

<http://www.clvu.org>

Housing Rights and Resources

[City Life/Vida Urbana's page](#) includes an emergency hotline, letter template to landlord or bank if you can't afford rent, and information on eviction freezes and court updates.

Instructions:

- Open your internet browser Chrome/Explorer/Firefox etc and go this URL...



- You can take action or call the hotline using like following.

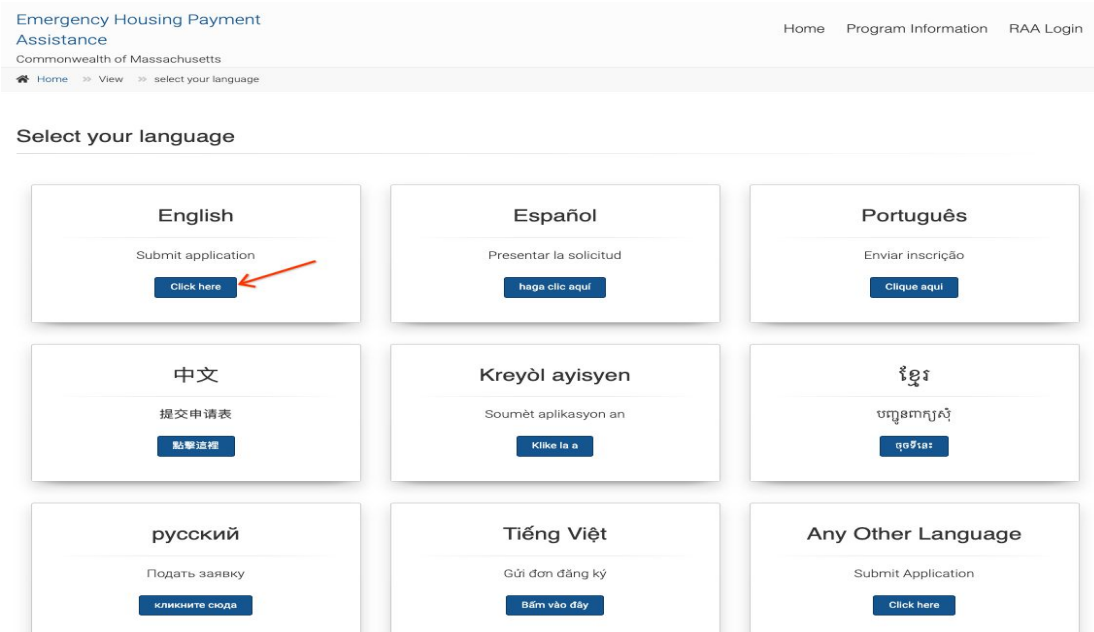
The screenshot shows the City Life Vida Urbana website. The top navigation bar includes 'Meeting Information' and 'Take Action'. The 'Take Action' dropdown menu lists several options: 'Call legislators for the Guaranteed Housing Stability Act', '¡Use su voz para la estabilidad de la vivienda!', 'Become a Member', 'Sign up for Action Alerts', 'Our Lady's Guild House petition', 'Petition for Dorchester rooming house renters', 'Petition for Brent Street families facing building-wide eviction', and 'Petition to support Fairlawn tenant association'. Below the navigation bar, the page title is 'Housing rights & resources' and the main heading is '1. CALL OUR HOTLINE'. The text below the heading reads: 'We have launched an emergency hotline for people facing eviction during the public health crisis. Please call us immediately if you're afraid you'll get evicted soon.' At the bottom of the screenshot is a flyer for Metro Boston Residents / Residentes del Área de Boston. The flyer asks 'Are you worried you'll get evicted soon?' and 'Call a Hotline to the number below?'. It provides the following contact information: 'CALL OUR HOUSING HOTLINE / LLAME A NUESTRA LÍNEA DIRECTA (617) 934-5006 (ENGLISH) (617) 397-3773 (ESPAÑOL)'. A red circle highlights the text 'Call a Hotline to the number below?' and a red box highlights the 'Take Action' dropdown menu.

For COVID related resources, from the the home page menu, click on “**Housing rights & resources during COVID-19**”



- From here you can find information on how to:
 - Call a hotline
 - Apply for Rent Relief
 - Declare your eligibility for Federal Eviction Ban
 - Sign our Pledge
 - Know your Resources

Below is an example of how you can apply for rent relief. Start with clicking on [Emergency Housing Payment Assistant application](#) and select your language.



