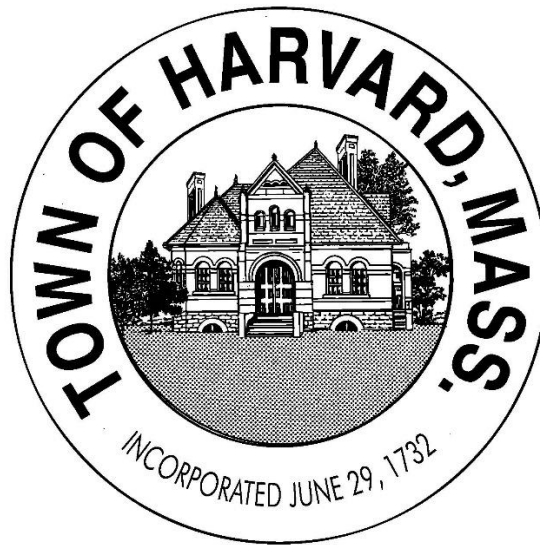


TOWN of HARVARD EMERGENCY RENTAL/MORTGAGE ASSISTANCE PROGRAM



**A Collaborative Program of the Harvard Municipal Affordable Housing Trust,
Community and Economic Development Department,
and the Harvard Council on Aging**

Contacts

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Deadline for Applying: March 1, 2021

Application Information

The Harvard Emergency Rental/Mortgage Assistance Program (HERMA) is a program funded by the Community Preservation Act (CPA). CPA funding was approved at the 2020 fall town meeting for emergency rental assistance to those qualified occupants living in low to moderate income housing. The addition of mortgage assistance was added at the town meeting. This support is for those who, due to loss of income caused by the COVID-19 pandemic, are in need of help to pay their rent or mortgage.

Qualification

To qualify, applicants must be a current Harvard resident, have an income of no more than 80% Area Median Income (AMI), and pay more than 30% of their income for housing expenses, among other qualifications as noted in the attached Program Guidelines. Housing expenses means the amount of rent paid by the applicant for rent to a landlord and, if not included in rent, the cost of heat, hot water, electricity, water, and sewer (collectively, "Rental Housing Expenses").

Income Eligibility

The total income of the applicant and all other members of the applicant's household over the age of eighteen (18) may not exceed 80% of the Area Median Income for the Worcester County Metropolitan Statistical Area (MSA) adjusted for family size. An applicant's total household income at the time of application cannot exceed the following limits:

Income Limits: 80% Area Median Income (AMI)

- 1 person household: \$47,850
- 2 person household: \$54,650
- 3 person household: \$61,500
- 4 person household: \$68,300
- 5 person household: \$73,800
- 6 person household: \$79,250
- 7 person household: \$84,700

Qualified Applicants are eligible for:

1. Up to three (3) months of housing assistance. This may be retroactive if a lump sum payment is required by landlord or mortgagor or may apply to next three (3) successive required payments.
2. The program will cover up to 70% of a household's monthly rent, with a maximum monthly assistance amount of \$1,500 per household (or \$4,500 per household for three months).
3. Mortgage assistance is only available to those income eligible households who reside in affordable deed restricted units. The program will cover 70% of a household's monthly deed

restricted mortgage payment, with a maximum monthly assistance amount of \$1,500 per household (or \$4,500 per household for three months).

The Town of Harvard COVID-19 Emergency Housing Relief Program is administered by the Municipal Affordable Housing Trust, Debbie Thompson, Director of the Council on Aging, and Christopher Ryan, Director of Community and Economic Development, on behalf of the Town of Harvard.

