**Town of Winthrop**

**Health Department**

**Rental Relief Program Application**

*This initiative is intended for residents of Winthrop who have resided in their home on or before March 1, 2020 and have been adversely effected by the pandemic and are unable to pay rent. You must be “at risk” of being evicted. The Town of Winthrop Rental Relief Program primarily serves low- or moderate-income households. Eligible applicants may qualify for funding if their annual gross household income is at or below 50% of the Area Median Income. Eligibility for funding is determined after the complete application is received and reviewed by the Program staff, and should not be understood as a guarantee for approval. Program staff will inspect all applications for completeness. Failure to submit a complete application by the due date with all required supporting documentation would result in the disqualification of an applicant. Please note that completing this application, does not guarantee that you will receive rental assistance. You will need a photo ID and proof of residency.*

*The Department reserves the right to seek additional documentation, if obtaining such documentation is reasonably necessary to determine income limit compliance and program eligibility.*

**Instructions:** *Please complete the following forms and attach all required documentation. Incomplete*

*Applications will affect your receiving assistance. Completed applications should be emailed to* [*rentalrelief@town.winthrop.ma.us*](mailto:rentalrelief@town.winthrop.ma.us)

Eligible Applications must be received by March 26, 2021. Please be sure to sign and date the application and submit all required documents.

**If you have any questions, please contact Robert S. Repucci, Program Coordinator at 617 212-3129**

**1. Applicant Information**

What is your preferred method of contact: ☐ Call/Text ☐ Email?

What is your preferred language for contact: ☐ English ☐ Spanish ☐ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant:

Name of Co-applicant (if any):

Address & Apartment Number:

Daytime Phone:

Cell Phone:

Email Address:

Number of dwelling units in your building\_\_\_\_\_\_\_

Number of bedrooms in your apartment\_\_\_\_\_\_\_\_

Are you a Winthrop resident\_\_\_\_\_?

How long have you resided in Winthrop\_\_\_\_\_\_?

Are you being evicted\_\_\_\_\_\_?

What is the primary reason you have experienced loss of income due to COVID-19”:

(Please circle all that applies)

* Unable to work because you have been diagnosed with COVID-19
* Unable to work because a health care provider (or state mandate) asked you to quarantine
* Unable to work because you are caring for an ill or quarantined family member with COVID-19
* Your employer has reduced your hours or shut down operations due to COVID-19
* Unable to work due to childcare and/or school closures due to COVID-19
* Self-employed and your income has been reduced as a result of COVID-19
* Unable to work because of increased risk to COVID-19 (older adults, pre-existing health conditions)
* No income loss due to COVID-19
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Household Composition**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Age** | **Relationship to Head of Household** | **Veteran** | **Disabled** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**2. Housing Expenses**

Please provide information about monthly expenses for the property that is the subject of this application and attach a copy of your lease. If you do not have a lease, attach a copy of a letter from the landlord specifying the amount of monthly rent.

Do you have a lease?

☐ Yes ☐ No

Name of landlord or the person you pay your rent to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact and Address Information for landlord (person you pay your rent to)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you comfortable with us contacting your landlord to discuss your tenancy? This may improve your chances of staying in your home long term.

☐ Yes ☐ No

What is your monthly rent and utilities?

Rent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities\_\_\_\_\_\_\_\_\_\_\_\_\_

How much do you owe in past due rent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much do you owe in past due utilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a mobile housing voucher?

☐ Yes ☐ No

**3. Household Income Information**

Households may be eligible for this program if annual income falls within 50% of the median income as described below:

|  |  |
| --- | --- |
| **Household**  **Size** | **50% AMI Low**  **Income** |
| 1 | $34,161 |
| 2 | $40,561 |
| 3 | $46,961 |
| 4 | $53,361 |
| 5 | $59761 |
| 6 | $66,161 |
| 7 | $72,561 |
| 8 | $78,961 |

Please list all sources of income (see list below) for the last 12 months for each member of the household over 18 years of age and not be a full time student. Use Attachment #1 to help determine potential sources of income.

The Household Income Self-Certification must be completely true and honest, we will contact you for additional information if need be. **List ALL sources of income** as requested below for **ALL HOUSEHOLD MEMBERS over 18 years old.** The gross income must include income for the full year. For self-employed applicants, please specify net-income in the “Gross Annual Income” column. Self-employed applicants may submit a current income/expense report.

|  |  |  |
| --- | --- | --- |
| Household members | Gross Annual Income | Source of Income |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |

Have you received RAFT, Eviction Diversion Initiative funds, or any other form of rental assistance?

☐ Yes ☐ No

If yes, state amount and source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a rental subsidy?

☐ Yes ☐ No

Are you a parent with children under the age of 18 years old?