The first page gives you instructions:

An official website of the Commonwealth of Massachusetts

Select Language Powered by Google Translate

Emergency Housing Payment Assistance

Commonwealth of Massachusetts

Home Program Information RAA Login

Home >> View

Massachusetts Emergency Housing Payment Assistance Application

- 1 Instructions
- 2 Living Situation
- 3 COVID-19
- 4 Housing Crisis
- 5 Applicant Information
- 6 Household Income
- 7 Request for Assistance
- 8 Your Required Documents
- 9 Application Certification and Contract

Instructions for Completing the Application

The Emergency Housing Payment Assistance application is free. No fee is required to apply, and free help is available to complete applications. Beware of scams by people charging an "application fee" to help submit an application. If you need help completing the application, contact your local RAA for free assistance.

Note that as of April 16, 2022, the Emergency Housing Payment Assistance program has a benefit limit of \$7,000 and an income eligibility limit of 50% Area Median Income.

This application for rental assistance will take 20-30 minutes. Please complete it in one sitting; you will not be able to save and return to it.

Be honest – if you give inaccurate or incomplete information, your application may be delayed or denied.

The application will ask you:

- About your current housing, and what challenges you may be facing
- For the names, dates of birth, and social security numbers of everyone in your household. You don't have to include a social security number if you don't have one.
- How much money everyone in your household makes.
- What kind of assistance you need
- For your landlord's contact information

You will also have to submit the following documentation. Your application will be processed faster if you include all of these documents.

- ID for the head of household
- Proof of housing crisis (for example an eviction notice or letter saying you're behind on rent)
- Proof of housing (for example a lease)

At a later date, an agency may request additional documentation proving your income.

[Click here to learn more about required documentation.](#)

After you submit the application, a case manager from a Regional Administering Agency (RAA) will contact you. Please respond quickly when they do.



Read through the instructions, and click on **"Next"** to go to the next page (see red arrow above). There are up to eleven steps in the application, if there is a **"Back"** button appears next to the **"Next"** button, you can click on that to go back to the previous step.

The next page asks you about your living situation. Check the radio box next to “**Renter Staying**”, the radio box next to ‘**No**’ if you are applying for yourself, then click “**Next**” to move to the next page.

Living Situation

Select the statement that best describes your living situation. *

- Renter Staying: Renting your apartment/home, and looking for help to stay in the same place.
- Moving: I need to leave where I am currently staying (i.e., homeless, couch surfing, or living in unsafe conditions).
- Homeowner: Living in your home, and looking for help paying your mortgage to remain in your home or help with other housing costs.
- Property Owner/Landlord: A property owner/landlord, looking to help your tenant cover what they owe you.

IMPORTANT: Please double check your selection as you will not be able to change it once you select the "Next" button below.

Are you an advocate, looking to help a tenant/client get help? *

Yes No

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The next page asks you about your financial situation related to COVID-19. Check one or more situations that apply to you, then click Next to move to the next page. If you checked ‘**Other financial problems**’, put your detailed reasons under “**Please explain***”.

COVID-19

Many households in Massachusetts have been financially affected by the COVID-19 pandemic. Please tell us what challenges you have faced since the pandemic started in March of 2020. You can check more than one box.

I, or someone in my household... *

- Lost a job
- Collected unemployment benefits
- Had less income than usual (lower pay, fewer hours, or fewer clients if self-employed)
- Had to miss work, or stop working, or work fewer hours due to a health or medical need
- Had to miss work, or stop working, to take care of someone with health or medical needs
- Had to miss work, or stop working, or work fewer hours because my child's school or daycare was closed, or because my child had online school
- Had a roommate or household member move out, stop paying rent, or die, leaving me with higher housing costs
- Had higher bills than usual (for example, medical bills, transportation costs, childcare costs, funeral costs, rent, utilities, etc.)
- Had income that was too low to pay for basic household expenses (for example, food, clothing, rent, utilities, cleaning supplies, etc.)
- Other financial problems

Please explain *

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The next page asks you about your housing crisis. Check any applicable situations under **'Renter'** or leave them blank if none applies. If you checked **'Other'**, be sure to describe the renter challenge that you are currently facing. Check any applicable situations under **'Utilities Assistance'**. Click **"Next"** to move to the next page.

