



# Town of Southborough

## Rent/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 six months rental or mortgage assistance, subject to available funding.
- Assistance can be used to pay current rent/mortgage or pay rent/mortgage that is past due since 3/1/2020 through 12/1/2021.
- 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 Chelsea Malinowski at [cmalinowski@southboroughma.com](mailto:cmalinowski@southboroughma.com) for an application.

*All applications must be received by Monday, December 1, 2021.*

### 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, ERAP 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.



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### 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:

	<i>Persons in Family</i>							
	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 Selectman Chelsea Malinowski at [cmalinowski@southboroughma.com](mailto:cmalinowski@southboroughma.com) or call 508-485-0710 ext. 3000 and leave a message.
- 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.

### Affirmative Marketing Methods

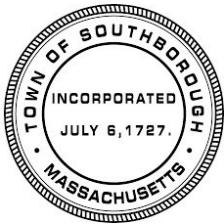
The Town of Southborough does not discriminate on the basis of race, color, religion, national origin, disability, familial status, sex, age, marital status, children, sexual orientation, genetic information, gender identity, ancestry, veteran/military status or membership.

### Marketing Activities

Marketing activities will be conducted beginning March 15, 2021 – December 1, 2021.

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, Library, and Youth and Family Services.



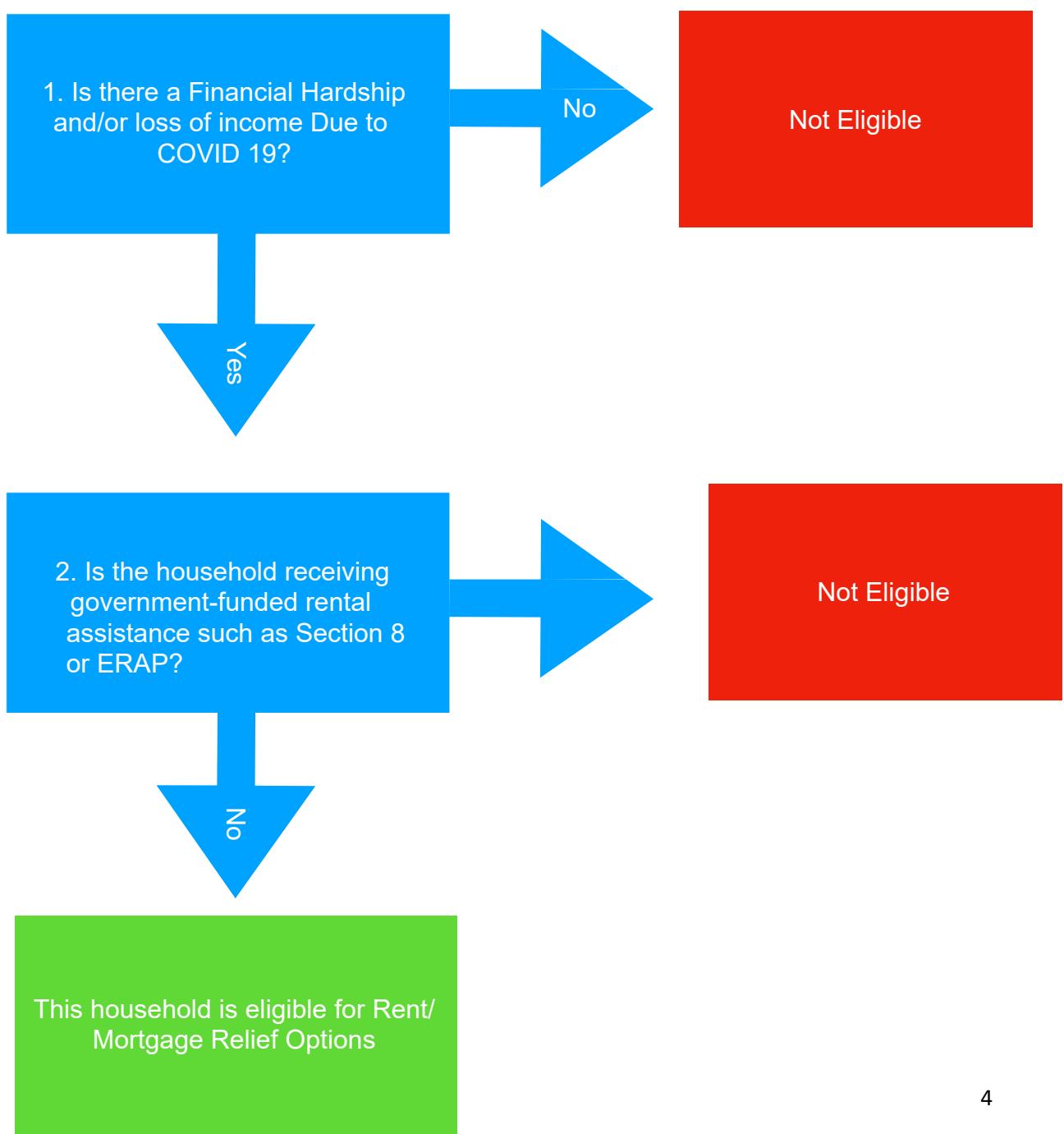
## Town of Southborough

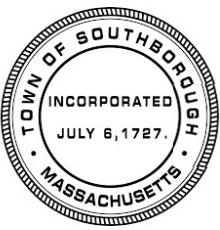
Applications will be available online at the Town of Southborough website, or a hard copy may be requested by emailing Chelsea Malinowski at [cmalinowski@southboroughma.com](mailto:cmalinowski@southboroughma.com) or calling 508-485-0710 ext. 3000 and leaving a message.

To submit an application, please email all documents to Chelsea Malinowski at [cmalinowski@southboroughma.com](mailto:cmalinowski@southboroughma.com) or email her to coordinate a hand off of it.

Once the completed application is received including all required documents, Chelsea Malinowski will review all materials and confirm with the applicant whether it is complete or requires more information. Once a determination is made a secondary review will be made by Youth and Family Services Director Sarah Cassell. Upon approval, the documents will be submitted to the Town Accountant, Carla McAuliffe. The entire process is expected to take 4-6 weeks to complete if all documents are present at the time the application is filled out. Chelsea Malinowski will communicate with each applicant during the various stages of the process.

Eligibility Chart  
COVID Rent/Mortgage Relief  
Options Southborough





## Town of Southborough

### Rent / Mortgage Assistance Application

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 \_\_\_\_\_

Have you applied or plan to apply for the Emergency Rental Assistance Program (ERAP), which is a separate program, for the period March 2020 through December 2021?

yes  no

Have you applied for this program (Rent and Mortgage Assistance) previously?  yes  no

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

- Wages
- Unemployment Benefits
- Social Security
- SSI/Disability
- Child Support
- Alimony
- Pension/Retirement
- TANF
- Other

Lender / Landlord\* Contact Information:

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

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

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

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

\*Landlord MUST be willing to provide W-9 to participate in this program.

### **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, including but not limited to the Emergency Rental Assistance Program (ERAP) between March 2020 and December 2021.
- 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.

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

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

**APPLICATION CHECKLIST**

**Application**

**Income Verification – provide ALL of the following (ignore last item if not self-employed):**

- 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.*
- Only if Self-Employed, please provide 6 months of sequential bank statements including the month prior to loss of income.

**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

**Rent/Mortgage W-9:**

- W-9 form for mortgage company/lender or landlord

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