

Stoughton Housing Authority Emergency Rental Assistance Application

Applicant's First Name _____ Last Name _____

Street Address _____ Apt. or 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 _____

Number of bedrooms in your home? _____

This program is for people who have lost income due to COVID-19 related circumstances. Does your household meet this eligibility? _____ 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.)

Do you have a Section 8 Voucher, MRVP, RAFT or other rental assistance? _____ yes _____ no

What is your current rent each month? \$ _____

Do you owe back rent? _____ yes _____ no

If yes, how much: \$ _____

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

Landlord's Contact Information:

Name: _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Best Phone Number _____ Email _____

**Landlord MUST participate in this program.*

If this is left blank, the application is incomplete and will not be considered.

Certifications:

- I/We certify that all information furnished in this application for rental 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 rental assistance.
- I/We certify that our household does not have access to other resources sufficient to cover the rent.
- 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 landlord participation in this program is required.
- 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 _____

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 _____

APPLICATION CHECKLIST*

- Most recent paystub(s) 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 Lease, or letter from landlord evidencing monthly rent amount and term of rental agreement
- Letter from landlord evidencing amount of back rent owed, if any

**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.

- Asian/Native Hawaiian/Pacific Islander
- Black/African-/Caribbean-American
- Latino/a
- Native American
- White/Caucasian
- Another Race or Ethnicity (please specify): _____