Renter

Please use the section below to highlight any and all housing or utility needs that describe your current situation. (check all that apply)

- I am behind on rent
- I have received a Notice to Quit that says my lease will be terminated if I do not pay all rent owed.
- I have been to court or have a court date scheduled about being evicted
- A judge has said I have to leave my home
- A sheriff or constable has delivered court papers about being evicted
- Someone I live with is currently hurting me or my family, threatening to hurt me or my family, or making me or my family feel unsafe.
- Other

Other, please explain the challenge you are currently facing *

Utilities Assistance (check all that apply)

- I am behind on utilities
- I have received a shut-off notice
- My service has been shutoff
- Other

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The next page asks you about your housing subsidies. Check **'Yes'** if your rents are subsidized, otherwise check **'No'**, then click **"Next"** to move to the next page.

Subsidized Housing

Do you currently live in housing where your rent goes up or down when your income goes up or down (i.e., you have a voucher, like Section 8, or live in public housing)? *

Yes No

NOTICE: You may be eligible to have your past utilities or overdue rent covered, but you are not eligible for future rent help paying your rent ("stipends")

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The next page asks you to fill your applicant information. Fill all the required information on the form that are marked with asterisks. If you have no social security number, check 'No SSN'.

Household Information

Please complete this information for the head of household. The RAA processing the application will be in contact with this person. If someone is helping the applicant, like an advocate, the RAA may also contact the advocate.

Applicant Name *

First MI Last

Applicant Social Security Number *

Head of Household Social Security Number

I do not have have a social security number (SSN)

No SSN
Not having an SSN will not affect eligibility.

Current Address *

Address Line 1

Address Line 2

City Massachusetts Zip Code

You are required to provide at least one communication method, either a valid phone number or email address. If you provide a mobile phone number, you have an option whether to receive text message regarding your application.

Most communication will be by phone or email, but sometimes we will send mail. Where should we send information about your application? This could be where you currently live or a friend/relative's house.

Primary Phone *

(111) 222-3333

Phone Type *

Mobile Home Work

I consent to receiving text messages regarding my application. Message & Data rates may apply. *

Yes No

Reply HELP for help, STOP to cancel. Full Terms and Conditions [Click Here](#) Privacy Policy [Click Here](#)

Secondary Phone

Email

I do not have an email

No email

If you have no income, check “**No**” on the question “**Do you have income?**”, then confirm it on the radio box right above “**Next**” button.

Do you or an immediate family member work for an organization that administers RAFT, ERAP, or ERMA? *

Yes No

[See here for organizations that administer these programs](#)

Do you have income? *

Yes No

Are you employed? *

No, I lost my job (s) more than 3 months ago

Note: this includes any Social Security, SSI, TAFDC, child support, or other cash benefits you may receive for any children in your household. Additionally, this question only refers to the income for the Head of Household. A later section will ask about the income of other household members.

Please confirm you have no income *

I confirm zero income I confirm there is income

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Otherwise, check ‘**Yes**’ and fill out detailed information regarding your income.

Do you have income? *

Yes No

Are you employed? *

Yes, I have a job (s)

Note: this includes any Social Security, SSI, TAFDC, child support, or other cash benefits you may receive for any children in your household. Additionally, this question only refers to the income for the Head of Household. A later section will ask about the income of other household members.

In the section below, detail the income sources and amount for the applicant.

⊗ Applicant Income Source 1

Type of Income *

How often are you paid? *

Amount (Before Taxes) *

Applicant's Annual Income

\$0.00

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Click “**Next**” to move to the next page.

On the next page, you are asked to provide household income. If you have no other household members, check “**I do not have any additional household members**”.

Additional Household Member(s)

You are required to report all members of your household. Household members include children, dependents, relatives, and roommates who help pay the rent you said you owe in this application.

Additional Household Members *

I have additional household members living with me

I do not have any additional household members

Otherwise, check “**I have additional household members living with me**”, and for each household member, fill out their information and income details.

Additional Household Member(s)

You are required to report all members of your household. Household members include children, dependents, relatives, and roommates who help pay the rent you said you owe in this application.

