



your resource for Affordable Housing



Stow COVID-19 Emergency Rental Assistance Fund (Stow CERAF)



Stow CERAF

Stow Municipal Affordable Housing Trust (SMAHT)

Stow Community Preservation Committee

What follows is the application and checklist for materials which need to be included for consideration in the Stow CERAF by SMAHT.

Please be advised that incomplete applications will not be considered for Stow CERAF.

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

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@mcohousingservices.com

Phone: (978) 456-7999

Fax: (978) 456-8986

Please contact us with any questions.



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.





APPLICATION (A)

PERSONAL INFORMATION:

Date of Application: _____

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Cell: _____ Work: _____

Email: _____

Are you currently receiving any other rental assistance (Section 8, MRVP,RAFT, etc.) ? Yes No

What is your current monthly rent? _____

How many bedrooms are in your apartment? _____

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 _____

Name _____ Relationship _____ Age _____



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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.

Tenants Annual Base Income (Gross) _____

Other Income - Source: _____

Co- Tenants Annual Base Income (Gross) _____

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TOTAL HOUSEHOLD INCOME _____

HOUSEHOLD ASSETS: (Complete all that apply with current account balances)

Checking (average balance for 3 months) _____

Savings/CD's/Money Market Accounts _____

Stocks, Bonds, Mutual Funds _____

TOTAL ASSETS _____

ABOUT YOUR FAMILY:

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	_____



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LANDLORD'S 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 Stow CERAF all information provided shall be verified and additional financial information may be required.

Applicant Signature _____ Date: _____

Co- Applicant Signature _____ Date: _____



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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	\$67,400	\$77,000	\$86,650	\$96,250	\$103,950	\$111,650

Income from all family members must be included.

2. I/We certify that all information furnished with this application for affordable housing assistance is true and accurate to the best of my/our knowledge.
3. I/We understand that providing false information, made knowingly and willfully, will be sufficient cause for rejection of my/our application.
4. I/We understand that landlord participation in this program is required.
5. I/We certify that we are not receiving rental assistance from any other program.
6. Program requirements are established by the Stow Municipal Affordable Housing Trust (SMAHT). 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 SMAHT is final.
7. 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 the 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, SMAHT , 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: _____



REQUIRED FINANCIAL INFORMATION (C)

Check off ALL attached items

1. Proof of Tenancy & Monthly Rent:

Copy of Written and Signed Lease with Monthly Rent Highlighted

2. Proof of Residency & Household Size: (Check all that apply)

Copy of Lease showing Adult Tenants or,

Copy of Bills or Mail Received by Adult Tenants,

Other Documentation to verify occupancy: _____

3. Proof of Household Income: (Required for Every Adult)

2019 Tax Return or (if unavailable) 2018 Tax Return

Pay Stub from One Pay Period between April 1, 2020 and June 30, 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

Paystubs showing reduced hours

Unemployment Statement of Benefits

Letter from Employer

Evidence (Landlord Statement) of Unpaid or Past Due Rent

Other: _____

5. Household Assets

Checking Account – Last 3 months of full statements – FRONT & BACK

Savings Account/Money Market/CD's – Most recent statements

Stocks/Bonds/Mutual Funds – Most Recent Statements

6. Landlord Information (Not necessary for TCB)

Signed Landlord W-9 Form