetary assistance, but if the tenant household is determined eligible, financial assistance between the RAFT and ERMA programs cannot exceed \$10,000 in any 12-month period, regardless of how many times you apply or are determined eligible

By signing below, you certify, under the pains and penalties of perjury that:

- The tenant information you provided has been shared with the consent of the tenant
- All the information provided is true, complete and accurate
- You have not received or been approved for funds from any other source to pay for the same expenses that you are applying for from the RAFT/ERMA programs
- If tenant is found eligible, and RAFT/ERMA funds are provided, those funds will not be used to pay debts covered by any other benefit programs

Further, you agree to do your best to provide, upon request, any documentation requested. You understand that any false statement or misrepresentation made in the RAFT/ERMA application may result in the withdrawal or denial of the 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.

Typing your name in the signature field below, constitutes signing this document electronically. An electronic signature has the same meaning, validity and effect as my handwritten signature.

Landlord/property owner

Date

Document Checklist

- Identification for the head of household (examples: photo ID, license, birth certificate, passport)
- Documentation of current housing and primary residence (examples: lease, tenancy at will agreement)
- Documentation of eligible housing crisis; examples include, but are **not limited to**:
 - Notice of arrears (unpaid rent)
 - Court summons
 - Utility shutoff
- W-9 from payee (landlord/property owner)
- Proof of ownership for property owner
- Verification of amount owed or due for any funds being covered

At a later date, the RAFT agency may request additional documentation.

Other: _____

Other: _____

Other: _____

Other: _____

FOR STAFF USE ONLY

Complete the grid with the housing crisis and total amount of assistance requested per program

Program Name	RAFT-standard	RAFT-upstream	RAFT-COVID	ERMA-CDBG	ERMA-MTW
HAPPY Program Number	2			5	
HAPPY Increment Number	2	11	13	15	16
Income tier	<input type="checkbox"/> 0-15% AMI <input type="checkbox"/> 15-30% AMI <input type="checkbox"/> 30-50% AMI <input type="checkbox"/> 50-60% AMI and at risk of homelessness due to domestic violence			<input type="checkbox"/> 50-80% AMI	
Housing crisis	<input type="checkbox"/> Court eviction (market) <input type="checkbox"/> Court eviction (subsidized) <input type="checkbox"/> Doubled up <input type="checkbox"/> Health/safety <input type="checkbox"/> Foreclosure <input type="checkbox"/> Overcrowding <input type="checkbox"/> Domestic violence <input type="checkbox"/> Fire, flood, natural disaster <input type="checkbox"/> Utility shutoff <input type="checkbox"/> Other crisis	<input type="checkbox"/> Upstream rent arrears (market) <input type="checkbox"/> Upstream rent arrears (subsidized) <input type="checkbox"/> Upstream mortgage arrears	<input type="checkbox"/> Upstream rent arrears (market) <input type="checkbox"/> Upstream rent arrears (subsidized) <input type="checkbox"/> Court eviction (market) <input type="checkbox"/> Court eviction (subsidized) <input type="checkbox"/> COVID-Inability to pay future market rent <input type="checkbox"/> COVID-Inability to pay future mortgage <input type="checkbox"/> Upstream mortgage arrears <input type="checkbox"/> Doubled up <input type="checkbox"/> Health/safety <input type="checkbox"/> Foreclosure <input type="checkbox"/> Overcrowding <input type="checkbox"/> Domestic violence <input type="checkbox"/> Fire, flood, natural disaster <input type="checkbox"/> Utility shutoff <input type="checkbox"/> Other crisis	<input type="checkbox"/> Rent arrears-market <input type="checkbox"/> Rent arrears-subsidized <input type="checkbox"/> Mortgage arrears <input type="checkbox"/> Inability to pay future market rent <input type="checkbox"/> Inability to pay future mortgage	<input type="checkbox"/> Rent arrears-market <input type="checkbox"/> Rent arrears-subsidized <input type="checkbox"/> Mortgage arrears

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Other restrictions				<input type="checkbox"/> Housing emergency related to or exacerbated by COVID-19 <input type="checkbox"/> If receiving more than \$4,000, has one of the five housing crises in bold above and has signed agreement guaranteeing 6 months stability	<input type="checkbox"/> Housing emergency related to or exacerbated by COVID-19	<input type="checkbox"/> Housing emergency related to or exacerbated by COVID-19 <input type="checkbox"/> At least one household member has eligible immigration status
ARR	Rent arrears	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
MOR	Mortgage arrears	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
STP	Rent stipends	\$ _____		\$ _____	\$ _____	
MST	Mortgage stipends	\$ _____		\$ _____	\$ _____	
FMR	First month's rent	\$ _____		\$ _____		
LMR	Last month's rent	\$ _____		\$ _____		
FUR	Furniture	\$ _____		\$ _____		
MIS	Miscellaneous	\$ _____		\$ _____		
MOV	Movers	\$ _____		\$ _____		
SEC	Security deposit	\$ _____		\$ _____		
TRA	Travel expenses	\$ _____		\$ _____		
UTL	Utility payment	\$ _____		\$ _____		
Subtotals		\$ _____ RAFT-standard total	\$ _____ RAFT-upstream total	\$ _____ RAFT-COVID total	\$ _____ ERMA-CDBG total	\$ _____ ERMA-MTW total
Total (not to exceed program limit)		\$ _____				

Regional Administering Agency Supervisor Approval:

Supervisor signature: _____ Date: _____

Attachment 1

Tenant Consent Form for Landlord-Initiated RAFT Applications

Dear Tenant (name),

Your landlord has started a RAFT/ERMA application for you. RAFT and ERMA are Massachusetts programs that provide financial assistance to eligible households facing a housing crisis, and can be used for things like paying rent in the future, paying rent owed (overdue rent or “arrear”), or for some other housing-related costs. If you would like more information about the RAFT and ERMA programs, as well as other programs to help you stay in your home, visit www.mass.gov/COVIDHousingHelp or call 211.

