



**Carlo DeMaria**  
Mayor

## **PWOGRAM ASISTANS LWAYE VIL EVERETT**

Pwogram Asistans Lwaye Vil Everett la fèt pou bay sipò finansye tanporè pou rezidan ki kalifye yo k ap fè fas ak difikilte finansye ke pandemi an te koze epi ki gen difikilte pou yo peye lwaye yo. Pwogram sa a ofri yon sèl peman \$2,000 pou ede ak **aryere jiska \$2000, lwaye aktyèl la ak/oswa obligasyon lwaye nan lavni**. Asistans ale jwenn pwopriyetè kay la dirèkteman nan non lokatè a. Lajan yo pral distribye sou yon baz sa ki vin anvan, ap jwenn anvan. Sa ki vin annapre yo se direktiv espesifik yo, kritè kalifikasyon, ak kondisyon aplikasyon pou pwogram lan.

### **PWOSESIS APLIKASYON**

Aplikasyon yo dwe soumèt swa an liy nan OpenGov oswa pa lapòs/depoze li nan:

City of Everett, Office of Planning and Community Development  
484 Broadway, Everett MA,02149

Pòtal aplikasyon OpenGov la prel gen pou louvri le 2/18 /2025, epi aplikan an dwe espere jwenn yon repons nan 15 jou ouvrab yo apre ke l fin soumèt **aplikasyon konplè a ansanm ak dokiman ki nesèsè yo. Si aplikasyon an jwenn yon detèminasyon pozitif, emisyon chèk la kapab retade akòz de sik faktirasyon vil la.**

Asistans ki bay atravè pwogram “City of Everett Rental Assistance” (Asistans Lwaye Vil Everett) la gen entansyon ofri sipò, men li pa asire ke l ap ede evite aksyon legal ki gen rapò ak lokasyon. Vil Everett pa responsab okenn pwosedi pou mete moun deyò epi li pa garanti ke resevwa asistans ap anpeche yo mete w deyò.

### **DIREKTIV POU KALIFYE**

#### **1. Kondisyon pou Rezidans:**

- Aplikan yo dwe se rezidan aktyèl Vil Everett, Massachusetts. Prèz rezidans obligatwa (pa egzant, bòdwo sèvis piblik, akò kontra lwaye).

#### **2. Kondisyon pou Revni:**

Revni fwaye a **pa dwe depase** 65% Revni Median Zòn lan (AMI) jan ke US Treasury defini l. Yon ‘fwaye’ defini defini kòm yon endivid oswa de oswa plis moun ki abite regilyèman nan kay la kòm rezidans prensipal yo epi ki gen yon relasyon pa le san, maryaj, lalwa, oswa ki otreman pwouve yon relasyon entè-depandan, estab.

**AF 2024 Limit Revni pou Boston-Cambridge-Quincy, Zòn MA-NH HUD Metro FMR, pou nivo limit revni 65% an se.**

- **1 moun:** \$74,230
- **2 moun:** \$84,890
- **3 moun:** \$95,485
- **4 moun:** \$106,080
- **5 moun:** \$114,595



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- **6 moun:** \$123,110
- **7 moun:** \$131,560
- **8 moun:** \$140,010

### 3. Kondisyon pou kontra lwaye a: Ou dwe montre egzistans lwaye ak YOUN nan sa yo:

A	B	C
Akò lwaye aktif pou yon kay lwaye nan vil Everett. Kontra lwaye a dwe sou non aplikan an epi li dwe date de omwen yon mwa anvan aplikasyon an	<p><b>Akò lwaye.</b> Nenpòt akò lwaye dwe gen ladan:</p> <ul style="list-style-type: none"> <li>• Montan lwaye chak mwa</li> <li>• Adrès kay ki lwe a</li> <li>• Siyati pwopriyetè ak lokatè</li> <li>• Li dwe gen ladann dat li kòmanse ak dat l ap fini a lavni (oswa dat fen ki te pase, toutotan gen yon langaj sou yon kontra lwaye mwa pou mwa apre sa oswa yon tèm kontra lwaye k ap renouvle tèt li. (*Mèt kay la pa dwe ap viv tou nan apatman ke yo lwe lokatè a)</li> </ul>	<p><b>Afidavi ki siyen (modèl lan tache)</b> ki gen ladann siyati alafwa aplikan an ak pwopriyetè kay la <b>AK kopi rejis lwaye oswa chèk lwaye anile oswa money order ki endike klèman ke peman an se pou lwaye a.</b></p>

