

Town of Hopkinton
Covid-19 Emergency Housing Relief Program



Contact: Elaine Lazarus 508-497-9701 or elainel@hopkintonma.gov

Deadline for Applying: September 1, 2021

The Program

The Hopkinton Covid-19 Emergency Housing Relief Program (CEHRP) is funded by the Community Preservation Act. The funding was approved at the May 8, 2021 Hopkinton Annual Town Meeting. The program provides Covid-19 related emergency mortgage and rental assistance for low and moderate income households, provided that:

- Mortgage assistance may be provided only to those households living in housing subject to an affordable housing restriction (recorded deed restriction) or in exchange for an affordable housing deed restriction;
- Rental assistance may be provided only to households living in units eligible for inclusion on the State's Subsidized Housing Inventory (SHI).

The support is for those who, due to loss of income or other assistance caused by the Covid-19 pandemic, are in need of help to pay rent or mortgage. All approved payments would be made directly to landlords and mortgage holders.

Qualification

To qualify, applicants must meet the following requirements:

- Hopkinton resident;
- Have an annual gross household income of no more than 80% of the Area Median Income (AMI) at the time of application, which is:
 - 1 person household: Income limit of \$84,560
 - 2 person household: Income limit of \$96,640
 - 3 person household: Income limit of \$108,720
 - 4 person household: Income limit of \$120,800
 - 5 person household: Income limit of \$130,464
 - 6 person household: Income limit of \$140,128
 - 7 person household: Income limit of \$149,792
- If requesting mortgage assistance - Reside in housing that is subject to an affordable housing restriction (deed rider), or housing upon which the owner intends to place an affordable housing restriction which will make the housing unit eligible for inclusion on the Subsidized Housing Inventory; OR
- If requesting rental assistance - Reside in housing eligible for inclusion (or currently included) on the Subsidized Housing Inventory.
- Has reduced income because of Covid-19 and can demonstrate financial hardship

Qualified applicants are eligible for up to 3 months of housing assistance. This may be for back rent or mortgage payments, or it may apply to the next successive payments, or a combination thereof.

Households currently receiving rental assistance are eligible for this program.

The program will cover up to 70% of a household's monthly rent payment.

The program will cover up to 70% of a household's monthly deed restricted mortgage payment.

A "household" is defined as an individual or two or more persons who live regularly in the unit as their principal residence and who are related by blood, marriage, law, or who have otherwise evidenced a stable inter-dependent relationship.

Deadline

The deadline for applications is September 1, 2021 at 4:30 PM.

Applications received after the deadline will be added to a waiting list in the event that funds are available.

Process

Submit the application form and all supporting documents by email to Elaine Lazarus at elaine1@hopkintonma.gov, or by mail or in person to:

Town Manager's Office
Housing Program
18 Main Street
Hopkinton, MA 01748

Applicants have the right to request a reasonable accommodation(s), which may include a change to a rule, policy, procedure or practice to afford a person with a disability an equal opportunity to participate fully in the housing program.

Language assistance is available to households with limited English proficiency.

If an application includes an email address, the applicant will receive a confirmation email that the application has been received. If there is no email address, the Town will reach out by phone to the number provided.

The Town may follow up to request verification to confirm the reported information.

If all eligible applications received before the September 1 deadline can be funded in full, assistance will be disbursed once the review is complete and a plan for each applicant can be developed. If requests for assistance exceed the amount available, a random drawing will be held. If excess funds remain after the eligible applications received before the September 1 deadline are funded, then wait-listed applications will be reviewed and evaluated in the order in which they are received, until funds are no longer available. Applications for unfunded eligible applicants will be kept on file for the remainder of the program duration in the event additional funding becomes available.

Households who do not respond to phone, email or mail inquiries or who do not respond to a request for additional information within 10 days will be moved to the wait list. If and when the household responds with the additional requested information, the application will be processed if funding is available.

Incomplete applications will not be processed. Please complete all information requested on the application and submit all required documentation to verify income.

Affirmative Marketing Methods

The Town of Hopkinton does not discriminate on the basis of race, color, religion, national origin, disability, familial status, sex, age, marital status, children, sexual orientation, genetic information, gender identity, ancestry, veteran/military status or membership.

Marketing activities will consist of the following:

1. Town of Hopkinton website
2. Notice in the Hopkinton Independent and on HCAM-TV
3. Direct mail to all deed restricted affordable housing units
4. Email and direct mail to the Hopkinton Housing Authority and the management companies for Woodview at Legacy Farms and Windsor at Hopkinton, for distribution to tenants.