Additional Household Members *

- I have additional household members living with me
- I do not have any additional household members

Additional Household Member(s)

⊗ **Member 1**

Name *

First MI Last

Social Security Number *

This member does not have a social security number (SSN). No SSN

Relationship to Head of Household *

Date of Birth *

Gender * Male Female Other

Race *

Ethnicity *

Age

Does this member have income? * Yes No

Note: this includes any Social Security Benefits you may receive for any children in you household.

Click “**Next**” to move to the next page.

On the next page, you are asked to detail your assistant request. If you have overdue rent, check “**Overdue Rent**”, enter the total overdue amount, and check the months that the overdues were occurring.

Request for Assistance (Renter)

Select the funding you are requesting to assist you with your housing emergency. Outlining a need for assistance does not guarantee your request will be fulfilled.

You may select more than one item. Please note, the maximum amount you can receive is now \$7,000.

What kind of assistance do you need? *

Overdue Rent Overdue Utilities Other

Total Overdue Rent *

Months Overdue *

Pre 2020 January 2020 February 2020 March 2020 April 2020 May 2020 June 2020 July 2020 August 2020
 September 2020 October 2020 November 2020 December 2020 January 2021 February 2021 March 2021
 April 2021 May 2021 June 2021 July 2021 August 2021 September 2021 October 2021 November 2021
 December 2021 January 2022 February 2022 March 2022 April 2022 May 2022 June 2022 July 2022
 I don't know

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For utilities overdue, check ‘**Overdue Utilities**’, enter total overdue amount, and add detailed information about each utility account that you are overdue.

What kind of assistance do you need? *

Overdue Rent Overdue Utilities Other

Overdue Utilities *

Format as a dollar amount, ex: \$####.##

Utility Information

Use this section to outline information for your utility needs to ensure prompt payment, if approved.

Past Due Utilities

⊗ Utility 1

Utility Type *

Company Name *

Do you know the account number? *

Yes No

Account Number

For other types of overdues, check ‘**Other**’, and fill out the expense type and amount.

What kind of assistance do you need? *

Overdue Rent Overdue Utilities Other

Please note: You must have either overdue utility bills or overdue rent to receive assistance.

Other Expense Type *

Other Expense Amount *

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Click “**Next**” to move to the next page.

On the next page, you are asked to provide your landlord information. Fill out all required information and click “**Next**” to move to the next page.

Landlord Information

Filling out this section is critical to ensuring your application and any payments are sent to you in a timely manner.

If you pay your rent to someone who is not your landlord, please indicate that individual in the section below.

Landlord / Property Manager / Management Company Name * 

Landlord Address * 



Note: At least one form of Landlord contact information is required.

Landlord Phone * 

I don't have phone number for the Landlord

No phone

Landlord Email * 

I don't have an email for the Landlord

No email

Does your landlord live at the property where you rent your unit? * 

Yes No

Is there someone who collects rental payments on behalf of your landlord? * 

Yes No

On the next page, you are asked to upload required documents. Click on “**Upload**” button from corresponding sections to start to upload your documents. Click “**Next**” when you are done uploading all documents to move to the next page.

Document Uploads

Attention: Your application will not be reviewed until all required documents have been uploaded and you select the “Submit” button.

Proof of Identity *

or drag files here.

Only bmp, pdf, jpg, jpeg, xls, xlsx, doc, docx, png, rtf, gif, heic files may be uploaded.

Proof of Identity: This could include any of these:

- Photo ID (expired is OK, or
- Birth certificate

Verification of Current Housing

or drag files here.

Only bmp, pdf, jpg, jpeg, xls, xlsx, doc, docx, png, rtf, gif, heic files may be uploaded.

Verification of current housing: This can include any one of these:

- Lease, or
- Tenancy agreement, or
- Tenancy at will form, or
- Other verification of housing such as a letter from the landlord

Verification of eligible housing crisis

or drag files here.

Only bmp, pdf, jpg, jpeg, xls, xlsx, doc, docx, png, rtf, gif, heic files may be uploaded.

Verification of eligible housing crisis: This could include any one of these:

- Notice of arrears/rent owed, or
- An eviction-related notice, like a Notice to Quit or a Court Summons, or
- Letter from host if you're doubled up/couch-surfing, or
- Utility shutoff or overdue notice, or
- Verification of other housing emergency

Property Owner W-9

or drag files here.

Only bmp, pdf, jpg, jpeg, xls, xlsx, doc, docx, png, rtf, gif, heic files may be uploaded.

