

EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP) APPLICATION PACKET

Towns of Acton, Maynard and Sudbury are currently accepting applications, see RHSOhousing.org for more details

APPLICATION PACKET

Please read all information carefully. This packet contains:

- **Frequently Asked Questions**: See Program Guidelines for more detailed information.
- **Application Checklist**: Must be completed and submitted with application. Required documentation must be submitted to be determined eligible for the program.
- **Application**: This is a fillable document and can be completed electronically, printed out and signed or printed out and legibly filled out by hand. All applications must be signed to be considered complete.

APPLICATION SUBMISSION

It is preferred that application, checklist and required documents be submitted electronically to info@RHSOhousing.org



For questions: email info@RHSOhousing.org or call 978-287-1093

Applications may be mailed or dropped off as follows:

All Applications:	Sudbury Drop-off:	Maynard Drop-Off:
RHSO 37 Knox Trail Acton, MA 01720 Attn: ERAP <i>Drop off in black mail box by front steps</i>	Town Clerk's Office (at the rear of Town Hall) 322 Concord Road Sudbury, MA Attn: Planning Dept./ERAP <i>Place in the drop box in the vestibule</i> <i>Open 24 hours a day, 7 days a week</i>	Maynard Town Hall 195 Main Street Maynard, MA Attn: Office of Municipal Services <i>Leave in box at front entrance to Town Hall</i>

ERAP - FREQUENTLY ASKED QUESTIONS

The program provides rental assistance in the form of a grant to eligible households who have experienced an economic loss due to the COVID-19 pandemic. (See program guidelines for additional details)

HOW MUCH WILL I RECIEVE: Eligible applicants may receive up to four months of rental assistance. Payments are made directly to the landlord. Amount of assistance is based on unit size and is as follows:
1 bedroom - \$350/mo.; 2 bedroom - \$500/mo.; 3 bedroom - \$650/mo.; 4 bedroom - \$800/mo.

WHO IS ELIGIBLE? Applicant households must meet the following five eligibility requirements:

- 1. Current resident:** Applicants must be current resident of Town accepting applications.
 - *For Acton, households must be citizens or have legal immigration status to be eligible for the CARES funded program. There are also local funds which allow assistance regardless of status. All residents are encouraged to apply.*
- 2. Applicant's monthly rent is less than the following:**
1 bedroom - \$1,925; 2 bedroom - \$2,311; 3 bedroom - \$2,880; 4 bedroom - \$3,131.
- 3. Reduction of Income:** Applicant must demonstrate household annual income has been reduced by circumstances related to COVID-19.
- 4. Rent Burdened** - Households must demonstrate that they spend more than 30% of their gross annual income on rent and certain utilities, including heat, electricity and water sewer, if applicable.
- 5. Income Eligibility:** Gross annual household income (calculated based on Section 8 guidelines) must not exceed the following guidelines:

Effective: 4/1/2020							
Household size	1 person	2 person	3 person	4 person	5 person	6 person	7 person
Income Limit	\$83,300	\$95,200	\$107,100	\$119,000	\$128,520	\$138,040	\$140,492

You do **NOT** qualify if any of the following apply to you:

- You receive rental assistance from a local, state or federal program (Section 8, MRVP, Housing Authority, current RAFT); or
- Own any real estate property.

How is the program funded? And what is the application and award process?

ERAP can be funded from a variety of sources from each Town. Funds may be from Housing Trust funds, Community Preservation Act (CPA), CARES Act funding, or other municipal funds allocated to the program. The program is being administered by the RHSO. Initial program applications will be available for 14 days. Applicants must submit sufficient documentation to demonstrate their eligibility. After the initial application period, if there are more applicants than available funding, a lottery will be held to select program participants using a random selection with no preferences beside eligibility. After the initial application period, if funds are still available, the program will remain open and accept applications on a first-come first-served basis. Landlords must agree to participate in the program. Repayment of assistance will not be required. See program guidelines for more detail.

ERAP APPLICATION CHECKLIST

The following is a list of information needed to determine eligibility for assistance. Please provide all applicable information with your completed application. All adult household members (over 18 years of age) must provide all income documentation.

1. Property Documentation

_____ Provide copy of lease and/or documentation of payment of rent to landlord.

_____ Statement from landlord of back rent due, if applicable.

2. Income Documentation

_____ **Current Income** - How much do you currently make? Provide two months of the most recent paystubs received. If self-employed, provide *year-to-date* Profit and Loss statements, showing monthly amounts (i.e. written amounts of money received each month since the beginning of the year).

_____ **Pre-Pandemic Income** - What was your monthly income in January and February of this year? Provide documentation or statement regarding type of employment, date of termination, furlough or reduction of pay. You can also provide the first page of 2019 tax return showing annual gross income.

