

Thank you for your interest in our financial assistance programs!



Please read these instructions carefully. There is a list of required documents on the next page. If there is anything you don't understand, the intake staff will be happy to help you!

You may return your application by email (see below), mail, or by leaving it in the outside drop-box at our office. This box is checked daily. We are also open Monday through Friday from 9am to 1pm.

We cannot accept applications by fax as they tend to be illegible.

Your application will be reviewed for pre-eligibility within 1 business day. For some programs, you may need a phone or video appointment to discuss your application and complete additional paperwork. We will contact you to schedule that if necessary. You will be notified in writing of your approval or denial. **Please be advised that you have not been approved for funds until you have received this written notification.**

****If you are applying for assistance with move-in costs, Do not move in until you have received final approval and your landlord has completed the required paperwork. Signing a Lease and moving in prior to approval will AUTOMATICALLY make you ineligible for funds****

If you have any questions, please contact us at

Prevention@haconcapecod.org or

508-771-5400.

All documents listed on this page must be submitted with this application.

We cannot determine which programs would best serve your needs without all the necessary elements, therefore, **incomplete applications will not be accepted**. Please make sure each box is checked before returning the application.

Attached application. Please be sure to sign where indicated!

PROOF OF CRISIS: This shows what type of help you need. For example: an eviction notice, utility shutoff, mortgage arrearage letter.

CAUSE OF CRISIS: Our funds are for one-time use, in situations where something unexpected happens to cause you to fall behind in rent or utilities or your mortgage, or when you are homeless or at risk of homelessness.

We need to document **what happened** and that it is a temporary situation. Some examples: a doctor's note stating you were out of work due to illness, a vehicle repair bill, unemployment benefits. If you are applying for help to move into a place, document why you cannot remain where you are. (Again, **do not move in prior to approval**). If you are staying with someone temporarily, please ask us for a host household verification form.

This needs to be third-party verification. It must come from someone not in your household.

LAST FOUR WEEKS OF INCOME FOR ALL HOUSEHOLD MEMBERS 18+ For example: Pay stubs, benefit letters, child support printout, etc. Please be sure pay stubs are consecutive and cover the last four weeks. ***If you just started work, don't receive pay stubs or are paid in cash, please ask us for an income verification form.*** These must be dated within the last 30 days. Please note if you receive Social Security Benefits, we need a benefit letter dated within the last 30 days, not your yearly benefit letter (even if nothing has changed).

IDENTIFICATION FOR HEAD OF HOUSEHOLD For example, Photo ID, Birth Certificate, Passport, Driver's License.

IF YOU CANNOT GET ANY OF THESE DOCUMENTS DUE TO THE CURRENT PANDEMIC, PLEASE INCLUDE A NOTE WITH YOUR APPLICATION.

****You may send your application and/or any accompanying documents by emailing screenshots, as long as they are legible.****

FREQUENTLY ASKED QUESTIONS:

How long does the process take?

Once your application is complete, processing time is approximately 10-14 days. This includes appointments, paperwork, contacting your landlord/vendor, and internal processing.

What is cause of crisis?

This is documentation that explains your housing situation and why you are currently in need. For example, if you are behind in rent, provide something that shows what happened, like being out of work for medical reasons, having an expensive car repair or being laid off from your job and waiting for unemployment benefits. If you need help moving into a place, show why you can't stay where you are currently, such as an eviction notice or letter from the Board of Health. If you're staying with friends or family, ask for a host household verification form they can fill out for you. There are other qualifiers as well. If you're not sure, ask!

How do I prove homelessness?

This depends on individual situations. If you are staying in a motel, provide recent receipts from the motel. If you're sleeping in your car or in another situation that is difficult to verify, we can accept a letter from a third party with knowledge of your situation, such as a doctor, therapist, employer or clergy person.

Do I need to have a social security number to apply?

No. For many of our programs, legal citizenship is not required. If a household member does not have a social security number, please enter 88-888-8888 into the appropriate place in the application.

How much assistance can I get?

We operate a number of different programs with different guidelines, qualifications, and assistance limits. We can't determine the amount for which you may be eligible until your application has been reviewed by the appropriate staff.

Do you only help families with children?

No. All residents of the Cape & islands can request financial assistance from HAC, regardless of family composition.

Can I use funds for a motel or seasonal rental?

No. Funds are available only for year-round housing.

When should I put in the application?

That's up to you. A completed application is good for 30 days. You can apply any time, but if you are unable to use the funds within 30 days, you will need to reapply. Letting your application expire ***has no effect*** on your future ability to receive assistance.

The Residential Assistance for Families in Transition (RAFT) and Emergency Rental and Mortgage Assistance (ERMA) Programs can assist households experiencing a housing emergency with eligible housing costs. Please complete the application below and submit it to your local regional administering agency ("Regional Agency"). The Regional Agency will determine whether you may be eligible for RAFT, ERMA, or any other housing programs.

1. Household information

Applicant name: _____

Preferred language: _____

Phone number: _____

Email address: _____

Alternate contact information: _____

2. Landlord information

Landlord name: _____

Landlord address: _____

Preferred language: _____

Phone number: _____

Email address: _____

Alternate contact information: _____

3. Reason for application

Please briefly describe your housing situation, what type of financial assistance you are requesting, and the reason for the request.