#### DOKIMANTASYON EGZIJE:

- Prèv idantifikasyon lokatè/aplikan: lisans chofè, paspò, kat idantite eta a, Charlie card MBTA pou moun aje, oswa kat militè ameriken.
- De dènye souch chèk peman pou tout moun nan fwaye a k ap travay ki gen plis ke 18 an. Evidans pou nenpòt lòt sous revni si sa aplikab. (chomaj, sipò timoun, pansyon alimantè, pansyon/retrèt, benefis andikap, asistans Veteran, asistans piblik (TAFDC/TANF oswa EAEDC). Si w se yon travayè endepandan, tanpri bay deklarasyon pwofi ak pèt aktyèl pou ane a jiska dat. **Yo va evalye revni yo sou yon baz ka pa ka, epi Vil Everett rezève dwa pou mande souch chèk peman adisyonèl si sa nesèsè.**
- Prèv sityasyon elèv aplentan (si sa aplikab)
- De dènye deklarasyon bankè ki soti nan chak kont sa yo pou tout moun nan fwaye a: kont chèk, kont epay, mache monetè, tout kont ki bay enterè, sètifika depo, kont envestisman.
  - Fon yo kenbe nan kont retrèt yo ki gen entèdiksyon sou yo p ap konte nan limit byen yo.
- Kopi kontra lwaye a ki pwouve montan lwaye a chak mwa epi ki gen dat omwen yon mwa anvan aplikasyon an **OSWA** kontra lwaye **OSWA** yon afidavi siyen ki gen ladann siyati alafwa aplikan an ak pwopriyetè kay la AK kopi rejis lwaye a oswa yon chèk lwaye anile ki byen klèman endike peman an se pou lwaye a.
- ARPA SLFR Beneficiary Memorandum of Understanding (Fòm sa a konekte ak aplikasyon an).
- Conflict of Interest Questionnaire (Fòm sa a konekte ak aplikasyon an).
- **Akò Mèt Kay:**
  - Mèt kay la dwe siyen akò a epi bay enfòmasyon kontak li.
  - Mèt kay la dwe soumèt tou yon fòm W-9 avèk akò a.
  - Chèk asistans pou lwaye ki nan yon montan \$2,000 pral voye ale pa lapòs nan adrès mèt kay la ki endike sou akò a epi yo va kouvri lwaye lokatè a.



**Mèt kay la oblije bay prè nan espas 30 jou apre li resevwa chèk la ke peman an te aplike.**

**Eksklizyon:**

- Rezidan k ap resevwa sibvansyon federal oswa leta pou lwaye kounye a, tankou Seksyon 8, Massachusetts Rental Voucher Program (MRVP).
- Rezidan ki te deja resevwa asistans nan men “Everett Matters Covid Aid” nan 6 mwa.
- Aplikan ki gen plis pase \$40,000 kòm byen likid.
  - **Byen likid yo** se lajan ki ka retire san yon penalite enpo. Sa yo gendan, men yo pa limite a kont bankè (chèk/depay/CD mache monetè, aksyon ak kont koutaj (egzanp aksyon ak obligasyon). Kont restriksyon tankou IRA, 401(k)s, 403(b)s ak 457(B)s ak 529 kont edikasyon yo pa byen likid.

**KRITÈ REJEKSYON**

**Aplikasyon yo ka rejte, oswa jije pa kalifye, si yo satisfè nenpòt nan kritè sa yo:**

- Enkonplè, fo, oswa san fondman
- Aplikasyon kote revni fwaye a depase HUD 65% AMI la.
- Aplikan yo pa ka satisfè youn oswa plizyè nan Direktiv Kalifikasyon Minimòm ki endike anlè a.
- Aplikan yo ak referans ki esifizan nan men pwopriyetè, tankou vyolasyon kontra lwaye oswa kontra lwaye ki te fèt anvan, oswa endikasyon konfli ak jesyon oswa lòt rezidan.