_____ Child Support or Alimony Verification

_____ Other income statements

- Pension Statements
- Investment interest/dividend income over \$100/annually

_____ Statement of any government assistance including:

- Unemployment Insurance Benefits (Determination Statement if possible)
- Social Security Income (SSI)
- Supplemental Security Disability Insurance (SSDI)

3. Asset Information:

_____ Copies of last 2 statements from all bank accounts (Checking, savings, IRA, etc.)

_____ Copies of any investment statements for previous 3 months (Investment, Retirement, Pensions, Annuities, etc.)

4. **For Town of Acton Applicants Only:** All applicant families are required to submit evidence of their citizenship status when they apply. *Assistance may be available regardless of status and all are encouraged to apply.*

_____ **United States citizens** must submit social security number for all applicants

_____ **Non-citizens** must submit documentation of eligible immigration status. *Please contact program administrator for eligibility requirements and required documentation.*

You may provide any additional information if you feel it is applicable to you and your household. **The Town and/or the Regional Housing Services Office may request additional information if necessary to make a determination of eligibility.**

Regional Housing Services Office (RHSO)
EMERGENCY RENTAL ASSISTANCE (ERAP) APPLICATION

THIS PROGRAM IS TO ASSIST HOUSEHOLDS THAT HAVE LOST INCOME DUE TO CIRCUMSTANCES ARISING FROM THE COVID-19 CRISIS. On behalf of the member towns, the RHSO is administering an Emergency Rental Assistance Program. Please refer to program guidelines to determine if your household is eligible. Always keep your application information and address up to date with this office. Thank you and we look forward to assisting you.

Return electronically to: info@RHSOhousing.org
(in a PDF legible format)

Please use fillable form to complete electronically or print clearly and complete all information requested. Do not leave blanks or we may be unable to process your application.

I. APPLICANT INFORMATION

Applicant Name _____ *Acton Applicants Only*
Social Security Number: _____

Telephone: _____ Email: _____

Current monthly Income (List total amount from all sources): _____

Average Monthly Income for January/February 2020 (or 2019 gross annual income): _____

Briefly describe reason and date for loss of income: _____

Does anyone in your household own any real estate property? ☐ YES ☐ NO

If yes, explain: _____

Co-Applicant Name _____ *Acton Applicants Only*
Social Security Number: _____

Telephone: _____ Email: _____

Current monthly Income (List Total Amount) : _____

Average Monthly Income for January/February 2020 (or 2019 gross annual income): _____

Briefly describe reason and date for loss of income: _____

Additional Household Members: *Please list all other persons residing in the unit.*

Name:	Social Security Number <i>Acton Applicants only</i>	Relationship to Applicant	Over 18? Y/N

II. HOUSEHOLD INCOME: Include all forms of income for *all adult household members (over 18 years of age)*, including but not limited to: Employment Income, Self-Employment Income, Unemployment Compensation, Social Security, TANF, Disability Income, Child Support, Pensions, Baby-Sitting Income, etc. See application checklist for required documentation.

Household Member Name	Income Source:	Current Gross Amount	Frequency i.e. every week, month, year
\	Employer Name:		
	Employer Name:		
	Employer Name:		
	Child Support		
	SSI/ SSDI		
	SSI/ SSDI		
	Pensions/Retirement:		
	Other: Please specify		
	Other: Please specify		
	Other: Please specify		

III. HOUSEHOLD ASSETS: Please provide all information on assets accounts held by all family members

Household Member Name	Account (Bank Name)	Current Balance
\	Checking:	
	Checking:	
	Savings:	
	Savings:	
	IRA, 401K, specify:	
	Investment/ /trust: Specify	

III. UNIT AND LANDLORD INFORMATION:

Unit address: _____

Dates of residency at unit: _____

Number of bedrooms in your unit: _____ Current monthly rent amount: _____

Current estimated monthly tenant utility payments (heat, electricity, and water sewer): _____

Do you owe any back rent? _____ If yes, how much? _____

Do you receive any other rental assistance such as Section 8 Voucher, MRVP or live in subsidized housing where your rent is based on your income: ☐ YES ☐ NO

If yes, please explain: _____

Landlord Contact Information: This must be completed for your application to be considered. Landlords must agree to participate in program. Any assistance provided will be paid directly to the landlord.

Landlord Name _____

Telephone: _____ Email: _____

Landlord Address _____ City _____ State _____ Zip Code _____

VII. Signatures/Certification of True and Correct Information

Please be sure you have answered all questions. Otherwise, we will be unable to process your application. All completed applications will be reviewed for eligibility to receive emergency rental assistance under the program guidelines. If it is determined that your household is eligible and rental assistance is granted, payments will be made on your behalf to the landlord for a period of up to four months with an option to renew pending funding availability and recertification of eligibility. The landlord must agree to participate in order to receive rental assistance from the program.

By signing below you certify the following:

Certification of application: I/We hereby affirm that the answers to the foregoing questions are true and correct, and that I/we have not knowingly withheld any fact or circumstances which would, if disclosed, affect this application unfavorably. I/We hereby authorize inquiries to be made to verify the information given in this application. **Assistance will be cancelled and/or application will be rejected if any information or statements given are found to be false or information has been withheld.**

Release of Information: I/We agree to and authorize the information obtained with this application may be given to and used to administer and enforce program rules and policies in compliance with program guidelines.

I/We understand that all decisions made by the Regional Housing Service Office are final and that any appeals must be submitted in writing to the Town body which has authority over the program funding.

The parties acknowledge and agree that this application may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, “electronic signature” shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

(Applicant Signature)

(Date)

(Co-Applicant Signature)

(Date)

WARNING: Section 1001, of Title 18 of the U.S. code, makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction