

Stoughton Housing Authority  
**Emergency Mortgage Assistance Application**

*Please list all names on Mortgage as Applicants:*

Applicant's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Co-Applicant's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Unit # \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Re-enter E-mail: \_\_\_\_\_

Language Preference (if other than English): \_\_\_\_\_

Did you require language assistance in filling out this form? \_\_\_\_\_ yes \_\_\_\_\_ no

Total Number of People in Household (including yourself) \_\_\_\_\_

Total Number of adults in Household 18 years or older \_\_\_\_\_

Please list all adults by name: \_\_\_\_\_

\_\_\_\_\_ Total Number in Household under 18 years \_\_\_\_\_

Does your home have an affordable housing deed restriction? \_\_\_\_\_ yes \_\_\_\_\_ no

Has your household lost income due to COVID-19 related circumstances? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have an application for Unemployment Assistance pending? \_\_\_\_\_ yes \_\_\_\_\_ no

An applicant must provide proof of all income received by all members of their household, using each member's most recent federal tax return. Income for eligibility purposes includes Federal Adjusted Gross Income [AGI] plus all other income not included in AGI, including but not limited to those items listed below:

Types of income being received by the household: (Check if Yes)

- Wages
- Unemployment Benefits
- Social Security or SSI/Disability
- EAEDC/TAFDC
- Alimony/Child Support
- Pension/Retirement
- Personal Injury Award or Settlement
- Other (specify): \_\_\_\_\_

**Total Gross Monthly Household Income:** \$ \_\_\_\_\_

**Total Household Cash Assets\*:** \$ \_\_\_\_\_  
(\*Checking, savings and other bank accounts; money markets, etc.)

**Mortgage #1 Information:**

Financial Institution #1: \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person: \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Email \_\_\_\_\_

*If this is left blank, the application is incomplete and will not be considered.***Mortgage #2 Information: (if applicable)**

Financial Institution #2: \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person: \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Do you receive mortgage assistance such as RAFT or any publicly funded program? \_\_\_\_\_ yes \_\_\_\_\_ no

Current monthly mortgage payment? \$ \_\_\_\_\_ Monthly Principal + Interest = \$ \_\_\_\_\_

Are you behind in your payments? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, by how much: \$ \_\_\_\_\_

How much of that amount is from prior to April 1, 2020? \$ \_\_\_\_\_

**Certifications:**

- I/We certify that all information furnished in this application for assistance is true and complete to the best of my/our knowledge.
- I/We certify that our household is not receiving any other government-funded mortgage assistance.
- I/We certify that our household does not have access to other resources sufficient to cover the mortgage.
- I/We understand that any false statement made knowingly and willfully, will be sufficient cause for rejection of my/our application.

- I/We understand that ANY false information on this application or statements given are punishable by law and will lead to cancellation of this application and rental assistance.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Release of Information:**

I/We understand that this authorization or the information obtained with its use may be given to and used to administer and enforce program rules and policies in compliance with HUD or Massachusetts DHCD or any other federal or state housing program guidelines.

I/We agree that a photocopy or facsimile or other electronic transmission of this authorization may be used for the purposes stated above.

I/We understand that all decisions of the Administrator of this program are final. If your request for assistance was denied, you may contact the Stoughton Housing Authority in writing to schedule a review of your application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **APPLICATION CHECKLIST\***

- Most recent paystub for each employed household member over the age of 18.
- Evidence of reduced income. For example: additional paystubs showing reduced hours, layoff notice from your employer, multiple months of bank statements, and/or notices from Unemployment Assistance. For self-employed individuals: Profit and Loss statements showing decrease in income.
- Evidence of any other sources of income (self-employment, military pay, unemployment, child support, alimony, pension/retirement, etc.)
- Most recent bank statements for all bank accounts for all household members over the age of 18.
- Copy of mortgage statement. **Note: All names listed on mortgage must be listed as applicants.**
- Copy of recorded Deed Restriction

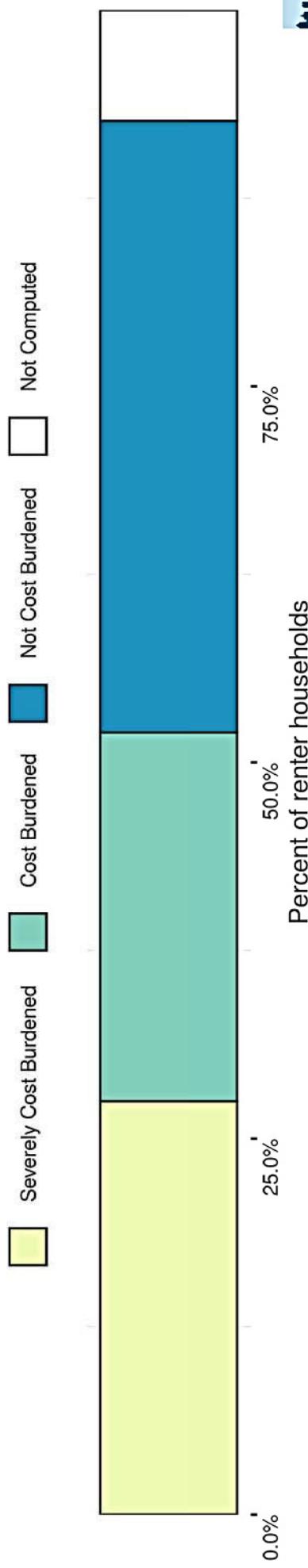
**\*ALL APPLICABLE ITEMS MUST BE INCLUDED WITH YOUR APPLICATION  
OR IT WILL BE CONSIDERED INCOMPLETE.**

**Optional:** Do you or any member of your household classify yourself as any of the following? (You may check more than one group). **Responses are voluntary** and will help us track the diversity of the applicant pool.