## APLIKASYON POU ASISTANS LWAYE

Tanpri ranpli aplikasyon an anliy nan [OpenGov.com](https://www.open.gov.com) oswa voye aplikasyon an pa lapòs oswa depeze aplikasyon ki ranpli a nan bwat a lèt ki deyò Meri a:

**City of Everett, Planning & Community Development Department**

484 Broadway

Everett, MA 02149

Tanpri remake, nou p ap konsidere aplikasyon ki pa konplè yo.

### Kesyon?

Si w gen nenpòt kesyon konsènan Pwogram City of Everett Rental Assistance lan, oswa konsènan ranpli aplikasyon sa a, tanpri kontakte ekip Depatman Planifikasyon an nan: 617-394-2452 oswa voye yon imel nan: [Everett-RentalAssistance@ci.everett.ma.us](mailto:Everett-RentalAssistance@ci.everett.ma.us)

### 1. ENFÒMASYON SOU APLIKAN

Non Applikan:		
Adrès:		
Adrès kourye si li diferan de sa anlè a:		
Enfòmasyon Kontak:		
Lang Prefere:		
Kantite moun ki nan fwaye w (enkli timoun yo):		
Èske w ap viv aktyèlman nan kay sibvansyone?	Wi	Non
Te resevwa asistans nan men "Everett Matters Covid Aid" nan 6 dènye mwa yo?	Wi	Non

### \*Dokimantasyon obligatwa: Prè v idantifikasyon

Èske ou menm oswa nenpòt moun fwaye w te jwenn lòd degèpisman, nan yon kay federal oswa leta, lojman piblik ladann tou, pou nenpòt rezon ki entèfere ak sante, sekirite oswa dwa pou lòt rezidan pou yo jwi ak lapè kote ke yo rete a nan 2 dènye ane yo?

Si se wi, bay non, dat, ak detay sou chak evènman?



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Èske w ap resevwa nenpòt nan bagay sa yo?

	Seksyon 8 Mobile Vawchè	Seksyon 8 Pwojè Vawchè	MRVP	MRVP baze sou Pwojè
Tip de asistans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 2. ENFÒMASYON LWAYE

**\*Dokiman ki obligatwa: yon kopi kontra lwaye a ki pwouve montan lwaye a chak mwa epi ki date omwen yon mwa anvan aplikasyon an OSWA kontra lwaye a OSWA afidavit siyen ki gen ladann alafwa siyati aplikan an ak mèt kay la AK kopi rejis lwaye a oswa yon chèk lwaye anile oswa yon money order ki endike klèman ke peman an se pou lwaye a.**

Adrès Kay Lwaye a:	
Dat kontra lwaye a kòmanse:	Dat kontra lwaye ap fini (si sa aplikab):
Non Mèt Kay/Jesyonè Pwopriyete:	
Adrès Mèt Kay/Jesyonè Pwopriyete:	
Enfòmasyon Kontak:	
Telefòn:	Imel
Pri lwaye- \$	
Èske w dwe nenpòt aryere?	

Tanpri asire ke w toujou ap tcheke adrès imel ou te bay la. Si w genyen prim asistans lan, n ap voye yon akò Vil la nan adrès imel sa a. Nou va bezwen ke w siyen akò a epi retounen l ban nou san pèdi tan pou nou kapab voye yon peman.

## 3. MANM FWAYE YO AK ENFÒMASYON SOU TRAVAY

Kòmanse ak aplikan an, tanpri fè lis tout moun ki pral abite nan kay la.

