



Building Better Neighborhoods

## CITY OF NEWTON COVID-19 EMERGENCY HOUSING RELIEF PROGRAM

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

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

Street Address: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

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

### Race/Ethnicity:

- |   |  |
|---|--|
| <input type="checkbox"/> White                          | <input type="checkbox"/> American Indian/Alaskan Native                          |
| <input type="checkbox"/> Black/African American         | <input type="checkbox"/> American Indian/Alaskan Native & White                  |
| <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Asian                          | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander                  |
| <input type="checkbox"/> Asian & White                  | <input type="checkbox"/> Other Multi-Racial                                      |

Are you Hispanic/Latino: \_\_\_ YES \_\_\_ NO

### **PART 1: HOUSEHOLD & INCOME INFORMATION**

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

Total Number in Household, 18 years or older: \_\_\_\_\_

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

Is anyone in your hold age 55 years and older? \_\_\_ YES \_\_\_ NO

This program is for people who have lost income due to COVID-19-related circumstances. Does your household meet this eligibility? \_\_\_ YES \_\_\_ NO

Number of bedrooms in your home? \_\_\_\_\_

Is anyone in your household a veteran? \_\_\_\_ YES \_\_\_\_ NO

Do you: \_\_\_\_ Rent \_\_\_\_ Own (Deed-Restricted Affordable Unit)

What is your current rent/mortgage each month? \$ \_\_\_\_\_

Do you owe back rent? \_\_\_\_ YES \_\_\_\_ NO      If yes, how much? \$ \_\_\_\_\_

Do you have a Section 8 Voucher, MRVP or other housing assistance such as RAFT? \_\_\_\_ YES \_\_\_\_ NO

I have an application for Unemployment Assistance pending \_\_\_\_ YES \_\_\_\_ NO

Indicate the type of income your household is currently receiving:

- Wages
- Unemployment Benefits
- Social Security
- SSI/Disability
- Child Support
- Alimony
- Pension/Retirement
- TANF
- Other: (please specify) \_\_\_\_\_

**PART 2: LANDLORD/LENDER/BANK'S CONTACT INFORMATION\***

*\*Landlord/lender/bank MUST participate in this program. If this is left blank the application is incomplete and will not be considered.*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

**PART 3: CERTIFICATION OF INFORMATION**

- I/We certify that all information furnished in this application for affordable housing 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:** \_\_\_\_\_

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

**PART 4: 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 made by Metro West CD are final and that any appeals must be submitted in writing to the Metro West CD Board of Director.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**PART 5: APPLICATION CHECKLIST**

- One most recent paystub for all employed household members over the age of 18.
- Evidence of reduced income – this might be a second paystub showing reduced hours, or a lay-off notice from your employer, multiple month's bank statements or notices from Unemployment Assistance.
- Evidence of any other income sources (unemployment, federal stimulus payment, child support, alimony, pension/retirement, etc.)
- Most recent bank statement for all bank accounts for all household members over the age of 18.
- Copy of Lease or letter from landlord evidencing monthly rent or mortgage amount