Privacy

Personal information will be kept confidential to the extent permitted by law, except that such information may be disclosed in communications with an applicant, landlord, or mortgagor.

Right to Appeal

An applicant has the right to appeal funding decisions within 5 business days from the date of the written notification. An appeal must be made in writing. The Town will appoint a neutral party to hear the appeal, who will render a final decision within 14 business days of the hearing.

APPLICATION FORM
COVID-19 EMERGENCY HOUSING RELIEF PROGRAM
Town of Hopkinton, MA

SECTION 1 – Applicant Information

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____ Applicant Email: _____

I am the applicant.

I am an agent or representative of the applicant.

Name of agent/representative: _____

Relationship to applicant: _____

Covid-19 Certification

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

Please explain how Covid-19 caused a financial hardship for your household and/or caused or worsened your current housing situation:

SECTION 2 - Household Members

Please list information for all adults (age 18 and older) in the household, including yourself. Continue on a separate sheet if necessary.

First Adult Household Member:

Name of Household Member: _____

Current Residence Address: _____

Mailing Address, if Different: _____

Phone Numbers – Home: _____ Cell: _____ Work: _____

Email Address: _____

What is the best way to reach this household member? Phone (Cell, Home, or Work?) Email

Second Adult Household Member:

Name of Household Member: _____

Current Residence Address: _____

Mailing Address, if Different: _____

Phone Numbers – Home: _____ Cell: _____ Work: _____

Email Address: _____

What is the best way to reach this household member? Phone (Cell, Home, or Work?) Email

Third Adult Household Member:

Name of Household Member: _____

Current Residence Address: _____

Mailing Address, if Different: _____

Phone Numbers – Home: _____ Cell: _____ Work: _____

Email Address: _____

What is the best way to reach this household member? Phone (Cell, Home, or Work?) Email

Please list all of the individuals who live in the housing unit:

| First and Last Name | Date of Birth |
|---------------------|---------------|
| | |
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| | |

SECTION 3 – Home Rental/Mortgage Information

Please provide information on the apartment or home in which your household will be living during the period in which rental/mortgage assistance will be provided.

Home/Apartment Street Address: _____

Apartment No.: _____

City, State, Zip: _____

Does your household presently live in this home or apartment? Yes No

What is the monthly net rent/mortgage payment (i.e. what is the amount you pay)?

\$ _____

If your household lives in this apartment, is it under a lease agreement? Yes No

What are the dates in which the lease is in effect? _____

Please indicate the utilities and home-related bills you pay separately from rent/mortgage. What is the average monthly cost of each of these utilities?

Electricity \$ _____

Heat \$ _____

Water \$ _____

Sewer \$ _____

Other \$ _____

Landlord or Mortgage Holder Information

If you are living in an apartment, please provide information on the landlord in Box 1 below. If you are the homeowner and are requesting mortgage assistance, please provide information on the mortgage holder in Box 2 below.

Box 1 – Landlord Information

Landlord Name: _____

Landlord Telephone No.: _____

Landlord Email: _____

Landlord Address: _____

Box 2 – Mortgage Holder Information

Name of Mortgage Holder: _____

Contact Name: _____

Contact Name Telephone No.: _____

Contact Name Email: _____

Mortgage Holder Address: _____

Renters: Do you own a second home or have an interest in any real estate? Yes No

Homeowners: In addition to the home you reside in, do you own a second home or have an interest in any other real estate? Yes No

SECTION 4: Request for Assistance

Please briefly describe your housing situation as it pertains to this application, including changes due to Covid-19:

Please briefly describe the specific reason for your request. For example, if your income has been reduced or it will be reduced please explain why; if expenses have increased or will be increasing please explain why; if you are behind on rent or mortgage payments, please explain why.

Select the funding you are requesting to assist you with your housing emergency.

Note: All payments will be made by the Town to landlords or mortgage holders only.

- Overdue Rent
- Overdue Mortgage Payments
- Rent due over the next 1 to 3 months
- Mortgage payments due over the next 1 to 3 months

Total Amount Requested: \$ _____

Documentation Required:

If you live in rental housing, a copy of a lease or letter from the landlord including the amount of rent and whether utilities are included in the rent must be submitted with this application.

