

City of Haverhill  
COVID-19 Rental Assistance Application

**Applicant Information**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Gross Annual Household Income (estimated amount): \$ \_\_\_\_\_

Gross Annual Household Income Prior to COVID-19 impact (estimated amount): \$ \_\_\_\_\_

Briefly describe reason and date for loss of income: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Additional Household Members: List all individuals residing in your home.

Name	Relationship to Applicant	Over 18? Y/N	Income

**Unit Information**

Dates of residency at Unit: \_\_\_\_\_ Number of bedrooms in Unit: \_\_\_\_\_

Current Monthly Rent: \_\_\_\_\_

I am currently receiving other government rental assistance (Section 8, Housing Choice Vouchers, etc.) YES/NO

**Landlord Information**

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

Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Landlords must agree to participate in the program. An assistance provided will be paid directly to the landlord. A W9 Form must be on file with the City of Haverhill prior to receiving payment.

**YOU MUST HAVE APPLIED FOR RAFT THROUGH COMMUNITY ACTION OR COMMUNITY TEAMWORK IN ORDER FOR YOUR APPLICATION TO BE REVIEWED.**

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 the COVID-19 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.

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 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.

**Once application is completed and signed, please return all documents to 4 Summer Street Room 309, Haverhill, MA 01830 or [acampbell@cityofhaverhill.com](mailto:acampbell@cityofhaverhill.com).**

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 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 during COVID crisis). Unemployment insurance statement.

\_\_\_\_ Letter from landlord stating that rent was current as of March 1, 2020 as well as all current arrears.

\_\_\_\_ Photo ID for each adult on the lease

\_\_\_\_ Proof of application for RAFT or SPI

For Administrative Purposes Only: Application Received: \_\_\_/\_\_\_/\_\_\_

Reviewed and Approved: \_\_\_/\_\_\_/\_\_\_