If you accept assistance from RAFT or ERMA now, it will affect whether you can receive RAFT or ERMA in the next 12 months. It will also affect whether you can receive HomeBASE, a similar benefit for families experiencing homelessness.

You do not have to apply for or accept assistance from RAFT or ERMA; however, if you do not pay rent that is overdue, you may face eviction. Additionally, not paying past rent (“arrear”) can harm your credit and ability to get housing in the future. You can also apply for RAFT/ERMA yourself. If you’re interested in knowing more about these programs, call 211.

If you would like to permit your landlord to proceed to file an application on your behalf, please answer the following questions and sign this form.

1. COVID-19 certification

Being affected by COVID is not a requirement for benefits, but does affect which program(s) you may be eligible for. Please check off the box below if you, the tenant’s, situation was caused or made worse by COVID-19.

- I certify that I am applying for emergency housing assistance because of a housing situation that was caused or made worse by the COVID-19 pandemic and economic crisis.
- My housing crisis was not caused by COVID-19. Please consider me for the appropriate program.

If applicable, please explain how COVID-19 caused a financial hardship for your household and/or caused or worsened your current housing situation.

2. Past RAFT/ERMA Payments Received

Please choose one:

- I have applied for RAFT or ERMA and am waiting for my application to be processed, but I consent to the landlord filing an updated application on my behalf. (Note: you may decline to sign this consent form and instead wait for review of your existing RAFT/ERMA application).
- I have not applied for RAFT or ERMA, or I have received RAFT/ERMA before but I need it again.

3. Tenancy, Rent, Arrear, and Benefits

Your landlord has said you live at _____ [Address], your monthly rent is \$_____, you owe \$_____ total in rent (arrear), and you would like to continue living in this house/apartment.

- This is correct

This is not correct. Please explain:

By signing this document, you give your permission to allow your landlord to submit a RAFT/ERMA application on your behalf. S/he will include the following information in the application and submit it to the nearest Regional Administering Agency (RAA):

- The names of your household members, and your address
- Household income and eligible deductions
- The **social security number** of every member of your household over the age of 18, if they have one. This number will be used to verify income.
- The amount of **rent you owe** and your monthly rent
- Information about people in your household, including dates of birth and demographics, and any **challenges** they may be facing paying rent
- Copies of your identification, lease, verification of housing emergency, and other documents such as proof of income, as requested

To receive RAFT/ERMA, you must meet certain income requirements, and your income must be verified. The RAFT/ERMA Agency may be able to call MassHealth or DTA to verify your income (they will not ask about your health or benefits). Please check the box or boxes that apply to your situation.

- I am on MassHealth insurance.
- I receive DTA benefits (i.e., SNAP, TAFDC, EAEDC).
- I do not receive MassHealth or DTA benefits, or do not wish that those sources be used to verify my income.

4. MassHire Career Centers can help you get a new job or advance your career

Your local MassHire Career Center can help you with job search and connect you to other services to improve skills, land a job or develop a long-term career path. MassHire Centers are open for virtual services, so please call the one closest to you to enroll in a *Career Center Seminar*. The list of MassHire Centers across the state can be accessed at <https://www.mass.gov/how-to/find-a-masshire-career-center>.

You can also search and match to more than 150,000 open jobs online, utilize online tools to assess your skills, explore careers, sign up for scheduled virtual events, and manage your job search in JobQuest. You do not need to call a MassHire Career Center to register in the system. Go to www.mass.gov/jobquest to get started.

5. Authorization and Release for Tenant

Certain Personal Information (name, address, income, age, etc) about you and your household is provided on a RAFT/ERMA application. It will be used to determine eligibility and the need for financial assistance for the Residential Assistance for Families in Transition (RAFT) and Emergency Rental and Mortgage Assistance (ERMA) programs, 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 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, 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, Regional Agency and other entities as described herein to exchange information about you.

You or your authorized representative has 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 laws¹, 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 RAFT and/or ERMA 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 RAFT and/or ERMA assistance. Failure to comply with rent, mortgage, utility, or other payment obligations without a compelling justifiable cause may disqualify the Participant from any additional RAFT and/or ERMA financial assistance.

By signing below, you acknowledge that you understand that applying for RAFT/ERMA is not a commitment of monetary assistance, but if you are determined eligible, financial assistance between the RAFT and ERMA programs cannot exceed \$10,000 in any 12-month period, regardless of how many times you apply or are determined eligible.

By signing below, you certify, to the best of your knowledge, you have not received or been approved for funds from any other source to pay for the same expenses that have been requested in the RAFT/ERMA application .

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

Important: All adults (18+) in the household must sign this document. Electronic signatures for the tenant are not permitted on this tenant consent form.

¹ Massachusetts Fair Information Practices Act (FIPA), M.G.L. c. 66A; and the Massachusetts Data Privacy Act (DPA), M.G.L. c. 93H.

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Tenant signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

What happens next? The Regional Agency will work with you and your landlord to determine how much RAFT/ERMA funding you can receive. You can expect to hear back in several weeks.