

Application for Housing Assistance: Residential Assistance for Families in Transition (RAFT) and Emergency Rental and Mortgage Assistance (ERMA) Programs

The Residential Assistance for Families in Transition (RAFT) and Emergency Rental and Mortgage Assistance (ERMA) Programs can assist with up to \$4,000 in eligible housing costs to assist households experiencing a housing emergency. Please complete the application below and submit it to your local regional administering agency (“Regional Agency”). The Regional Agency will determine whether you may be eligible for RAFT, ERMA, or any other housing programs.

1. Household information

Applicant name: _____

Preferred language: _____

Phone number: _____

Email address: _____

Alternate contact information: _____

2. Reason for application

Please briefly describe your housing situation, what type of financial assistance you are requesting, and the reason for your request.

How much funding (up to \$4,000) are you requesting for assistance with your housing emergency? _____

3. COVID-19 certification

Please check off the box below if your request is related to a situation that was caused or made worse by COVID-19. *Note that not all programs require a connection to COVID-19 for approval. Regional Agency staff will determine which program(s) you are eligible for after reviewing your application.*

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.

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

4. 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	

5. Current housing status

What is your current address? _____

Do you currently rent or own? _____

How much is your monthly payment? _____

If you currently owe arrears, how much is currently overdue? _____

If you rent, do you currently have a housing subsidy or live in subsidized housing?

Yes No

If yes, what kind of subsidy or subsidized housing?

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

MRVP

Public Housing

Other Subsidy (explain) _____

6. Household income

List all sources of income for all household members. Sources of income may include, but are not limited to, wages, 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 your household has more than six sources of income, please attach additional pages to document all of your household income.

Name	Income source	Gross Amount (before taxes)	Frequency
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):

Check here to report that your household has zero income. All adult household members with zero income must complete a separate Statement of Zero Income (available upon request).

Some sources of income may be deductible from your gross income for eligibility determination purposes. Please check off if you or a member of your household listed above **currently pay** for any of the following expenses:

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-secondary education (not full-time)		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):

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By signing below, I certify under the pains and penalties of perjury that all of the information provided in this application is true, complete, and correct. I agree to provide, upon request, documentation of all income sources to the Regional Agency. I understand that this application is not a commitment of monetary assistance. I certify that I have not received or been approved for funds from any other source to pay for the same expenses that I have requested above. I certify that if I, my property owner, my mortgage lender, or any other vendor do receive funds from any other source for the same expenses that I have requested above, I will immediately notify the Regional Agency and use best efforts to ensure that funds are returned to one of the sources. I authorize the Regional Agency to make inquiries to verify the information I have provided in this application and to discuss this application with other agencies, my landlord and/or lender, and any potential payees as needed pursuant to the following Fair Information Practices Act Statement of Rights. I understand that any false statement or misrepresentation may result in the withdrawal or denial of my application or any other action that the Department of Housing and Community Development ("DHCD") and/or the Regional Agency may deem appropriate. I understand that my participation in the program is subject to eligibility and compliance with federal and state regulations and DHCD program requirements.

Applicant signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

7. Fair Information Practices Act statement of rights

The _____ (Regional Agency) collects information about applicants and participants of the Residential Assistance for Families in Transition (RAFT) and Emergency Rental and Mortgage Assistance (ERMA) programs to determine eligibility and the need for financial assistance. The information collected is 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. Otherwise the information will be kept confidential and only used by the Regional Agency staff in the course of their duties.

The Fair Information Practices Act established requirements governing Regional Agency’s use and disclosure of the information it collects. Applicants and program participants may give or withhold their permission when requested by the Regional Agency to provide information; however, failure to permit the Regional Agency to obtain the required information may result in delay, ineligibility for programs, or termination.

As an applicant or program participant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be voluntarily disclosed to any person other than those described above without your consent.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the Regional Agency about how it will collect and use your information.
5. 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.

I understand that I am authorizing the Regional Agency to obtain and release necessary information as discussed above. This authorization is valid for a period of one year. I further understand that a photocopy of this authorization is as valid as the original.

