

**NORFOLK MUNICIPAL AFFORDABLE HOUSING TRUST  
HOUSING ASSISTANCE RELIEF PROGRAM (HARP)  
BEGINNING MAY 4, 2020  
ASSISTANCE APPLICATION 90 DAY GRANTS**

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 \_\_\_\_\_ Re-enter E-mail: \_\_\_\_\_

Language Preference (if other than English): \_\_\_\_\_

Total Number of People in Household (including yourself) \_\_\_\_\_

Total Number in Household 18 years or older \_\_\_\_\_

Total Number in Household Under 18 years \_\_\_\_\_

This program is for people who have lost income due to Covid-19 related circumstances. Does your household meet this eligibility? \_\_\_ yes \_\_\_ no

Do you have a Section 8 Voucher, MRVP or other rental assistance such as RAFT? \_\_\_ yes \_\_\_ no

Do you Rent \_\_\_ or Own \_\_\_

Is anyone in your household age 55 or up? \_\_\_ yes \_\_\_ no

What is your current rent/mortgage each month? \_\_\_\$\_\_\_\_\_

Do you owe back rent/mortgage? \_\_\_ yes \_\_\_ no                      If yes, how much \_\_\_\$\_\_\_\_\_

I have an application for Unemployment Assistance pending/approved \_\_\_ yes \_\_\_ no

Type of income being received by the household:

Wages Y N

Unemployment Benefits Y N

Social Security Y N

SSI/Disability Y N

Child Support Y N

Alimony Y N

Pension/Retirement Y N

TANF Y N

Other Y N

**Landlord/Lending Institution Contact Information:**

Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Best Phone Number \_\_\_\_\_ Email \_\_\_\_\_

NOTE: Landlord/Lending Institution MUST participate in this program. If this is left blank the application is incomplete and will not be considered.

**Certifications**

Certification of Information

- I/We certify that all information furnished in this application for affordable 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 assistance.
- 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/lending institution 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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release of Information**

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 Norfolk Municipal Affordable Housing Trust are final and that any appeals must be submitted in writing to the Norfolk Municipal Affordable Housing Trust Board of Directors.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## APPLICATION CHECKLIST

- One most recent paystub for all employed household members over the age of 18.
- Evidence of reduced income – this might be a second paystub showing reduced hours, or a lay-off notice from your employer, multiple month's bank statements or notices from Unemployment Assistance.
- 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.
- Copy of Lease or letter from landlord/lending institution evidencing monthly rent or mortgage amount

THESE MUST BE INCLUDED WITH YOUR APPLICATION OR IT WILL BE DEEMED INCOMPLETE