

SUDBURY

EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP) APPLICATION PACKET

Towns of Acton, Bedford, Maynard, and Weston are also currently accepting applications for Emergency Rental Assistance. Go to RHSOhousing.org for more details and applications.

APPLICATION PACKET

Please read all information carefully. This packet contains:

- **Frequently Asked Questions**: See Program Guidelines for more detailed information.
- **Application Checklist**: Must be completed and submitted with application. Required documentation must be submitted to be determined eligible for the program.
- **Application**: This is a fillable document and can be completed electronically, printed out and signed or printed out and legibly filled out by hand. All applications must have required documentation and be signed to be considered complete.

APPLICATION SUBMISSION

It is preferred that application, checklist and required documents be submitted electronically to info@RHSOhousing.org

For questions: email info@RHSOhousing.org or call 978-208-2125

Applications may be emailed, mailed or dropped at RHSO office. *Local drop off locations may be available see RHSOhousing.org for more information.*

RHSO
37 Knox Trail
Acton, MA 01720
Attn: ERAP
*Drop off in black mail box by
front steps*



SUDBURY ERAP - FREQUENTLY ASKED QUESTIONS

The program provides rental assistance in the form of a grant to eligible households who have experienced an economic loss due to the COVID-19 pandemic. (See program guidelines for additional details)

HOW MUCH WILL I RECIEVE: Eligible applicants may receive up to four months of rental assistance. Payments are made directly to the landlord. Amount of assistance is based on unit size and is as follows: (Maximum monthly assistance shall be no more than tenant’s portion of rent)

1 bedroom - \$350/mo.; 2 bedroom - \$500/mo.; 3 bedroom - \$650/mo.; 4 bedroom - \$800/mo.

WHO IS ELIGIBLE? Applicant households must meet the following five eligibility requirements:

1. **Current resident:** Applicants must be current resident of Town accepting applications and cannot own any real estate property.
2. **Applicant’s monthly rent is less than the following:**
 1 bedroom - \$1,925; 2 bedroom - \$2,311; 3 bedroom - \$2,880; 4 bedroom - \$3,131.
3. **Reduction of Income:** Applicant must demonstrate household annual income has been reduced by circumstances related to COVID-19.
4. **Rent Burdened** - Households must demonstrate that they spend more than 30% of their gross annual income on rent and certain utilities, including heat, electricity and water sewer, if applicable. *This does not apply to households under the 50% AMI limit whose rent is adjusted based on income*
5. **Income Eligibility:** Gross annual household income (calculated based on Section 8 guidelines) must not exceed the guidelines below. Households who have received emergency rental assistance (RAFT or ERMA) through SMOC in the past three months are not eligible for this local ERAP program.

If you receive rental assistance from a local, state or federal program (Section 8 (voucher or project based), MRVP, Housing Authority,); your income must be under the 50% Income Limit. [Note maximum monthly assistance shall be no more than tenant’s portion of rent.]

Effective: 4/1/2020							
Household size	1 person	2 person	3 person	4 person	5 person	6 person	7 person
100% Income Limit	\$83,300	\$95,200	\$107,100	\$119,000	\$128,520	\$138,040	\$140,492
50% Income Limit	\$44,800	\$51,200	\$57,600	\$63,950	\$69,100	\$74,200	\$79,300

How is the program funded? And what is the application and award process?

ERAP can be funded from a variety of sources from each Town. Funds may be from Housing Trust funds, Community Preservation Act (CPA), CARES Act funding, or other municipal funds allocated to the program. The program is being administered by the RHSO. The program will remain open and accept applications on a first-come first-served basis as long as funding is available. Applicants must submit sufficient documentation to demonstrate their eligibility. Once eligible a Participation Agreement will be issued. Landlords must agree to participate in the program. Repayment of assistance will not be required. See program guidelines for more detail.

SUDBURY - ERAP APPLICATION CHECKLIST

The following is a list of information needed to determine eligibility for assistance. Please provide all *applicable* information with your completed application.

All adult household members (over 18 years of age) must provide all documentation.

1. Property Documentation

- Provide copy of lease and/or documentation of payment of rent to landlord.
- Statement from landlord of back rent due, if applicable.
- Most recent rent calculation statement from property or voucher issuing agency

2. Current Income

- Currently Employed - Provide two months of the most recent paystubs received.
- Self-employed - Provide *year-to-date* Profit and Loss statements, showing monthly amounts (i.e. written amounts of money received each month since the beginning of the year).
- Unemployment Assistance - Provide determination letter and recent statement of benefits
- Other Government Assistance – Social Security Income (SSI or SSDI)
- Child Support or Alimony Verification
- Other Income - Document all other income including pension, investment income, etc.

- 3. Pre-Pandemic Income** - What was your monthly income in January and February of this year? Provide documentation or statement regarding type of employment, date of termination, furlough or reduction of pay. You can also provide the first page of 2019 tax return showing annual gross income.

4. Asset Information

- Bank Statements - Copies of last 2 statements (all pages) from all bank accounts (Checking, savings, IRA, etc.)
- Other Assets - Copies of any investment statements for previous 3 months (Investment, Retirement, Pensions, Annuities, etc.)

You may provide any additional information if you feel it is applicable to you and your household. **The Town and/or the Regional Housing Services Office may request additional information if necessary to make a determination of eligibility.**

**Regional Housing Services Office (RHSO)
EMERGENCY RENTAL ASSISTANCE (ERAP) APPLICATION**

THIS PROGRAM IS TO ASSIST HOUSEHOLDS THAT HAVE LOST INCOME DUE TO CIRCUMSTANCES ARISING FROM THE COVID-19 CRISIS. On behalf of the member towns, the RHSO is administering an Emergency Rental Assistance Program. Please refer to program guidelines to determine if your household is eligible. Always keep your application information and address up to date with this office. Thank you and we look forward to assisting you.