An example of how the program subsidy would be determined is as follows:

1. At the time of application submission, a 4-person household's annual income is determined to be \$50,000 (less than the 80% AMI threshold, which is \$68,300 for a 4-person household; qualifying the household as income-eligible for the program). One of the adults in the household recently lost their job, resulting in reduced household income. This household's monthly rent for their 3-bedroom apartment is \$2100.
 - a. The program will cover 70% of this household's monthly rent, with a maximum monthly assistance amount of \$1,500, or \$4,500 for three months.
 - b. Seventy (70%) percent of \$2,100 = \$1,470; therefore, the program will assist the family with up to \$4,410 of rental assistance (maximum 3 months), paid directly to the **landlord** in this case.

Household Eligibility

An "eligible household" shall mean an individual or two or more persons who will 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.

An "eligible" renter household is one that:

- Currently lives in the Town of Harvard
- Has reduced income because of COVID-19 (and can demonstrate this financial hardship)
- Has an annual gross income at or below 80% of Area Median Income (AMI) at the time of application to the program
- Households currently receiving rental assistance (e.g. Public Housing tenants, RAFT, Section 8, MRVP or other locally administered support) are also eligible for this program (program assistance is only applied towards tenant's portion of rent)

An "eligible" homeowner household is one that:

- Currently lives in the Town of Harvard
- Resides in an ownership unit that is deed-restricted affordable (restriction recorded with the Registry of Deeds)
- Has reduced income because of COVID-19 (and can demonstrate this financial hardship)

- Has an annual gross income at or below 80% of Area Median Income (AMI) at the time of application to the program.

Deadline

The deadline for applications is **Monday, March 1, 2021**

However, households who contact the Municipal Affordable Housing Trust after this time will be added to the list as long as there are sufficient funds available.

Process

1. Complete this form to apply to the Harvard Emergency Rental/Mortgage Assistance Program (HERMA) program. Please note, completion of this form does not guarantee approval or receipt of HERMA benefits.
2. While you do not need to provide an email address to complete/submit an application; **if you don't have an email address, you are encouraged to create an email account before beginning the application.** There are several options for a free email account, including [Gmail](#), [Yahoo](#), and [Outlook](#).
3. **Enter All Required Information** for the application you are submitting. The asterisk (*) indicates the information is required. An incomplete application may delay or disqualify your application.
4. **Supporting Documents:** You will be asked to submit photocopies of documents to support your application as well as the funding you are requesting. Detailed information on the specific documents which are to be provided can be found in the Application Form below.
5. **Due to the COVID-19 health crisis and the stay-at-home advisory, we ask that you do not leave your home to obtain documents. If you do not have access to the documents, please let us know.**
6. **Sign Your Name:** The head of household and any adult in the household (18+) must sign the forms in all places where requested. Your request will not be considered complete until all required information is provided, and you have signed.
7. **Application Assistance:**
 - a. Assistance with the submission of the application is available to those with limited computer access or other limitation. The Harvard Council on Aging is available to assist with completion of the application form and required verification documents. Please call 978-456-4120 for assistance.
 - b. 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 or to use and enjoy the housing.
 - c. Free language assistance is available to households with limited English proficiency.

8. **Confirmation:** If you provide an email address, you will receive a confirmation email that your application has been received. If you do not provide an email address, The Town will reach out by phone to the number provided.
9. **Please note that Harvard may follow-up to request verification to confirm the reported information.**
10. **All approved payments are to be made on the 1st and 15th of each month, directly to Landlords and Mortgage holders.**
11. Funds are not guaranteed and once this program has been depleted, it will not be re-capitalized.
12. **Application Review and Decisions** – If all eligible applications received can be funded in full, they will disburse assistance once all documents have been reviewed and a plan for the applicant can be devised. If requests for aid from eligible applications exceed the amount available in the fund, a need-based system will be devised whereby applicants will be ranked based on need and funded accordingly. Applications for unfunded eligible applicants will be kept on file for six (6) months in the event additional funding becomes available. If excess funds remain after the first round of assistance has been disbursed, and second round of first-come, first served awards will be advertised.
13. Households who do not respond to phone, e-mail, or mail inquiries or who do not respond to a request for additional information within the 10-day time frame provided by the program will be bypassed and the next highest ranked household will be offered the opportunity. If and when the household responds with the additional requested information, their application will be processed if funding is still available.
14. HERMA program administrators will proceed through the list of eligible applicants in this manner until all funds are awarded.
15. Applicants who contact HERMA after the application deadline will be added to the Wait List in the order received provided funds remain.
16. Any consideration of further assistance will depend upon the applicant's status and the availability of funding.

