

TENANT CERTIFICATION OF RENTAL ASSISTANCE ELIGIBILITY FOR THE Subsidized Housing Emergency Rental Assistance (SHERA) Program

PART 1: ASSISTED HOUSEHOLD INFORMATION AND ELIGIBILITY

Property Name	Building Address	Tenant Unit # (the "Unit")
City / Town	Zip Code	
Tenant Name (Head of Household)	Tenant Date of Birth (mm/dd/yyyy)	Last four digits of SSN* <i>*If you have one. You do <u>not</u> need an SSN to apply for assistance.</i>
Email	Phone ()	XXXX – XX –

Head of Household Information:

- ⇒ **Do you have difficulty understanding English?**

Yes

No

⇒ **Is English your primary language?**

Yes

No, my preferred language is:
- ⇒ **What is your race?**

American Indian or Alaska Native

Asian or Pacific Islander

Black or African American

White

Other

Choose not to respond

⇒ **Are you of Hispanic, Latino, or Spanish origin?**

Yes

No

Choose not to respond
- ⇒ **What is your gender?**

Female

Male

Nonbinary

Choose not to respond
- ⇒ **In addition to receiving written notices on your application status, do you want to receive updates by email or by SMS text message?**

Yes, with the phone number I provided No, please send me notices through the mail only

Yes, with the email I provided
- ⇒ **The undersigned hereby certifies that (check all that apply):**

I am listed as a tenant or sub-tenant on the written lease for the Unit

At any time since April 1, 2020, due directly or indirectly, to the COVID-19 outbreak, I or another person in my household:

- qualified for unemployment benefits;
- lost income;
- had increased costs; and/or
- had other financial hardship. Briefly explain: _____

PART 2: HOUSEHOLD CERTIFICATION and CONSENT

- I owe rent that has been due since April 2020 or later.
- I certify under penalty of perjury that all information and answers to these questions are true and complete to the best of my knowledge.
- I certify that if I do receive funds from any other source for the same rent paid by Subsidized Housing Emergency Rental Assistance (“SHERA”), I will immediately notify my landlord and use best efforts to ensure that the funds are returned to one of the sources.
- I consent that my landlord or another person authorized by my landlord may apply for SHERA for me to pay eligible rent arrears that are owed as of today, and for eligible rent arrears that may be owed in the future.
- I consent and agree that any information provided or used to process an application for this assistance can be shared with my landlord and property manager, The Commonwealth of Massachusetts Department of Housing and Community Development (“DHCD”), the Massachusetts Housing Finance Agency (“MassHousing”) or Massachusetts Housing Partnership (“MHP”), as well as other people or agencies who have contracts with either DHCD, MassHousing or MHP to provide housing assistance.
- I understand that if MassHousing or MHP (or their agents), the Federal awarding agency, or an auditing agency finds that I have received an improper payment due to false information or misrepresentation I have provided in this certificate or my application, I may have to repay some or all of the assistance provided by DHCD, MassHousing, MHP, or my landlord.
- I understand that it is a crime to lie or provide false information in this certificate or my application. I also understand that my application may be turned down if I have made statements that are not true or accurate.

Typing your name in the signature field below means that you are signing this document electronically. An electronic signature has the same meaning, validity, and effect as a handwritten signature.

Head of Household Signature

Date