Bay tout enfòmasyon sou revni/salè ki anba a pou tout moun nan fwaye a. Revni sa a ka gen ladan, men se pa sa sèlman, revni travay, revni travay endepandan, konpansasyon chomaj, sekirite sosyal, revni andikap, pansyon alimantè, pansyon, revni gadri, elatriye

**Ekri "Okenn" anba a si w pa gen revni. Si yon manm nan fwaye a ki poko gen 18 an se yon etidyan aprentan epi li travay a tan pasyèl sèlman, nou pa konte revni li nan revni total fwaye a. Tanpri sonje ke prèv sitiyasyon elèv aprentan yo obligatwa.**

\* Dokimantasyon obligatwa: De dènye souch peman chèk pou tout moun ki travay nan kay la ki gen plis pase 18 an. Prèv nenpòt lòt sous revni si sa aplikab. (chomaj, sipò timoun, pansyon alimantè, pansyon/retrèt, benefis andikap). Si w se yon travayè endepandan, tanpri bay deklarasyon pwofi ak pèt aktyèl la. **Nou va evalye revni yo sou yon baz ka pa ka, epi Vil Everett rezève dwa pou mande souch peman chèk adisyonèl si sa nesèsè.**



### Egzanp pou kalkile Revni

**Egzanp 1:** W ap viv ak mari oswa madanm ou/patnè w, pitit ou ak manman w. Nou pataje tout depans nan fwaye a. Ou menm ak mari oswa madanm ou ap travay, epi manman w ap resevwa SSI. Touletwa revni yo dwe enkli.

**Egzanp 2:** Ou rete ak de timoun adolesan. Pitit ou yo travay a tan pasyèl. Sepandan, yo enskri nan lekòl segondè aplentan. Revni yo pa konte, kidonk se sèlman revni pa w ke w dwe enkli.

**Egzanp 3:** Ou abite ak mari oswa madanm/patnè w ak yon timoun adilt ki travay aplentan epi ki pa enskri nan lekòl. Oumenm, mari oswa madanm ou ak pitit adilt ou an gen revni travay ki kontribye nan lwaye ak depans nan fwaye a. Revni nou touletwa dwe enkli.

**Egzanp 4:** W ap viv ak 2 kolokatè. Nou chak peye yon pòsyon nan lwaye ke nou responsab la endividyèlman epi nou chak kontribye separeman nan lòt depans nan kay la. N ap aplike kòm yon sèl moun. Nou dwe mete revni pa nou sèlman.

**Egzanp 5:** Ou resevwa benefis chomaj chak semèn donk nou dwe mete sa nan kalkil total revni fwaye nou an.

Manm fwaye	Dat nesans	Sous Revni	Longè tan travay/ w ap resevwa asistans lan	Revni Anyèl Brit

## 4. BYEN

Dokiman obligatwa: De dènye deklarasyon bankè ki soti nan chak kont sa yo pou tout moun nan kay la: kont chèk, kont epay, mache monetè, tout kont ki bay enterè, sètifika depo, kont investisman yo.



Manm fwaye	Tip de kont	Bank lan	Balans Aktyèl

## 5.SÈTIFIKASYON

Mwen/Nou konsa afime ke repons nou a kesyon ki anlè yo se laverite epi yo kòrèk, ke mwen/nou pa te kenbe okenn fè oswa sikonstans pa espere ki ta kapab, si yo te divilge, afekte aplikasyon sa a de fason defavorab. Mwen/Nou bay otorizasyon pou fè demann yon fason pou verifye enfòmasyon yo ki te bay nan aplikasyon sa a.

1. Revni brit fwaye mwen pou 30 dènye jou yo te \_\_\_\_\_
2. Mwen enkli nan revni total brit mansyèl la tout sous yo tankou:
  - Kantite total revni brit nou touche anvan enpo ak dediksyon.
  - Revni nèt nou touche nan operasyon yon biznis, sa vle di, revni total mwens depans fonksyonman biznis yo. Sa a gen ladan tou nenpòt retrè lajan kach nan biznis la oswa pwofesyon pou itilizasyon pèsònèl nou.
  - Enterè mansyèl ak revni dividann ki kredite nan kont bankè yon aplikan epi ki disponib pou itilize.
  - Nenpòt peman mansyèl nan plas salè yo, tankou chomaj, pansyon alimentè, pansyon, pansyon/retrèt, benefis andikap.
  - Lòt: \_\_\_\_\_
  - Si se yon peryòd tan ki pi long bay yon refleksyon pi egzak sou revni aktyèl la, tanpri eksplike poukisa: \_\_\_\_\_

