



Emergency Housing Assistance Application

Applicant's First Name	
Last Name	
Street Address	
City/Town	
Zip Code	
Telephone Best Number to Call	
E-Mail Address	
Language Preference (if other than English)	
Total Number of People in Household (including yourself)	
Total Number in Household 18 years or older	
Total Number in Household under age 18	
Is anyone in your household age 55 or older?	____ yes ____ no
This program is for people who have lost income or had an increase in expenses due to COVID-19 related circumstances. Does your household meet this eligibility?	____ yes ____ no
Briefly describe your situation:	
Number of bedrooms in your home?	
Is anyone in your household a veteran?	____ yes ____ no
Do you have a Section 8 Voucher, MRVP or other rental assistance?	____ yes ____ no

What type of assistance are you requesting?	<input type="checkbox"/> Rent Stipend <input type="checkbox"/> Mortgage on Deed Restricted Property <input type="checkbox"/> 1 st / Last / Security / Arrears
What is your current rent / mortgage each month?	\$_____
I have a pending Unemployment Assistance application	____ yes ____ no
Check types of income being received in your household by anyone over 18 years of age:	<input type="checkbox"/> Wages/self-employment <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Social Security <input type="checkbox"/> SSI/Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> TANF <input type="checkbox"/> Other
Do you or any member of your household classify yourself as any of the following? (This may include more than one group).	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-/Caribbean-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Latino/a <input type="checkbox"/> Another Race or Ethnicity (please specify): _____

Landlord's Contact Information (if applicable):

Name:	
Street Address	
City/Town	
State / Zip	
Best Phone Number	
Email	

*to receive rental assistance landlord MUST participate in this program. If this is left blank the application is incomplete and will not be considered.

Certifications

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 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 _____

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 hereby authorize Homeless Prevention Council to discuss any and all matters regarding this application with my landlord.

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 Homeless Prevention Council are final and that any appeals must be submitted in writing to the Appeals Board.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

APPLICATION CHECKLIST

- ☐ Paystubs from four most recent weeks **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, child support, alimony, pension/retirement, etc.)
- ☐ Most recent bank statement for all bank accounts for all household members over age 18.
- ☐ Copy of Lease or letter from landlord evidencing monthly rent amount.

THESE MUST BE INCLUDED WITH YOUR APPLICATION OR IT WILL BE DEEMED INCOMPLETE.