Incomplete applications will not be processed. Please complete all information requested on the application and submit all required documentation to verify income. If a question is not applicable, please write N/A.

Please ensure that all adults (age 18+) in your household sign this application. If you need additional space to provide an answer, please attach an additional sheet(s).

Affirmative Marketing Methods

The Town of Harvard 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 identify, ancestry, veteran/military status or membership.

Marketing activities shall consist of the following:

1. Town of Harvard COVID-19-Response website pages
2. Harvard School PTO email blast to all Harvard Public School families
3. Email outreach to neighborhood / community list serves / Nextdoor Harvard
4. Notice in Harvard Press

Applications will be available from HERMA in both electronic and paper format. In all cases the process begins by contacting HERMA. HERMA associates are available to assist individuals in the completion of their application and are able to accommodate households with disabilities that may impede their ability to complete the application. MAHT staff can also arrange for assistance for households that have limited English proficiency.

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

Submission

Please complete this form and submit all supporting documents virtually to either contact below:

- **Deborah Thompson, Director, Harvard Council on Aging** - dthompson@harvard.ma.us
- **Christopher Ryan, Director of Community and Economic Development** - cryan@harvard.ma.us

Privacy

Your personal information will be kept confidential to the extent permitted by law, except that such information may be disclosed in communications with you, your landlord, and ERMA.

Right to Appeal

An applicant has the right to appeal the decisions of HERMA within 5 (five) business days from the date of the written notification. An applicant may “in person” via Zoom, or appeal in writing. The Appeals Office will be a neutral party. At the hearing, the applicant or his/her designee may present supporting information relevant to the reason for rejection. A final decision will be rendered by the Appeals Officer, in writing, within five (5) business days from the date of the hearing.

An applicant concerned with discrimination against them may also contact the Mass Commission Against Discrimination at 617-727-3990 or the US Department of Housing and Urban Development at 617-994-8300.

APPLICATION FORM

SECTION 1: Applicant Information

Application ID for Household (for office use only)

Applicant Identity

☐ I am the applicant.

Name _____

☐ I am an agent or representative of the applicant.

Name _____

Relationship to Applicant _____

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. *HERMA will determine that you are eligible for after reviewing your application.*

☐ My housing crisis was not caused by COVID-19. Please refer me to another assistance program.

☐ 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.

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

Household Members

Please list information for all adults in the household. Continue on a separate sheet if necessary.

First Adult Household Member

<i>Name of Household Member</i>		<i>Best Way to Reach Household Member</i>		
<i>Current Residence Address</i>	<i>Apt. No</i>	<i>City / Town</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Work Phone</i>	<i>E-mail Address</i>	
<i>Mailing Address (If Different)</i>	<i>Apt. No</i>	<i>City / Town</i>	<i>State</i>	<i>Zip</i>

Second Adult Household Member

<i>Name of Household Member</i>		<i>Best Way to Reach Household Member</i>		
<i>Current Residence Address</i>	<i>Apt. No</i>	<i>City / Town</i>	<i>State</i>	<i>Zip</i>
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Work Phone</i>	<i>E-mail Address</i>	
<i>Mailing Address (If Different)</i>	<i>Apt. No</i>	<i>City / Town</i>	<i>State</i>	<i>Zip</i>

SECTION 2: Household Information

Please list all the individuals who will live in the intended unit.

First & Last Name	Primary Contact?	Date of Birth
	Yes	

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 through the ERMA will be provided.

