Town of Royalston
CARES Act Rental/Mortgage Assistance Program
Application

Applicant's first name _____ Last name _____

Co-Applicant's First Name_____ Last name _____

Street address _____

City/Town _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

E-mail address _____

Language preference (if other than English): _____

Total number of people in household (including yourself) _____
Total number under 18 years _____
Total number 18 years or older _____
Total number 18 years or older enrolled full-time in post-secondary education _____

This program is for people who have lost income due to COVID-19 related circumstances. Does your household meet this eligibility?   yes ____   no____

What is your household's current monthly income (include income from all sources and from all household members 18 years and older)? $_____

Number of bedrooms in your unit? _____

Do you have a Section 8 Voucher, MRVP or other rental assistance?   yes_____   no _____
If yes, what type of assistance? _____

What is your current rent/mortgage payment each month? $_____

Do you owe back rent/mortgage?   yes___ no____
If yes, how much? $_____

Do you or your co-applicant have a pending application for Unemployment Assistance?
yes ___   no____

Types of income being received by the household:

Yes| No
___|___ Wages
___|___ Unemployment benefits
___|___ Social Security
___|___ SSI/disability
___|___ Child support
___|___ Alimony
___|___ Pension/retirement
___|___ TANF
___|___ Other

Required Information: Landlord or Lender's Contact Information

Name: _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Best Phone Number _____ E-mail _____

Certification of Information

• I/We certify that all information furnished in this application for housing assistance is true and complete to the best of my/our knowledge.

• I/We certify that our household is not receiving any other government-funded rental or mortgage assistance.

• I/We certify that our household does not have access to other resources sufficient to cover the rent or mortgage.

• I/We understand that any false statement, made knowingly and willfully, will be sufficient cause for rejection of my/our application.

• I/We understand that landlord participation in this program is required.

• 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 and rental assistance.

• I/We understand that this authorization or the information obtained with its use may be given to and used to administer and enforce program rules and policies in compliance with HUD or Massachusetts DHCD or any other federal or state housing program guidelines

• I/We agree that a photocopy or facsimile or other electronic transmission of this authorization may be used for the purposes stated above.

• I/We understand that all decisions made by the Town of Royalston are final and that any appeals must be submitted in writing to the Royalston Select Board.

Applicant's Signature   _____ Date _____

Co-Applicant's Signature _____ Date _____

REQUIRED DOCUMENTATION
Application will be deemed incomplete without *ALL* documentation.

Income Verification – provide ALL of the following:
- One most recent paystub for all employed household members over the age of 18.
  - If overtime is a part of the household income, please provide the most recent three months of paystubs. Income will be calculated based on the average monthly income.
- Evidence of any other income sources (unemployment, child support, alimony, pension/retirement, etc.)
- Most recent bank statement for all bank accounts for all household members over the age of 18.
  - If a member of the household over the age of 18 is pursuing post-secondary education on a full-time basis, provide proof of enrollment. Any income from this household member will not be included as a part of the income verification.

Evidence of Reduced Income – provide ONE of the following:
- A second paystub showing reduced hours
- a lay-off notice from your employer
- multiple months' bank statements
- notices from Unemployment Assistance
- statement from employer stating reduction in hours

Rent/Mortgage Payment Verification – provide ONE of the following:
- Copy of Lease or letter from landlord evidencing monthly rent amount
- Current mortgage statement