How much funding are you requesting for assistance with your housing emergency? Please note that benefit levels are determined by formula, and you may not receive the full amount requested. _____

4. COVID-19 certification

Please check off the box below if your request is related to a situation that was caused or made worse by COVID-19. *Note that not all programs require a connection to COVID-19 for approval. Regional Agency staff will determine which program(s) you are eligible for after reviewing your application.*

I certify that I am applying for emergency housing assistance because of a housing situation that was caused or made worse by the COVID-19 pandemic and economic crisis.

My housing crisis was not caused by COVID-19. Please consider me for the appropriate program.

If applicable, please explain how COVID-19 caused a financial hardship for your household and/or caused or worsened your current housing situation.

5. Household information

Household member	Name (Last, First)	Date of birth	Sex	Ethnicity	Race	Social Security Number (if applicable)
Head of household			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other _____			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other _____			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other _____			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other _____			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other _____			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other _____			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Adult 18+ <input type="checkbox"/> Other _____			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	

6. Current housing status

What is your current address? _____

Do you currently rent or own? _____

How much is your monthly payment? _____

If you currently owe arrears (rent/mortgage), how much is currently overdue? _____

If you rent, do you currently have a housing subsidy or live in subsidized housing?

Yes No

If yes, what kind of subsidy or subsidized housing?

Section 8 (mobile/tenant-based or project-based)

MRVP

Public Housing

Other Subsidy (explain) _____

7. Household income

List all sources of income for all household members. Sources of income may include, but are not limited to, wages, unemployment, Social Security benefits, pensions, TAFDC, EAEDC, child support, alimony, income from self-employment, and regular contributions or gifts from persons not residing in the household.

If your household has more than six sources of income, please attach additional pages to document all of your household income.

Name	Income source (i.e., job, DTA benefits)	Gross Amount (before taxes)	Frequency	Check this box if a household member 18 or older has zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income
			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):	<input type="checkbox"/> Zero income

I certify that the above income is true, accurate and complete. I recognize that incorrect statements about my household income may result in application delays or denial.

Some sources of income may be deductible from your gross income for eligibility determination purposes. Please check off if you or a member of your household listed above **currently pay** for any of the following expenses:

Name	Expense(s)	Amount(s)	Frequency
	<input type="checkbox"/> Child support, separate support, or alimony paid under court order or agreement <input type="checkbox"/> Child care or care of a sick or incapacitated household member <input type="checkbox"/> Tuition and fees for vocationally related post-secondary education (not full-time)		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):
	<input type="checkbox"/> Child support, separate support, or alimony paid under court order or agreement <input type="checkbox"/> Child care or care of a sick or incapacitated household member <input type="checkbox"/> Tuition and fees for vocationally related post-secondary education (not full-time)		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):

8. MassHealth/DTA Benefits

To receive RAFT/ERMA, you must meet certain income requirements, and your income must be verified. The RAFT/ERMA Agency may be able to call MassHealth or DTA to verify your income (they will not ask about your health or benefits):

- I am on MassHealth insurance.
- I receive DTA benefits (i.e., SNAP, TAFDC, EAEDC).
- I do not receive MassHealth or DTA benefits, or do not wish that those sources be used to verify my income.

9. MassHire Career Centers can help you get a new job or advance your career

Your local **MassHire Career Center** can help you with job search and connect you to other services to improve skills, land a job or develop a long-term career path. MassHire Centers are open for virtual services, so please **call** the one closest to you to enroll in a *Career Center Seminar*. The list of MassHire Centers across the state can be accessed at <https://www.mass.gov/how-to/find-a-masshire-career-center>.

You can also search and match to more than 150,000 open jobs online, utilize online tools to assess your skills, explore careers, sign up for scheduled virtual events, and manage your job search in JobQuest. You do not need to call a MassHire Career Center to register in the system. Go to www.mass.gov/jobquest to get started.

10. Authorization and Release

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) and Emergency Rental and Mortgage Assistance (ERMA) programs, 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, 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 laws¹, 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 RAFT and/or ERMA 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 RAFT and/or ERMA assistance. Failure to comply with rent, mortgage, utility, or other payment obligations without a compelling justifiable cause may disqualify the Participant from any additional RAFT and/or ERMA financial assistance.

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

By signing below, you acknowledge that you understand that this application is not a commitment of monetary assistance, but if you are determined eligible, financial assistance between the RAFT and ERMA programs cannot exceed \$10,000 in any 12-month period, regardless of how many times you apply or are determined eligible.

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.

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

Applicant signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Other adult 18+ signature: _____ Date: _____

Document Checklist

- Identification for the head of household (examples: photo ID, license, birth certificate, passport)
- Documentation of current housing and primary residence (examples: lease, tenancy at will agreement, mortgage statement)
- Documentation of eligible housing crisis; examples include, but are **not limited to**:
 - Notice of arrears (unpaid rent)
 - Court summons
 - Letter from host family if doubled up
 - Utility shutoff
- W-9 from payee (landlord, moving company, etc), if applicable
- Proof of ownership for property owner if funds will be used to pay a property owner
- Verification of amount owed or due for any funds being covered

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

Other: _____
Other: _____
Other: _____
Other: _____