

## Attachment 1

### Tenant Consent Form for Landlord-Initiated Emergency Housing Payment Assistance Applications

Dear Tenant,

Your landlord has started an Emergency Housing Payment Assistance application for you. Emergency Rental Assistance Program (ERAP), Residential Assistance for Families in Transition (RAFT) and Emergency Rent and Mortgage Assistance (ERMA) (together, “Emergency Housing Payment Assistance”) 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 these programs, as well as other programs to help you stay in your home, visit [www.mass.gov/COVIDHousingHelp](http://www.mass.gov/COVIDHousingHelp) or call 211.

You do not have to apply for or accept Emergency Housing Payment Assistance; however, if you do not pay rent or mortgage that is overdue, you may face eviction or foreclosure. Additionally, not paying past due rent (“arrear”) can harm your credit and ability to get housing in the future. You can also apply for Emergency Housing Payment Assistance 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

Many households in Massachusetts have been financially affected by the COVID-19 pandemic. Please tell us what challenges you have faced since the pandemic started in March of 2020. You can check more than one box.

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.)
- Other financial problem (please explain)

2. **Past RAFT/ERAP/ERMA Payments Received**

Please choose one:

I have applied for RAFT, ERAP 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/ERAP application).

I have not applied for RAFT or ERMA, or I have received RAFT/ERMA/ERAP before but I need it again.

3. **Tenancy, Rent, Arrears, and Benefits**

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

This is correct

This is not correct. Please explain:

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By signing this document, you give your permission to allow your landlord to submit a RAFT/ERAP/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

5. **Authorization and Release for Tenant**

Certain Personal Information (name, address, income, age, etc) about you and your household is provided on an Emergency Housing Payment Assistance application. It will be used to determine eligibility and the need for financial assistance for the Residential Assistance for Families in Transition (RAFT), Emergency Rental and Mortgage Assistance (ERMA), and Emergency Rental Assistance Program (ERAP) 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 laws<sup>1</sup>, 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 RAFT, ERAP and/or ERMA assistance. Failure to comply with rent, mortgage, utility, or other

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payment obligations without a compelling justifiable cause may disqualify the Participant from any additional RAFT, ERAP and/or ERMA financial assistance.

By signing below, you acknowledge that you understand that applying for RAFT/ERMA/ERAP is not a commitment of monetary assistance.

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/ERAP application.

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

Tenant signature: \_\_\_\_\_ Date: \_\_\_\_\_

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