<input type="checkbox"/> Asian/Native Hawaiian/Pacific Islander	<input type="checkbox"/> Native American
<input type="checkbox"/> Black/African-/Caribbean-American	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Latino/a	<input type="checkbox"/> Another Race or Ethnicity (please specify):

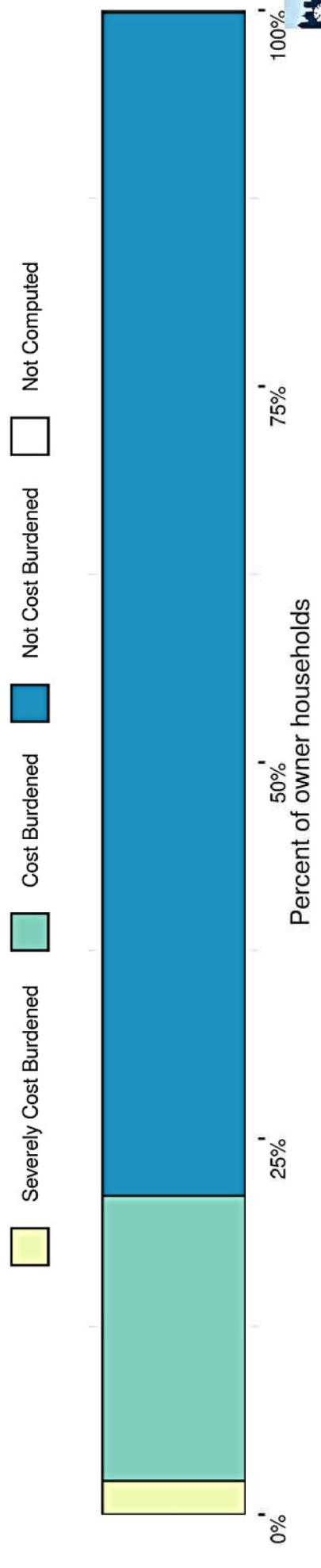
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### Stoughton renter households by cost burden



Source: U.S. Census Bureau American Community Survey, 2014-2018 5-year estimates.  
Table B25070: Gross rent as a percentage of household income in the past 12 months

### Stoughton owner households by cost burden



Source: U.S. Census Bureau American Community Survey, 2014-2018 5-year estimates. Table B25091:  
Mortgage Status by selected monthly owner costs as a percentage of household income in the past 12 months

## Action Plan Timeline

Printed 5/15/20

All Items

## COVID Emergency Housing Assistance Fund Advisory Subcommittee

*Steps to take to get the proposal/ approved and the program running as soon and as efficiently as possible:*

Target Date	STEP	Activity
5/15/20	1	Subcommittee completes all documents and forms
5/16/20	2	Subcommittee submits documents and forms to BOS
5/19/20	3	Town Counsel to review and approve
5/19/20	4	<b>BOSS approval</b>
5/19/20	5	Town Counsel creates Interagency Agreement with Housing Authority
5/19/20	6	<b>BOSS applies for CPA Funding</b>
5/20/20	7	CPC Hearing
5/20/20	8	<b>CPC Approval</b>
5/23/20	9	TM Warrant Article created
5/26/20	10	TM Article submitted
6/6/20	11	TM Motion created
6/9/20	12	TM Motion submitted
6/11/20	13	<b>TM Article and Motion approved by Town Counsel</b>
6/23/20	14	TM Presentation
6/23/20	15	<b>TM Approval</b>

### After Approval:

Start Date	End Date	Activity
6/24/20	6/29/20	15 Colleen hires certified lottery pro
7/1/20	7/15/20	16 Colleen publicizes lottery on appropriate media
7/1/20	7/15/20	17 Residents request applications
7/2/20	7/15/20	18 Applications are sent to residents requesting housing relief
7/1/20	7/15/20	19 Applications for housing relief begin being submitted
7/15/20	20	<b>DUE DATE for Applications, at 4:00 PM</b>
7/16/20	7/18/20	21 Colleen and staff review applications, vet eligibility, and separate by AMI level
7/23/20	22	<b>Lottery is held, with legally required witness</b>
7/26/20	23	Ranking of applicants
7/27/20	7/30/20	24 Contact applicants in order of ranking (start)
8/3/20	8/14/20	25 Create grant agreements with landlords
8/3/20	8/14/20	26 Create grant agreements with banks and mortgage companies
8/3/20	8/14/20	27 <b>Meet with all grantees and their payees and sign agreements</b>
8/17/20	28	Process applications received post-lottery for eligibility, if funding allows