

*The Residential Assistance for Families in Transition (RAFT) and Emergency Rental and Mortgage Assistance (ERMA) Programs can assist households experiencing a housing emergency with eligible housing costs. 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. Landlord information**

Landlord name: \_\_\_\_\_

Landlord address: \_\_\_\_\_

Preferred language: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Alternate contact information: \_\_\_\_\_

**3. Reason for application**

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

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

**4. 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.

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.

**5. 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	
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<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	

**6. 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 (rent/mortgage), 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) \_\_\_\_\_

**7. 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 your 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. I recognize that incorrect statements about my household income may result in application delays or denial.

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):

**8. MassHealth/DTA Benefits**

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):

- 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.

**9. 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](http://www.mass.gov/jobquest) to get started.

**10. Authorization and Release**

You have provided certain Personal Information (name, address, income, age, etc) about you and your household on this 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 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 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.

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

By signing below, you acknowledge that you understand that this application 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 under the pains and penalties of perjury that all of the information provided in this application is true, complete, and accurate to the best of your knowledge. You agree to do your best to provide, upon request, documentation to support any self-certification, if used. You certify that you have not received or been approved for funds from any other source to pay for the same expenses that you have requested above. You understand that any false statement or misrepresentation may result in the withdrawal or denial of this 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.

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

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.

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 the head of household (examples: photo ID, license, birth certificate, passport)
- Documentation of current housing and primary residence (examples: lease, tenancy at will agreement, mortgage statement)
- Documentation of eligible housing crisis; examples include, but are **not limited to**:
  - Notice of arrears (unpaid rent)
  - Court summons
  - Letter from host family if doubled up
  - Utility shutoff
- W-9 from payee (landlord, moving company, etc), 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

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

Other: \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_  
Other: \_\_\_\_\_