Applicant signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

8. Authorization to release information

I, _____ (Applicant), understand that, in order to apply for or obtain assistance from the Department of Housing and Community Development (DHCD) Residential Assistance for Families in Transition (RAFT) or Emergency Rental and Mortgage Assistance (ERMA) program, every member of my family over the age of 18, and I must authorize the release of my, and my minor children’s, personal information to DHCD, and by DHCD to other agencies, in order to verify my family's initial and continuing eligibility for the RAFT and/or ERMA programs.

Permission for Others to Give Information to DHCD

I authorize DHCD, to the extent required by law and regulations applicable to DHCD, or for the efficient operation and management of the RAFT and/or ERMA programs, to request, obtain, and retain information about me and my minor family members (in any medium) from any agency, organization, employer, or individual, and to discuss or correspond regarding such information in any medium. Further, I authorize any and all agencies, organizations, employers, or individuals to release any information regarding me and my minor family members to DHCD.

Permission for DHCD to Give Information about Me and my Family to Others

I authorize DHCD, to the extent required by law and regulations, for the efficient operation and management of the RAFT and/or ERMA programs, or to the extent requested by other government agencies, to obtain information for official government use, to provide any information about myself and my minor family members made available through my involvement in DHCD programs to DHCD contractors and other government agencies. I authorize DHCD to provide any information about me and my minor family members made available through my involvement in the RAFT and/or ERMA programs to academic researchers, regardless of whether such research is conducted in conjunction with a degree-granting institution.

Applicable Law

I understand that DHCD will keep any personal information provided or received through this release confidential in accordance with applicable law, including the Fair Information Practices Act (FIPA), Massachusetts General Laws Chapter 66A; and the Massachusetts Data Privacy Act (DPA), Massachusetts General Laws Chapter 93H. I understand that, under FIPA, I have rights concerning certain personal data that is held about me and my family, including my right to have certain personal data made available to me and to object to the collection, maintenance, dissemination, use, accuracy, completeness, timeliness, or relevance of the personal data or type of information held about me and my minor family members.

Applicant signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

9. Participant contract

Financial assistance through the RAFT and/or ERMA programs may be granted to eligible households after this application is completed and reviewed, and after the Regional Agency has collected and reviewed all required documentation from the applicant and any anticipated payees.

By signing below, you acknowledge that you, the Participant(s), understand that financial assistance between the RAFT and ERMA programs cannot exceed \$4,000 in any 12-month period, regardless of how many times the applicant applies or is determined eligible.

The Participant agrees to:

- Provide the Regional Agency with written documentation from all sources of income for all household members.
- Provide the Regional Agency with complete and accurate information concerning all members of the Participant’s household.
- 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.

Regional Agency Responsibilities:

- The Regional Agency will determine participant eligibility based on program eligibility criteria established by the Massachusetts Department of Housing and Community Development.
- The Regional Agency will determine the amounts and types of financial assistance, and will make direct vendor payments on behalf of the Participant.

Applicant signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Document Checklist

- Identification for all household members (examples: photo ID, license, birth certificate, passport)
- Social Security cards for all household members who have Social Security numbers
- Documentation of current housing and primary residence (examples: lease, tenancy at will agreement, mortgage statement)
- Documentation of eligible housing crisis
- Documentation of financial hardship, if applicable (examples: letter from/email from employer, application for unemployment insurance, notice of loss of employer-sponsored health insurance) or self-certification
- Documentation of current income (1 month’s consecutive pay stubs or verifications, dated within the last 60 days) or self-certification
- W-9 from payee, if applicable
- Proof of ownership for property owner if funds will be used to pay a property owner
- Verification of amount owed or due for any funds being covered

Other: _____

Other: _____

Other: _____

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FOR STAFF USE ONLY

Complete the grid with the 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	
Other restrictions				<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"/> 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 \$4,000)		\$_____				

Regional Administering Agency Supervisor Approval:

Supervisor signature: _____ Date: _____