**Non Aplikan:**

**Siyati Aplikan:**

**Dat:**

### FOR STAFF USE ONLY

Application received on:

City Staff Initial:



**Office of Planning and Community Development**  
 484 Broadway, Everett, MA 02149  
 T-617-394-2452 Imel: ci.everett.ma.us



**ARPA SLFRF BENEFICIARY MEMORANDUM OF UNDERSTANDING**

Between  
CITY OF EVERETT  
and

\_\_\_\_\_ [Beneficiary/ Applicant Name & Last Name]

**THIS AGREEMENT** is made between the City of Everett (hereinafter “City”), and \_\_\_\_\_ (hereinafter “Beneficiary”) through *The City of Everett Rental Assistance Program* (hereinafter “Program”). Funding is provided through the City’s American Rescue Plan Act (ARPA) State and Local Fiscal Recovery Funds (SLFRF) under Federal Assistance Listing Number (ALN): 21.027

**WHEREAS**, the City is the ARPA SLFRF “Recipient” and \_\_\_\_\_ is the ARPA SLFRF “Beneficiary”; and

**WHEREAS**, the Beneficiary has represented itself as an eligible impacted resident that

- Is a current resident of the City of Everett;
- Has demonstrated financial hardship caused by the pandemic through the application process, which Treasury defines “impacted” as having a household income of no greater than 65% of the Area Median Income for the Boston–Cambridge–Newton, MA-NH Metropolitan Statistical Area;
- Has provided accurate and true financial documentation to the City to verify the impact of the pandemic on their financial situation;
- Has not received alternate federal, state, or local funds for the same impact or needs covered under this beneficiary grant award to the extent that there is no longer an unmet financial need; and
- Does not have a real or apparent conflict of interest in receiving these funds from the city.

**WHEREAS**, the Beneficiary grant award amount is two thousand dollars (\$2,000.00); and

**WHEREAS**, on March 11, 2021, President Joseph R. Biden signed into law the American Rescue Plan Act of 2021 (hereinafter “ARPA”); and

**WHEREAS**, on January 6, 2022, the United States Department of the Treasury (hereinafter “US TREASURY”) published the Final Rule regarding the allowable uses of the Coronavirus State and Local Fiscal Recovery Funds (hereinafter “SLFRF”) made available under ARPA; and

**WHEREAS**, City Council allocated the Beneficiary \$2,000.00 of SLFRF as rental assistance for use in recovering from financial hardships due to COVID-19 that the Beneficiary has sustained; and

**WHEREAS**, under section 602(c)(3) of the ARPA, the City may transfer funds to a private and impacted entity for the purpose of meeting ARPA’s goals; and

**WHEREAS**, this Agreement is intended to ensure that ARPA funds are used in accordance with all ARPA program requirements, City fiscal policies, SLFRF regulations, and all other applicable state and federal laws.

**NOW, THEREFORE**, in consideration of the SLFRF funds provided to the Beneficiary for the Use/Purpose as set forth herein, the parties now desire to formalize and memorialize their mutual understandings as to the agreed upon terms and conditions of the award.

**PURPOSE**

The purpose of this Agreement is to memorialize the Beneficiary grant award to \_\_\_\_\_ for rental assistance through the City of Everett Rental Assistance Program. The assistance provided through the program is



intended to offer support but does not ensure the avoidance of legal actions related to tenancy. The city is not responsible for any eviction proceedings and does not guarantee that receiving assistance will prevent an eviction. The recitals not merely being perfunctory are incorporated herein as if fully set forth.

**REQUIREMENTS TO ENSURE COMPLIANCE WITH ARPA**

\_\_\_\_\_} will sign and understand all related program documents, including the \_\_\_\_\_ This document includes duties required by the landlord or leasing entity, such as: within 30 days of receiving grant funds, the Landlord/Leasing Entity shall provide a summary of use, by description and amount, of the total grant funding awarded. The summary shall be on the organization’s letter head and signed by its president or treasurer and state that the funds have been used only for agreed upon eligible costs.

