

**CITY OF CHELSEA
DEPARTMENT OF HOUSING AND COMMUNITY
EMERGENCY RENTAL ASSISTANCE APPLICATION
EQUAL HOUSING OPPORTUNITY**

Instructions: *Please complete the following forms and attach all required documentation. Incomplete applications will not be processed. Completed applications should be placed in the silver drop box outside of the Washington Ave. entrance to City Hall OR emailed to: dvalentin@chelseama.gov*

Please contact the following staff if you have any questions, or if you're seeking a reasonable accommodation due to a disability:

**Dept. of Housing & Community Development
500 Broadway, Room 101
Chelsea, MA 02150**

Alex Train, AICP, Director | E: atrain@chelseama.gov

Desirae Valentin, Housing and Community Development Coordinator | dvalentin@chelseama.gov

For additional information about the program please call 311 (617-466-4209)

Please allow three weeks for application processing following date of the application deadline

1. Applicant Information

Name of Applicant:			
Name of Co-applicant:			
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 Chelsea resident?			

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

What is your preferred language for contact: English Spanish Other _____

2. Conflict of Interest

Stating “yes” to any of the following questions does not disqualify you from the program, it is just necessary to disclose this information.

	Yes	No
Are you (or anyone in your household) a municipal employee or locally appointed official?	<input type="checkbox"/>	<input type="checkbox"/>
Do you (or anyone in your household) currently work as a consultant or agent to the community?	<input type="checkbox"/>	<input type="checkbox"/>
Do you (or anyone in your household) currently work for another agency that administers City funded programs for the community?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is your current title position?		
In what agency or department?		

How did you hear about the Emergency Rental Assistance Program?				
Newspaper <input type="checkbox"/>	Brochure <input type="checkbox"/>	Local Access Channel <input type="checkbox"/>	City’s website <input type="checkbox"/>	Non-Profit Agency <input type="checkbox"/>
Other <input type="checkbox"/>	Please describe: _____			

Note to Housing Staff: If there may be a potential conflict of interest, please describe it and attach a resolution, if any.

3. Housing Expenses

Please provide information about monthly expenses for the property that is the subject of this application. Attach a copy of your lease. If you do not maintain a lease, attach a copy of a letter from the person you rent from 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 Information for landlord/person you pay your rent to: _____

Are you comfortable with us engaging your landlord/person you pay your rent to on this topic? This will likely improve your chances of staying in your home long term.

Yes No

What is your monthly cost for rent and utilities? _____

How much do you owe in past due rent? _____

How much do you owe in past due utilities? _____

4. Affirmative Fair Housing Marketing

Applicants should complete the following section to assist us in fulfilling affirmative marketing requirements. Please note, responding to this section is optional. A lack of response will not disqualify you from this program.

ETHNICITY/RACE DATA

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. Household Composition Information

Below please provide information for **EVERY PERSON** who lives with you in your home, including yourself, your spouse (if any), children – even young children – other relatives who live with you, and/or unrelated people who live there. This is considered your “HOUSEHOLD.” Do not include any child or other person who does not live in your house. If children are not of working age, simply list their names and ages. Attach a separate sheet if you need more room.

Name	Age	Relationship to Head of Household	Veteran?	Disabled?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Lottery Local Preference Information

Applicants are required to provide information relative to the following for inclusion in the Local Preference lottery pool. Each one of these questions addresses a vulnerable population that the City seeks to preserve housing access to. For households that are home to these populations they will be entered into the Preference Lottery Pool. Please note, applicants in the Preference lottery pool are also included in the Open Lottery Pool.

Description	Response
1. Are you a parent with children under the age of 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you over the age of 65 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is your annual household income under 30% AMI? <i>Please consult Attachment #2 for 30% Area Median Income to determine if applicant qualifies for this preference.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you eligible for federal benefits, such as a federal stimulus check received in April 2020 and/or federal unemployment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has your household experienced economic impacts caused by the COVID-19 pandemic?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Household Income Information

Households may be eligible for this program if their gross annual income is up to 50% of the FY'20 Area Median Income Limits, as set out in Attachment #1. Households with gross household income in excess of 50% of the FY'20 Area Median Income Limits are not eligible for this program.

Please list all sources of income for the last 12 months for each member of the household over 18 years of age. 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.
- 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

Name	Source of Income	Gross Annual Income

REAL ESTATE

Do you own real estate?

Yes No. If yes, list below

Type of Real Asset	Total Value
Other Real Estate (first property)	\$
Other Real Estate (second property)	\$
TOTAL VALUE OF REAL ESTATE:	

8. EVICTION NOTICES

Have you received any of the following:

- Threats (verbal or written) from your landlord
- A 14-day Notice to Quit
- A Summary Judgement
- None of the above

If you need a statement of application for your landlord or legal reasons please contact Desirae Valentin at dvalentin@chelseama.gov for an official letter. If you are facing immediate eviction please contact the Chelsea Housing Legal Clinic at 617-466-3037.

9. SIGNATURES AND CERTIFICATIONS

The applicant 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;
- That I/we authorize the City of Chelsea and its Representatives to verify all information provided herein, and authorize said agency to investigate this information.
- That I/we understand that personal and financial information on file with the City of Chelsea and its Representatives is kept confidential to the extent allowed by law.
- That I/we agree to engage and respond to correspondences and communication from City of Chelsea Staff in a timely fashion
- That I/we agree to, as a condition of our participation in the program, consider engaging wrap-around service providers (i.e. food assistance, home heating oil assistance) to obtain aid, if such services are recommended by the City.
- That I/we indemnify and hold harmless the City 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.
- That I/we hereby consent to receiving communication from the City via text messaging and phone calls to the provided phone numbers regarding program updates.

The property owner(s) further certify:

- That I/we, the owner(s) of the property, have read and understand the summary program description of the Emergency Rental Assistance Fund provided to me/us and that these terms and conditions are acceptable to me/us if I/we are eligible to receive Emergency Rental Assistance Program financing.
- That additional terms and conditions related to the Emergency Rental Assistance Program memorialized in a grant agreement must be mutually consented to by execution of said grant agreement prior to disbursement of funds.

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)

ATTACHMENT #2: MEDIAN HOUSEHOLD INCOME LIMITS

Household Size	50% AMI Low Income	30% AMI Low Income
1	\$44,800	\$26,850
2	\$51,200	\$30,700
3	\$57,600	\$34,550
4	\$63,950	\$38,350
5	\$69,100	\$41,450
6	\$74,200	\$44,500
7	\$79,300	\$47,600
8	\$84,450	\$50,650