☐ Yes ☐ No

Are you over the age of 65 years old?

☐ Yes ☐ No

Are you disabled?

☐ Yes ☐ No

Are you a Veteran?

☐ Yes ☐ No

Are you eligible for federal benefits, such as a federal stimulus check received in April 2020 and/or federal unemployment?

☐ Yes ☐ No

For periodic payments, such as Social Security and child support, please include the amount received per month (ex. Social Security: $100/month) in the “Source of Income” column. Then, provide the annual amount of these payments under the “Gross Annual Income” column (ex. Social Security, if the payment is $100 each month, then one would write: $1,200/year)

**HOUSEHOLD INCOME**

What is your total annual household income? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You will need to provide income documentation ie: Social Security letter, pay stubs, RAFT letter, Unemployment etc.**

**Yes/No Response**

Are you (or anyone in your household) a municipal employee or locally appointed official?

☐yes ☐no

Do you (or anyone in your household) currently work as a consultant to the community?

☐yes ☐no

Do you (or anyone in your household) currently work for another agency that administers Town funded programs for the community?

☐yes ☐no

If yes, what is your current title position?

In what agency or department?

How did you hear about the Rental Relief Program?

Newspaper ☐ Brochure ☐ Local Access Channel ☐ Non-Profit Agency ☐

Other ☐ please describe:

**4. Ethnicity Information**

If you choose, you may use the following options to identify yourself and your household members by ethnicity or race. You are not required to provide this information, and it will not affect the evaluation of your application. This information will remain confidential.

Race: ☐ Black/African American ☐ White ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander

☐ Other

Hispanic: ☐ Yes ☐ No

**5. Eviction Notices**

Check the box if you have you received any of the following?

☐ Threats (verbal or written) from your landlord for non-payment of rent

☐ 14-day Notice to Quit-Non-Payment

☐ Summary Judgement-Execution for Possession

☐ None of the above

If you are facing immediate eviction please contact the Chelsea Housing Legal Clinic at 617-466-3037.

**6. Certification of Information**

The applicant/tenant and all household members 18 years of age and older in the household certify:

That all information contained in this application and attachments is true and complete to the best of my/our knowledge.

I/we authorize the Town of Winthrop and its Representatives to verify all information provided herein, and authorize said agency to investigate this information.

I/we understand that personal and financial information on file with the Town of Winthrop and its Representatives is kept confidential to the extent allowed by law.

I/we agree to engage and respond to correspondences and communication from Town of Winthrop Staff in a timely fashion.

I/we agree to consider participating for wrap-around services from area providers (i.e. food assistance, home heating oil assistance) to obtain aid, if such services are recommended by the Town.

I/we indemnify and hold harmless the Town of Winthrop and its agents, representatives, and contractors, in the event housing units assisted through this program do not conform with minimum allowable lead, sanitary, housing, safety, and building regulation and that participation in this program does not relieve or elimination the applicability of all local, state, and federal laws.

I/we hereby consent to receiving communication from the Town via text messaging and phone calls to the provided phone numbers regarding program updates.

I/we understand that Rental Relief Program financial assistance will be paid directly to the Landlord/owner.

That additional terms and conditions related to the Rental Relief Program memorialized in a grant agreement must be mutually consented to by execution of said grant agreement prior to disbursement of funds and that falsification of information will disqualify me from receiving assistance.

**Applicant Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-Applicant Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachment 1**

**SOURCES OF INCOME**

When filling out the application, please consider including the sources of income listed below if apply to you. Income should be stated for all adults in the household age 18 or over. Income of full-time students should not be included. Please indicate if an adult member in your household is a full-time student.

* EMPLOYMENT INCOME (WAGES, OVERTIME, BONUS AND TIPS)
* SELF-EMPLOYMENT INCOME (SOLE PROPRIETORSHIP, PARTNERSHIP, CORPORATION, INCOME FROM ODD
* JOBS)
* UNEMPLOYMENT BENEFITS
* SOCIAL SECURITY BENEFITS
* AID TO FAMILIES WITH DEPENDENT CHILDREN
* VETERAN’S ADMINISTRATION BENEFITS
* RETIREMENT, PENSIONS, ETC.
* WORKER’S COMPENSATION
* ALIMONY/CHILD SUPPORT (PROVIDE COPY OF DIVORCE DECREE AND ANY COURT ORDERS)
* INTEREST INCOME
* INCOME FROM RENTAL PROPERTY (PROVIDE A COPY OF LEASE AND RENT CHECKS)
* INCOME FROM BOARDERS
* FUEL ASSISTANCE
* MORTGAGE/RENTAL ASSISTANCE
* DIVIDENDS
* OTHER INCOME (AS APPLICABLE)