**TIME OF PERFORMANCE**

The Term of this Agreement shall start upon final execution by all parties and complete when Beneficiary has submitted its summary of use of funds to the city.

**RESPONSIBILITIES AND DUTIES**

The Beneficiary will use the awarded funds to cover rent arrears, current rent, or future rent obligations, with the understanding that the assistance provided is a one-time payment and does not constitute ongoing rental support. Participation in the Program does not preclude the Landlord from pursuing legal remedies for lease violations unrelated to non-payment of rent.

The Beneficiary agrees that should all or any part of the grant award not be used for the stated use/purpose, the grant shall thereby be automatically rescinded, and Beneficiary shall, upon written notice from the City, promptly return all funds received under the award.

The Beneficiary agrees and acknowledges that it must immediately repay any financial assistance granted that is determined to be duplicative of any other Federal, State, or Local funding that may have been received for this grant’s same impacts and/or uses.

**RELATIONSHIP OF PARTIES**

Nothing regarding the administration of the use/purpose shall be construed as creating a joint venture or employment relationship between the City and Beneficiary or any of its representatives.

There shall not be any implication or inference from this grant that any further grants will be made to the Beneficiary by the City for the purpose of this grant. Any future grant decisions shall be within the sole and absolute discretion of the City.

**REIMBURSEMENT**

The City will endeavor to pay this grant award within 28 days of the execution of this grant agreement. Payments will be made by check to the landlord specified by the Beneficiary.

Point of Contact for the City:

\_\_\_\_\_

Point of Contact for the Beneficiary:

\_\_\_\_\_

Point of Contact for the Landlord:

\_\_\_\_\_

**AGREEMENT AMENDMENTS AND TERMINATION**

The parties may amend this Agreement through written agreement at any time as mutually agreed upon. The City solely may terminate this Agreement for any reason with 60 days' written notice to the Beneficiary. In the event of termination, duties and obligations cease on the termination date and all outstanding invoices are paid immediately. The Beneficiary shall retain all documents related to the use/purpose for not less than five years following the date of expiration or termination, as applicable.

All matters set forth in permits, plans, agreements, and other understandings between the parties that predate this Agreement shall remain in full force and effect.

In witness whereof, the City and the Beneficiary have, through their duly authorized representatives, entered into this agreement on the date last written below with the intent to be legally bound hereby.

**ATTACHMENTS TO THIS AGREEMENT**

- City of Everett Rental Assistance Program Guidelines, by reference
- Grant application, by reference
- Signed Conflict of Interest Form
- Signed W-9 Tax form
- Landlord Agreement

For the CITY:

For the BENEFICIARY

Name:

\_\_\_\_\_  
By (Name):

\_\_\_\_\_  
By (Name):

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Signature:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**City of Everett (“city”)  
American Rescue Plan Act (ARPA)  
State Local Fiscal Recovery Funds (SLFRF)  
Rental Assistance Program**

**CONFLICT OF INTEREST QUESTIONNAIRE - BENEFICIARIES:**

Federal, State, and Local law prohibits employees and public officials of the city from participating on behalf of the city in any transaction in which they have a financial interest absent a Conflict-of-Interest Disclosure. This questionnaire must be completed and submitted by each applicant for ARPA SLFRF funding. The purpose of this questionnaire is to determine if the applicant would be in a potential conflict of interest if it received funds from the city.

1. Is there any member(s) of the applicant's family who currently is or has/have been, within one (1) year of the date of this application, a city employee, city consultant, or a member of the city Council?  Yes  No

If yes, please list the names(s) below:

2. Will the ARPA SLFRF funds, requested by the applicant, be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been, within one (1) year of the date of this application, a city employee, city consultant, or a member of the city Council?  Yes  No

3. Is there any member(s) of the applicant's family who are related to a city employee, city consultant, or a member of the city Council?  Yes  No

If yes, please list the name(s) below:

If you answered “YES” to any of the above, the city will review to determine whether a real or apparent conflict of interest exists.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_