SECTION 5: Household Income

Please provide the anticipated income for all household members over age 18, from all sources, for the most recent 4 weeks. Please specify all sources. You must also submit verification documents or proof of eligibility for a qualifying state or federal benefit. If the Type of Income listed in the table below is not applicable, please leave that line blank.

| Household Member Name | Type of Income | Name of Employer or Source of Income | Estimate of Income for Next 12 Months |
|-----------------------|--|--------------------------------------|---------------------------------------|
| | Gross Salaries, Wages, including Overtime/Tips | | \$ |
| | Gross Salaries, Wages, including Overtime/Tips | | \$ |
| | Gross Salaries, Wages, including Overtime/Tips | | \$ |
| | Interest and Dividend | | \$ |
| | Tax Refunds | | \$ |
| | Regular Alimony-Support Payments | | \$ |
| | Regular Child-Support Payments | | \$ |
| | Net Income from Business or Profession | | \$ |
| | Unemployment or Disability Compensation | | \$ |
| | Regular Social Security Benefits and/or SSI | | \$ |
| | VA Disability Income | | \$ |
| | Other Income | | \$ |
| | Other Income | | \$ |
| | | TOTAL INCOME | \$ |

Please list any other income-related factor that we should know about:

Documentation Required:

1. If you are currently eligible for any of the following programs, you may submit documentation of such in lieu of #2, 3, and 4 below: 911 Cell Phone/FCC Lifeline, Child Care Subsidy (general or disabled), Community Preservation Act Exemption, Energy and Fuel Assistance, MassHealth/Medicaid, Eversource Discount Rate, SNAP (general or elderly/disabled), Transitional Assistance, WIC. Documentation should include income.
2. Pay stubs for the last 5 weeks for all employment income. If you are paid weekly, this includes your most 5 recent pay stubs for the past 5 weeks.
3. If you are paid bi-weekly, this includes your 3 most recent pay stubs covering the past 5 weeks.
4. If you are paid monthly, this includes your 2 most recent pay stubs covering the past 5 weeks.
5. 2020 federal tax returns for all household members who filed.
6. For self-employed persons, the most recent federal income tax returns and a year-to-date profit and loss statement.
7. Current documentation of all other income sources. This may include pension and retirement account statements, Social Security Benefit Verification letter, the most recent statement of unemployment compensation detailing your compensation, court ordered alimony and child support.

Required Documentation Checklist

| | | Check if Provided |
|---|--|-------------------|
| | If you are currently eligible for any of the following programs, you may submit documentation of such in lieu of #1, 2, 3, and 4 below: 911 Cell Phone/FCC Lifeline, Child Care Subsidy (general or disabled), Community Preservation 0Act Exemption, Energy and Fuel Assistance, MassHealth/Medicaid, Eversource Discount Rate, SNAP (general or elderly/disabled), Transitional Assistance, WIC. Documentation should include income. | |
| 1 | Pay stubs for the last 5 weeks for all employment income. If you are paid weekly, this includes your most 5 recent pay stubs for the past 5 weeks. If you are paid bi-weekly, this includes your 3 most recent pay stubs covering the past 5 weeks. If you are paid monthly, this includes your 2 most recent pay stubs covering the past 5 weeks. | |
| 2 | 2020 federal tax returns for all household members who filed. | |
| 3 | For self-employed persons, the most recent federal income tax returns and a year-to-date profit and loss statement. | |
| 4 | Current documentation of all other income sources. This may include pension and retirement account statements, Social Security Benefit Verification letter, the most recent statement of unemployment compensation detailing your compensation, court ordered alimony and child support. | |
| 5 | For all persons over 18 with no source of income, each has signed the "No Income Verification Form" attached to this application. | |
| 6 | A copy of a lease or letter from the landlord including the amount of rent and whether utilities are included in the rent (if you live in a rental apartment). | |
| 7 | Completed application form, including signature page | |
| 8 | Proof of loss of income due to Covid-19 pandemic. | |

No Income Verification Form

This form must be completed by all household members age 18 or older with no source of income.

I, _____, do hereby certify that I do not have any sources of income. I rely on my family/the others in my household to provide my basic life necessities. I certify under the pains and penalties of perjury that this statement is true to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law.

Signature

Date

APPLICANT'S CERTIFICATION: All household members age 18 and older must sign.

- I understand that it is my responsibility to inform the Town Manger's Office in writing of any change of mailing address, income or household composition during the period of time under which my application is being considered and funds provided.
- I/We certify that all information provided in this application is true and complete to the best of my/our knowledge.
- I/We understand that any false statement, made knowingly and willfully, will be sufficient cause for the rejection of my/our application.
- I/We understand that any false information on this application or statements given are punishable by law and will lead to cancellation of this application or termination of benefits.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY:

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Printed Name: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Printed Name: _____