



**City of Haverhill
Emergency Rental Assistance Application**

Applicant Information

Full Name: _____
Last First

Rental Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

Current yearly income (estimated amount): _____

Income Prior to COVID-19 Impact (estimated amount): _____

Briefly describe reason and date for loss of income: _____

Additional Household Members: Please list all other persons residing in the unit.

Name	Relationship to Applicant	Over 18? Y/N

Unit Information

Dates of residency at unit: _____ **Number of bedrooms in unit:** _____

Current monthly rent: \$ _____

Current estimated monthly tenant utility payments:
GAS: \$ _____ ELECTRIC: \$ _____ WATER: \$ _____

Landlord Information

Full Name: _____
Last First

Address: _____
(if known) *Street Address Apartment/Unit #*

City State ZIP Code

Phone: _____ **Email:** _____

Landlords must agree to participate in program. Any assistance provided will be paid directly to the landlord. Landlord must have a W9 on file with the City of Haverhill Community Development Office prior to receiving payment.

Certification of True and Correct Information

I declare, under penalties of perjury as follows:

1. I pay rent to _____ (Landlord).
2. My household has lost significant income due to COVID-19 and is now unable to pay rent for my residence.
3. My household does not have sufficient savings or liquid assets to pay the rent.
4. My residence is not subsidized through federal or state resources and my household is responsible for the full payment of rent.
5. No other person in my household has applied for or will apply for this COVID-19 Rent Relief Program.
6. I understand the City of Haverhill COVID-19 Rental Assistance Program will make up to three payments totaling no more than Two Thousand One Hundred and 00/100 Dollars (\$2,100) to be applied to my rent in the three months following my application approval so long as my Landlord agrees not to take any action to evict me for nonpayment of rent for the month the payments were applied.

Once application is completed and signed, please return to 4 Summer Street Room 309, Haverhill, MA 01830 or acampbell@cityofhaverhill.com.

I hereby swear and affirm that the above information is true and correct to the best of my knowledge and belief. I authorize the City of Haverhill to verify and investigate such information with my full cooperation at any time. I

understand that providing false information

I am signing this application by electronically entering my name below or providing a wet signature.

Name: _____ **Date:** _____

WARNING: Section 1001, of Title 18 of the U.S. code, makes it a criminal offense to make willful false statements or misrepresentation to any department of agency of the United States as to any matter within its jurisdiction.

Applicants must provide these documents to move forward with the application process.

- Copy of valid, current lease, or documentation of a month-to-month tenancy arrangement, signed by your landlord.
- Proof of income from before COVID-19-related income loss for all adult members of the household (Layoff or furlough letter, at least two paystubs (one from before and one from before COVID crisis), Unemployment insurance statement.
- ID for each name/names on your lease.