Return electronically to: info@RHSOhousing.org (in a PDF legible format)
Mail or Drop-off hard copy to: 37 Knox Trail, Acton MA 01720 (Black mail box at bottom of steps)
 Refer to local flier for local drop-off locations

Please use fillable form to complete electronically or print clearly and complete all information requested. Do not leave blanks or we may be unable to process your application.

I. APPLICANT INFORMATION

Acton Applicants Only

Applicant Name _____ **Social Security Number:** _____

Telephone: _____ Email: _____

Current monthly Income (List total amount from all sources): _____

Average Monthly Income before loss or reduction of income (or 2019 gross): _____

Brief summary of loss of income and job description: _____

Does anyone in your household own any real estate property? YES NO

If your income is less than 50% AMI and your rent is based on your income please check below which applies:

Mobile Voucher from: _____ Project Based or Housing Authority

Acton Applicants Only

Co-Applicant Name _____ **Social Security Number:** _____

Telephone: _____ Email: _____

Current monthly Income (List Total Amount) : _____

Average Monthly Income before loss or reduction of income (or 2019 gross): _____

Brief summary of loss of income and job description: _____

Additional Household Members: *Please list all other persons residing in the unit.*

Name:	Social Security Number <i>Acton Applicants only</i>	Relationship to Applicant	Over 18? Y/N

II. HOUSEHOLD INCOME: Include all forms of income for all adult household members (over 18 years of age), including but not limited to: Employment Income, Self-Employment Income, Unemployment Compensation, Social Security, TANF, Disability Income, Child Support, Pensions, Baby-Sitting Income, etc. See application checklist for required documentation.

Household Member Name	Income Source:	Current Gross Amount	Frequency i.e. every week, month, year
\	Employer Name:		
	Employer Name:		
	Unemployment Assistance:		
	Unemployment Assistance:		
	Child Support		
	SSI/ SSDI		
	Pensions/Retirement:		
	Other: Please specify		
	Other: Please specify		
	Other: Please specify		

III. HOUSEHOLD ASSETS: Please provide all information on assets accounts held by all family members

Household Member Name	Account (Bank Name)	Current Balance
\	Checking:	
	Checking:	
	Savings:	
	Savings:	
	IRA, 401K, specify:	
	Investment/ /trust: Specify	

III. UNIT AND LANDLORD INFORMATION:

Unit address: _____

Dates of residency at unit: _____

Number of bedrooms in your unit: _____ Current monthly rent amount: _____

Current estimated monthly tenant utility payments (heat, electricity, and water sewer): _____

Do you owe any back rent? _____ If yes, how much? _____

Do you receive any other rental assistance such as Section 8 Voucher, MRVP or live in subsidized housing where your rent is based on your income: YES NO

If yes, please explain: _____

Landlord Contact Information: This must be completed for your application to be considered. Landlords must agree to participate in program. Any assistance provided will be paid directly to the landlord.

Landlord Name _____

Telephone: _____ Email: _____

Landlord Address _____ City _____ State _____ Zip Code _____

VII. Signatures/Certification of True and Correct Information

Please be sure you have answered all questions. Otherwise, we will be unable to process your application. All completed applications will be reviewed for eligibility to receive emergency rental assistance under the program guidelines. If it is determined that your household is eligible and rental assistance is granted, payments will be made on your behalf to the landlord for a period of up to four months with an option to renew pending funding availability and recertification of eligibility. The landlord must agree to participate in order to receive rental assistance from the program.

By signing below you certify the following:

Certification of application: I/We hereby affirm that the answers to the foregoing questions are true and correct, and that I/we have not knowingly withheld any fact or circumstances which would, if disclosed, affect this application unfavorably. I/We hereby authorize inquiries to be made to verify the information given in this application. **Assistance will be cancelled and/or application will be rejected if any information or statements given are found to be false or information has been withheld.**

Release of Information: I/We agree to and authorize the information obtained with this application may be given to and used to administer and enforce program rules and policies in compliance with program guidelines.

I/We understand that all decisions made by the Regional Housing Service Office are final and that any appeals must be submitted in writing to the Town body which has authority over the program funding.

The parties acknowledge and agree that this application may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

(Applicant Signature)

(Date)

(Co-Applicant Signature)

(Date)

WARNING: Section 1001, of Title 18 of the U.S. code, makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction

APPLICATION WILL NOT BE CONSIDERED COMPLETE WITHOUT THE FOLLOWING:

(See ERAP Application Checklist for more detail)

- PROPERTY DOCUMENTATION:** Lease or other form of confirmation of rent payment.
- INCOME DOCUMENTATION:**
 - Current Income - Recent paystubs, unemployment statement, explanation of bank deposits, social security or other government assistance, child support, alimony, etc.
 - Pre-Pandemic Income – Provide brief description of job and how income was lost (reduction of hours, laid off, etc.) Provide prior paystub or 2019 tax return showing annual gross income.
- ASSET INFORMATION:** Copies of last 2 statements from all bank accounts (Checking, savings, IRA, Investment, Retirement, Pensions, Annuities, etc.)

You may provide any additional information if you feel it is applicable to you and your household. **The Town and/or the Regional Housing Services Office may request additional information if necessary to make a determination of eligibility.**