Property owner W-9: Completed W-9 form

Proof of ownership

or drag files here.

Only bmp, pdf, jpg, jpeg, xls, xlsx, doc, docx, png, rtf, gif, heic files may be uploaded.

Proof of ownership: This could include:

- Deed, or
- Water, property tax, or sewer bill

On the next page, you are asked to certify your application. Read through the page, sign at the bottom and click “**Submit**” button to finish your application.

Application Certification and Contract

Application Certification

You have provided certain Personal Information (name, address, income, age, etc) about you and your household on this application. It will be used to determine eligibility and the need for financial assistance for the Residential Assistance for Families in Transition (RAFT), Emergency Rental Assistance Program (ERAP) and Emergency Rental and Mortgage Assistance (ERMA) programs (collectively, “Emergency Housing Payment Assistance”), as well as other programs the Massachusetts Department of Housing and Community Development (DHCD) may administer, and to comply with federal and state reporting and record keeping requirements. The information is also used to manage the housing program, to protect the public financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, local public housing authorities, regional non-profit housing agencies, service providers and civil or criminal investigators and prosecutors. It may also be used for research and program evaluation purposes. Otherwise, the information will be kept confidential and only used by the Regional Agency staff in the course of their duties.

To verify program eligibility, the Regional Agency will provide information about you to others (agencies, including the Executive Office of Labor and Workforce Development, the Department of Unemployment Assistance [for unemployment insurance and other income information], the Department of Revenue, the Department of Transitional Assistance, MassHealth, and other state agencies, organizations, service providers, employers, your landlord, your mortgage holder or individuals) and receive information from those entities about you. Further, it may be necessary to discuss or correspond with others regarding this information. By signing below, you are giving permission to DHCD and other entities as described herein to exchange information about you.

You or your authorized representative has a right to inspect and copy any information collected about you. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the Regional Agency holds about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file.

Under state privacy laws^[1], applicants and program participants may give or withhold their permission to share this Personal Information. However, failure to permit the Regional Agency to share the required information may result in delay, ineligibility for programs, or termination.

Participant obligations

If Participant is found eligible and receives assistance, Participant agrees to:

- Provide the Regional Agency with all requested information from all sources for all household members, as requested.
- Remain in contact with the Regional Agency, as needed by the Regional Agency, in order to assist the Regional Agency with tracking and reporting on program performance.
- Not purposely do anything that would jeopardize the Participant's current housing or employment status.
- Not commit fraud or make any false statements in connection with the Emergency Housing Payment Assistance programs.

Other obligations of the Participant:

- The Participant agrees that he/she does not have any financial interest in the rental unit for which program funds are being used.
- The Participant agrees if he/she is approved for the same funding need by a different funder or source, he/she will immediately notify the Regional Agency and use best efforts to ensure that the funds are returned to the Regional Agency or to the other funder.
- The Participant agrees that all terms, conditions, and provisions of this contract apply to all members of the Participant's household.
- The Participant agrees to continue to make housing payments not covered by Emergency Housing Payment Assistance programs. Failure to comply with rent, mortgage, utility, or other payment obligations without a compelling justifiable cause may disqualify the Participant from any additional Emergency Housing Payment Assistance.

By signing below, you acknowledge that you understand that this application is not a commitment of monetary assistance.

By signing below, you certify under the pains and penalties of perjury that all of the information provided in this application is true, complete, and accurate to the best of your knowledge. You agree to do your best to provide, upon request, documentation to support any self-certification, if used. You certify that you have not received or been approved for funds from any other source to pay for the same expenses that you have requested above. You understand that any false statement or misrepresentation may result in the withdrawal or denial of this application or any other action that the Department of Housing and Community Development (“DHCD”) and/or the Regional Agency may deem appropriate, including prosecution for fraud.

This authorization is valid for a period of 10 years from the date of signing.

Signing your name in the signature field below, constitutes signing this document electronically. An electronic signature has the same meaning, validity and effect as a handwritten signature.

^[1] Massachusetts Fair Information Practices Act (FIPA), M.G.L. c. 66A; and the Massachusetts Data Privacy Act (DPA), M.G.L. c. 93H.

John Doe Name Signature *



x

[draw](#) [type](#)

[← Back](#)

[Submit](#)

