



your resource for Affordable Housing



**Canton COVID-19 Emergency Housing
Relief Program (CHRP)**

The CHRP has been developed to help Canton Renters and Affordable (deed restricted) Homeowners who are struggling to afford their housing during the Covid-19 crisis. Qualified applicants can secure a grant of 70% of their actual rent or 70% of the principal & interest of their affordable mortgage for a 3-month period. This assistance can go towards back rent/mortgage or future rent/mortgage. The funds will be paid directly to the landlord or mortgage holder. The maximum monthly contribution is \$2,500 for a total maximum grant of \$7,500. Applicants must earn less than 100% of the area median income per HUD, adjusted for household size.

What follows is the application and checklist for materials which need to be included in the lottery to secure your rental assistance through CHRP.

- (A) Application
- (B) Certifications & Release of Information Authorization Form
- (C) Required Financial Information

ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN SEPTEMBER 25, 2020

Please be advised that incomplete applications will not be considered for Housing Relief.

You may mail, email or FAX your application and related information with attachments.

To Mail documentation:

MCO Housing Services, LLC

P.O. Box 372

Harvard, MA 01451

Email:

RentalRelief@mcohousingervices.com

Phone: (978) 456-7999

Fax: (978) 456-8986

Please contact us with any questions.

Funding provided through the Town of Canton's Community Preservation Funds



Potential applicants will not be discriminated against on the basis of race, color, religious creed, marital status, military status, disability, national origin, sex, age, ancestry, sexual preference, source of income, presence of children, or any other basis prohibited by local, state or federal law.





your resource for Affordable Housing



Canton COVID-19 Emergency Housing Relief Program (CHRP)
APPLICATION (A)

PERSONAL INFORMATION:

Date of Application: _____

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Cell: _____ Work: _____

Email: _____

Are you renting or are you an affordable homeowner with deed restricted mortgage? Renter _____ Homeowner _____

If Renter:

What is your current monthly rent? _____

How many bedrooms are in your apartment? _____

Are you currently receiving any other rental assistance? Yes No

If yes: Section 8 MRVP RAFT Other

If Homeowner:

What is your current mortgage? \$ _____

Principal & Interest \$ _____

Real Estate Taxes \$ _____

Insurance \$ _____

HOUSEHOLD COMPOSITION: Includes all individuals permanently living in the household

The total household size is: _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____



Potential applicants will not be discriminated against on the basis of race, color, religious creed, marital status, military status, disability, national origin, sex, age, ancestry, sexual preference, source of income, presence of children, or any other basis prohibited by local, state or federal law.



INCOME STATEMENT: Include all current income for all adult members in the Household. This includes gross (before taxes) wages, business income, veterans' benefits, alimony/child support, unemployment compensation, social security, pension/disability income, SSI and any dividend income.

Applicants Annual Base Income (Gross) _____
 Other Income - Source: _____
 Co- Applicants Annual Base Income (Gross) _____
 Co- Applicants Annual Base Income (Gross) _____
 Co- Applicants Annual Base Income (Gross) _____
 Co- Applicants Annual Base Income (Gross) _____
TOTAL HOUSEHOLD INCOME _____

ABOUT YOUR FAMILY: (OPTIONAL)

You are requested to fill out the following section in order to assist us in fulfilling affirmative action requirements. Please be advised you should fill this out based ONLY upon family members *that are living in the home*. Please check the appropriate categories:

Race:	Applicant	Co-Applicant	# of Dependents		
American Indian or Alaskan Native	_____	_____	_____		
American Indian/Alaskan Native & Black/African American	_____	_____	_____		
American Indian/Alaskan Native & White	_____	_____	_____		
Asian	_____	_____	_____		
Asian/White	_____	_____	_____		
Black or African American	_____	_____	_____		
Native American or Pacific Islander	_____	_____	_____		
White	_____	_____	_____		
Other Multi-Racial	_____	_____	_____		
Hispanic or Latinx:	Yes	No	Yes	No	_____

LANDLORD or MORTGAGE COMPANY CONTACT INFORMATION:

Name: _____
 Address: _____
 Town: _____ State: _____ Zip: _____
 Cell: _____ Work: _____
 Email: _____

SIGNATURES:

The undersigned warrants and represents all statements herein are true. I/We understand, if approved for the CHRP all information provided shall be verified and additional financial information may be required.

Applicant Signature _____ Date: _____
 Co- Applicant Signature _____ Date: _____



Potential applicants will not be discriminated against on the basis of race, color, religious creed, marital status, military status, disability, national origin, sex, age, ancestry, sexual preference, source of income, presence of children, or any other basis prohibited by local, state or federal law.





your resource for Affordable Housing



CERTIFICATIONS & RELEASE OF INFORMATION AUTHORIZATION (B)

1. I/We certify the annual total gross household income for my family **does not exceed** the allowable limits as follows:

Household Size	1	2	3	4	5	6
Max Allowable Income	\$83,300	\$95,200	\$107,100	\$119,000	\$128,520	\$138,040

Income from all household members, 18 or older, must be included.

- I/We certify that all information furnished with this application for emergency rental assistance is true and accurate to the best of my/our knowledge.
- I/We certify that we are not or have not been receiving rental or mortgage assistance from any local, state or federal program.
- Program requirements are established by the Canton COVID-19 Emergency Housing Relief Program (CHRP). I/We agree to be bound by program changes which may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by the CHRP is final.
- I/We understand that, if approved, our application may be subject to a monitoring by the Town program requirements. Any information will not be shared outside of the Town or MCO Housing Services, LLC.
- I/We understand providing ANY false information on this application or statements given are punishable by law and will lead to cancellation of this application and any rental assistance.

I/We understand this information will be used to administer and enforce program rules and policies and may be shared with public agencies involved in the program. The Applicant(s) specifically agree to authorize MCO Housing Services, LLC, CHRP, or any of its assignees to verify any income, assets and other financial information, to verify any and all household, resident location and workplace information and directs any employer, landlord or financial institution to release any required information.

I/We agree a photocopy or other electronic transmission of this authorization with my signature shall be deemed and used as a duplicate original.

Applicant Signature _____

Date: _____

Co- Applicant Signature _____

Date: _____



Potential applicants will not be discriminated against on the basis of race, color, religious creed, marital status, military status, disability, national origin, sex, age, ancestry, sexual preference, source of income, presence of children, or any other basis prohibited by local, state or federal law.





REQUIRED DOCUMENTATION (C)

1. Proof of Tenancy & Monthly Rent OR Copy of Mortgage Statement: (Check only what is applicable)

Copy of Written and Signed Lease with Monthly Rent Highlighted
OR Copy of latest Mortgage Statement

2. Proof of Residency & Household Size:

Copy of Lease showing Adult Tenants or, if all Adult Tenants are not on lease, include:
Copy of Bills or Mail Received by Adult Tenants,
Other Documentation to verify additional adult occupancy: _____

3. Proof of Household Income: (Required for Every Adult – Check only what is applicable)

2019 Federal Income Tax Return
Pay Stub from One Pay Period between April 1, 2020 to July 1, 2020
Benefit(s) Letter (SS, SSI, SSDI, SSP, VA, etc);
Worker’s Compensation, Unemployment, Severance, etc;
(Income from Children Under Age 18 will not be counted)

4. Proof of Impact from COVID: (Check only what is applicable)

Paystubs showing reduced hours
Unemployment Statement of Benefits
Letter from Employer
Evidence (Landlord Statement or Mortgage Statement) of Unpaid or Past Due Rent or Mortgage
Other: _____
Other: _____

5. Rent or Mortgage Status:

Landlord W-9
Mortgage Company W-9