<i>Home/Apartment Address</i>		<i>Apt. No.</i>		<i>City</i>		<i>State</i>	
Does your household presently live in this home or apartment?				What is the monthly rent/mortgage?		\$	
						<i>Rent/Mortgage</i>	
If your household lives in this apartment, is it under a lease agreement?				What are the dates in which the lease is in effect?			
Please circle the utilities and home-related bills you pay separately from rent/mortgage. What is the monthly cost of each of these utilities?		Electricity		Heat (gas)		Heat (electric)	
Other:		\$		\$		\$	
						Heat (oil/propane)	
						Water	

Landlord or Mortgage Holder Information

Please provide information on the landlord if living in an apartment for rental assistance in Box 1 below. Please provide mortgageholder information in Box 2 below if mortgage assistance.

Box 1

<i>Landlord Name (if rental)</i>		<i>Telephone Number</i>	<i>Email</i>	
<i>Landlord Address</i>	<i>Apt. No.</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Box 2

<i>Name of Mortgage Holder and Contact Name</i>		<i>Telephone Number</i>	<i>Email</i>	
<i>Mortgage Holder Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>

Real Estate Interest

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

SECTION 4: Request for Assistance

Box 4.1 - Please briefly describe your housing situation:

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Box 4.2 - Please briefly describe the reason for your request:

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Select the funding you are requesting to assist you with your housing emergency. Please note that benefit levels are determined by formula, and you may not receive the full amount requested.

All payments will be made to landlords or mortgage holders only.

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

Please describe specific situation in Box 4.1 and 4.2 above. For example, if you select Overdue Rent, please provide an explanation such as: "My rent has been deferred for the last six months. I can pay three of those six months, but I need assistance to cover the remaining three months totaling \$3600."

Total Request Entered

\$ _____

SECTION 5: Household Income

Provide the anticipated income for ALL household members over age 18 from all sources for the most recent four (4) weeks. Please specify all sources. You are also required to submit verification documents or proof of eligibility for a qualifying state or federal benefit.

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		\$
	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		\$
TOTAL INCOME			\$

Please list any other income-related factor that we should know about.	
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Required Documentation Checklist

0	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: 911 Cell Phone /FCC Lifeline, Child Care Subsidy (general or disabled), Community Preservation Act Exemption, Energy and Fuel Assistance, MassHealth/Medicaid, R2 Discount, SNAP (general or elderly/disabled), Transitional Assistance, WIC. Documentation should include income.	
1	I/We have provided pay stubs for the last five (5) weeks for all employment income. If you are paid weekly, this includes your 5 most recent pay stubs for the past five weeks. If you are paid bi-weekly, this includes your 3 most recent pay stubs covering the past five weeks. If you are paid monthly, this includes your 2 most recent pay stubs covering the past five weeks.	<input type="checkbox"/>
2	I/We have provided 2019 federal tax returns for all household members who filed.	<input type="checkbox"/>
3	For self-employed persons, I/we have provided the most recent federal income tax returns and a year-to-date profit and loss statement.	<input type="checkbox"/>
4	I/We have provided 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.	<input type="checkbox"/>
5	For all persons over 18 with no source of income, I/we have signed the "No Income Verification Form" attached to this application.	<input type="checkbox"/>
6	I/we have provided a lease or letter from the landlord including the amount of rent and whether utilities are included if rental.	<input type="checkbox"/>
7	Provide the completed application	<input type="checkbox"/>
8	Provide proof of LOSS of income due to COVID-19 pandemic.	<input type="checkbox"/>

No Income Verification Form

To be completed by all household members age 18 and older with no source of income.

I, _____, do hereby certify that I do not have any sources of income. I rely on my family 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.

Applicant Signature

Date

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

- I understand that it is my responsibility to inform the **Council on Aging** or **Community and Economic Development Department** in writing of any change of mailing addresses, income, or household composition.
- I/We certify that all information furnished in this application for Rental/Mortgage Assistance 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 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 after occupancy.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature is as valid as the original.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Printed Name: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Printed Name: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Printed Name: _____