

# Town of Southborough

## Rental/Mortgage Assistance Guidelines

In response to the loss of income to households due to COVID-19, this program has been created and funded by the CARES Act funds granted to the Town of Southborough. This program seeks to be efficient and responsive. It is temporary in nature. Applicants that have been residents of Southborough for at least six (6) months are eligible for:

- Up to two months rental or mortgage assistance
- Assistance can be used to pay current rent/mortgage or pay rent/mortgage that is past due since 4/1/2020
- Mortgage assistance can be used to pay the mortgage principal and interest, it cannot be applied to escrow or homeowner's insurance.
- Amounts available are:
  - \$1200 / month for an efficiency/studio
  - \$1400 / month for a 1-bedroom
  - \$1600 / month for a 2-bedroom
  - \$2000 / month for a 3+-bedroom

Please visit <https://www.southboroughtown.com/town-administrator/covid-19-information-center> or contact Sarah Cassell, Director of Youth and Family Services, at [scassell@southboroughma.com](mailto:scassell@southboroughma.com) or (508) 481-5676 for an application.

*All applications must be received by Tuesday, December 1, 2020.*

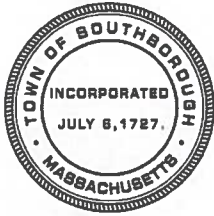
### **Household Eligibility**

#### **"Eligible" Household**

An eligible household is one that:

- Has reduced income because of COVID-19
- Earns less than 80% of Area Median Income
- Households currently receiving government-funded rental assistance such as Section 8, MRVP are not eligible. Households that have received RAFT assistance since April 1, 2020 are not eligible. Households living in units subsidized with Project Based Section 8 shall not be eligible.

A "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.



# Town of Southborough

## 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 greater Boston area adjusted for family size. An applicant’s total household income cannot exceed the following limits:

	Persons in Family							
	1	2	3	4	5	6	7	8
Income Limit: 80% Area Median	\$67,400	\$77,000	\$86,650	\$96,250	\$103,950	\$111,650	\$119,350	\$127,050

*Exception: A member of the household that is over the age of eighteen (18) and is pursuing post-secondary education on a full-time basis is exempt from being included in the total household income. Please provide proof of enrollment with application.*

## Process

- All potential participants must complete an application and attach requested documents prior to the deadline. The applications will be processed on a rolling basis.
- If you need a copy of the information contact Sarah Cassell, Director of Youth and Family Services, at [scassell@southboroughma.com](mailto:scassell@southboroughma.com) or (508) 481-5676.
- 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.
- Free language assistance is available to households with limited English proficiency.

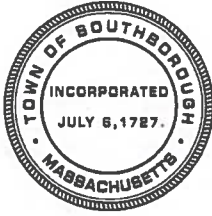
## Affirmative Marketing Methods

The Town of Southborough 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

Marketing activities will be conducted for a one-month period beginning November 1, 2020 – December 1, 2020. Efforts consist of:

1. Town COVID-19 Response website pages
2. Notices on Town social media
3. Press releases to local newspaper
4. Utilizing the distribution lists for schools, Recreation Department and Youth and Family Services.



## **Town of Southborough**

Applications will be available online at the Town of Southborough website, or a hard copy may be requested from the Youth and Family Services department. In all cases, the process begins by contacting the Youth and Family Services office. The Youth and Family Services staff is 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. 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 or to use and enjoy the housing.

Please contact Sarah Cassell, Director of Youth and Family Services, at [scassell@southboroughma.com](mailto:scassell@southboroughma.com) or (508) 481-5676 for assistance or inquiries.

DRAFT

Eligibility Chart  
COVID Rent/Mortgage Relief  
Options Southborough

1. Is there a Financial Hardship  
and/or loss of income Due to  
COVID 19?

No

Not Eligible

Yes

2. Is the household receiving  
government-funded rental  
assistance such as Section 8?

Yes

Not Eligible

No

This household is eligible for Rent/  
Mortgage Relief Options



# Town of Southborough

## Mortgage / Rent Assistance Application

Application Deadline: Tuesday, December 1, 2020

Applicant's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Co-Applicant's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

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

*Applicant's*  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

*Co-Applicant's*  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

*Applicant's*  
E-Mail Address \_\_\_\_\_ Re-enter E-mail: \_\_\_\_\_

*Co-Applicant's*  
E-Mail Address \_\_\_\_\_ Re-enter E-mail: \_\_\_\_\_

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

How long have you been a Southborough resident \_\_\_\_\_ (must be at least 6 months)

Total number of people in household (including yourself) \_\_\_\_\_

Total number in household 18 years or older \_\_\_\_\_

Total number in household under 18 years \_\_\_\_\_

Total number in household 18 years or older AND enrolled full-time in post-secondary education \_\_\_\_\_

Are you self-employed? \_\_\_\_\_ yes \_\_\_\_\_ no

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 (please include all income types from all household members 18 years and older) \$ \_\_\_\_\_

Number of bedrooms in your home? \_\_\_\_\_

Do you have a Section 8 Voucher or other housing assistance such as RAFT? \_\_\_\_ yes \_\_\_\_ no  
If yes, what type of assistance \_\_\_\_\_

If you have a MORTGAGE:

Is your mortgage currently under forbearance? \_\_\_\_ yes \_\_\_\_ no

What is your current mortgage payment each month, excluding escrow and homeowner's insurance? \$ \_\_\_\_\_

Do you owe past mortgage payments? \_\_\_\_ yes \_\_\_\_ no If yes, how much \$ \_\_\_\_\_

If you are RENTING:

What is your current rent payment each month? \$ \_\_\_\_\_

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

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

Types of income being received by the household:

Yes | No

- |                          |                          |                       |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Wages                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment Benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security       |
| <input type="checkbox"/> | <input type="checkbox"/> | SSI/Disability        |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support         |
| <input type="checkbox"/> | <input type="checkbox"/> | Alimony               |
| <input type="checkbox"/> | <input type="checkbox"/> | Pension/Retirement    |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other                 |

Lender / Landlord\* Contact Information:

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

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

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

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

\*Landlord 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 or mortgage assistance.
- I/We certify that our household does not have access to other resources sufficient to cover the 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 ANY false information on this application or statements given are punishable by law and will lead to cancellation of this application and mortgage 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 Town of Southborough are final and that any appeals must be submitted in writing to the Southborough Youth and Family Services Director at:

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

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

## APPLICATION CHECKLIST

### Application

#### **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 is over the age of eighteen (18) and is pursuing post-secondary education on a full-time basis, please provide proof of enrollment. Any income from this household member will not be included as a part of the income verification.*

#### **Residence Verification – provide ONE of the following:**

- Rent/Mortgage receipt/cancelled check
- Current utility bill

#### **Evidence of Reduced Income – provide ONE of the following:**

- A second paystub showing reduced hours
- A lay-off notice from your employer
- Multiple month's 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

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