

**City of Framingham**  
**Emergency Income Payment Program**

In response to the coronavirus pandemic, the City of Framingham will provide relief of rent, mortgage, and/or utility payments for two (2) months to alleviate the burden for households that have lost their employment and primary income as of March 10, 2020. Using Community Development Block Grant allocations and additional funding provided by Congress through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the city created the program for residents who meet requirements through the provision of information requested on the below checklist:

**Program Goal:**

- To alleviate financial pressure for households experiencing hardship during the COVID-19 pandemic
- To provide greater economic security to homeowners and rental property owners

**Application Checklist**

**1. For Renters:**

- Applicants and/or co-applicants must have been employed prior to the pandemic and was/were laid off or terminated as a result
  - Proof letter from employer showing termination and eight weeks of pay stubs for the period prior to hardship onset
  - Copy of lease agreement or letter from property owner stating the rent
  - Evidence of good standing with owner and not subject to an eviction for failure to pay rent prior to pandemic

**2. For Property Owners:**

- Applicant and/or co-applicant must have been employed prior to the pandemic and was/were laid off or terminated as a result
  - Proof letter from employer showing termination and eight weeks of pay stubs for the period prior to hardship onset
  - Notification from lender that property owner does not qualify for a mortgage forbearance or suspension
- Mortgage statement showing the amount of principal and interest
- Verification of good standing with payments on mortgage

**3. Financial Institution Account Information:**

- Copies of checking account statements for the last six (6) months
- Most recent statement of saving account(s), IRA, stocks/bonds, annuities, CDs, mutual funds, money market accounts, etc.

**4. Proof of Identification for All Applicants and Co- Applicants:**

o Driver's License/State ID o Social Security Card o Birth Certificate and/or Immigrant Status (i.e. Green Card, Naturalization Certificate or US Passport)

**5. Housing Expenses:**

- Provide copies of most recent statement(s):  
    \_Mortgage or \_Rent \_Water/Sewer \_Gas \_Oil \_Electric
- The program does not pay taxes or arrearages, i.e. past due payments or debts of rent, mortgage or utilities. It covers up to two months of forthcoming expenses based on invoices for those periods, and there is a \$5,000 expense cap per renter or landlord, one address limit per landlord.

**6. Completed and signed applications should be transmitted electronically to the office by email to communitydevelopment@framinghamma.gov. Please also note that the City of Framingham reserves the right to reject any application.**

# City of Framingham Emergency Income Payment Program Application

Please complete all requested information and return form to Community Development Department, Attn: Nathalie Jean, 150 Concord St., Suite B3, Framingham, MA 01702, Tel. (508) 532-5457. Thank you.

Application Date

## Applicant Information

First Name:  Last Name

DOB:  SSN:

Address:

City:  State:  Zip:

Tel.:  Email :

Receives Income

Source

- Race**
- White
  - Black/ African American
  - Asian
  - American Indian/Alaskan Native
  - Native Hawaiian/ Other Pacific Islander
  - American Indian/Alaskan Native and White
  - Asian and White
  - Black/ African American and White
  - America Indian/ Alaskan Native and Black/ African American
  - Other Multi-Racial

- Ethnicity**
- Hispanic or Latino
  - Not Hispanic



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**Household Member Information:** Beginning with the applicant, please list all persons who will live in unit.

Please provide all income/earnings information below for all household members. This income may include but is not limited to employment income, self-employment income, unemployment compensation, social security, TANF, disability income, child support, pensions, baby-sitting income, etc. Write "NONE" below if you have no income.

Receives income  Yes  
 No

Source	<input type="text"/>	Amount	<input type="text"/>	Frequency	<input type="text"/>
Source	<input type="text"/>	Amount	<input type="text"/>	Frequency	<input type="text"/>
Source	<input type="text"/>	Amount	<input type="text"/>	Frequency	<input type="text"/>

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Name  Sex:  SSN

- Race**  White  
 Black/ African American  
 Asian  
 American Indian/Alaskan Native  
 Native Hawaiian/ Other Pacific Islander  
 American Indian/Alaskan Native and White  
 Asian and White  
 Black/ African American and White  
 American Indian/ Alaskan Native and Black/ African American  
 Other Multi-Racial

**Ethnicity**  Hispanic or Latino  
 Not Hispanic

Relationship to Applicant  Receives income  Yes  
 No

Source	<input type="text"/>	Amount	<input type="text"/>	Frequency	<input type="text"/>
Source	<input type="text"/>	Amount	<input type="text"/>	Frequency	<input type="text"/>
Source	<input type="text"/>	Amount	<input type="text"/>	Frequency	<input type="text"/>

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Name  Sex:  SSN

- Race**
- White
  - Black/ African American
  - Asian
  - American Indian/Alaskan Native
  - Native Hawaiian/ Other Pacific Islander
  - American Indian/Alaskan Native and White
  - Asian and White
  - Black/ African American and White
  - America Indian/ Alaskan Native and Black/ African American
  - Other Multi-Racial

- Ethnicity**
- Hispanic or Latino
  - Not Hispanic

Relationship to Applicant:

Receives income  Yes  No

Source	<input type="text"/>	Amount	<input type="text"/>	Frequency	<input type="text"/>
Source	<input type="text"/>	Amount	<input type="text"/>	Frequency	<input type="text"/>
Source	<input type="text"/>	Amount	<input type="text"/>	Frequency	<input type="text"/>

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Name  Sex:  SSN:

- Race**
- White
  - Black/ African American
  - Asian
  - American Indian/Alaskan Native
  - Native Hawaiian/ Other Pacific Islander
  - American Indian/Alaskan Native and White
  - Asian and White
  - Black/ African American and White
  - America Indian/ Alaskan Native and Black/ African American
  - Other Multi-Racial

- Ethnicity**
- Hispanic or Latino
  - Not Hispanic

Relationship to Applicant

Receives income  Yes  
 No

Source  Amount  Frequency

Source  Amount  Frequency

Source  Amount  Frequency

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FINANCIAL ASSESTS (For each Household member over 18)

Do you have a checking account?  Yes  No  
Balance  Bank

Do you have a savings account?  Yes  No  
Balance  Bank

Do you own any real estate/ property  Yes  No  
Type  Value

Do you have any of the following?  
 Money Market Account  
 Certificate of Deposit  
 IRA Account  
 Stocks  
 Bonds  
 Other

GENERAL INFORMATION

Do you reside in Framingham  Yes  No

Do you rent or own your property?  Own  Rent

Prior to the COVID-19 pandemic, were you current with housing expenses related to this program?  Yes  No

Do you receive any of the following?

	Section 8 Mobile Voucher	Section 8 Project Voucher	MRVP	MRVP PROJECT BASED
Type of Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you receive assistance from another agency?

If yes, name of agency?

Yes  No

What type of assistance?

Signatures/Certification of True and Correct Information:

By completing and returning this application, you attest to paying covered expenses with only this program's funding source as to avoid duplication of state or federal benefits.

I/We hereby affirm that the answers to the foregoing questions are true and correct, and that I/we have not knowingly withheld any fact or circumstances which would, if disclosed, affect this application unfavorably. I/We hereby authorize inquiries to be made to verify the information given in this application. **Please be sure you have answered all questions. Otherwise, we will be unable to process your application.**

Applicant Signature

Date:

Co-applicant Signature

Date: