



Carlo DeMaria
Mayor

CITY OF EVERETT RENTAL ASSISTANCE PROGRAM

The City of Everett Rental Assistance Program is designed to provide temporary financial support to eligible residents who are facing financial hardship caused by the pandemic and are struggling to meet their rent payments. This program **offers a one-time payment of \$5,000** to help with arrears (up to \$5000), current rent, and/or future rent obligations. The assistance is provided directly to the landlord on behalf of the tenant. Funds will be distributed on a first-come, first-served basis. The following are the specific guidelines, eligibility criteria, and application requirements for the program.

APPLICATION PROCESS

Please submit the completed form along with all required documentation to:

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

Alternatively, you may email your application materials to:

Everett-RentalAssistance@ci.everett.ma.us

The applicant should expect to hear back within 15 business days of submission of the **complete application and the required documentation. If the application receives a positive determination, the issuance of the check may be delayed due to the city's billing cycle.**

The Assistance provided through the "City of Everett Rental Assistance" program is intended to offer support, but does not ensure the avoidance of legal actions related to tenancy. The City of Everett is not responsible for any eviction proceedings and does not guarantee that receiving assistance will prevent an eviction.

QUALIFYING GUIDELINES

1. Residency Requirement:

- Applicants must be current residents of the City of Everett, Massachusetts. Proof of residency is required (e.g., utility bills, lease agreement).

2. Income Requirement:

Household income **must not exceed** 65% of the Area Median Income (AMI) as defined by the US Treasury. A 'household' is defined as an individual or two or more persons who 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.

FY 2025 Income Limits for the Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area, for the 65% income limit level.

- **1 person:** \$75,270
- **2 people:** \$86,060
- **3 people:** \$96,785



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- **4 people:** \$107,510
- **5 people:** \$116,155
- **6 people:** \$124,735
- **7 people:** \$133,315
- **8 people:** \$141,960

3. Lease Requirement: Rent must be demonstrated by providing ONE of the following:

A	B	C
Active lease agreement for a rental unit within the City of Everett. The lease must be in the applicant's name and dated at least one month before the application	Rental agreement. Any rental agreement shall include: <ul style="list-style-type: none"> • Monthly rental amount • Address of unit being rented • Signature of landlord and tenant • Must include a start date and an end date in the future (or an end date that passed, as long as there is language about a month-to-month lease thereafter or a self-renewing lease term. (*The Landlord may not also live in the apartment they are renting to the tenant) 	Signed affidavit (template attached) that includes signature from both the applicant and the landlord AND copy of rental ledger or cancelled rent check or money order that clearly indicates the payment is for the rent.

REQUIRED DOCUMENTATION:

- Proof of tenant/applicant identification: driver's license, passport, state ID card, senior MBTA Charlie Card, or U.S. military card.
- Two recent pay stubs for all employed household members over the age of 18. Evidence of any other income sources if applicable. (unemployment, child support, alimony, pension/retirement, disability benefits, Veteran's assistance, public assistance (TAFDC/TANF or EAEDC)). If self-employed, please provide the current year-to-date profit and loss statement. **Income will be evaluated on a case-by-case basis, and the City of Everett reserves the right to request additional pay stubs if needed.**
- Proof of full-time student status (if applicable)
- Two most recent bank statements from each of the following accounts for all household members: checking account, saving account, money market, all interest-bearing accounts, certificate of deposits, investment accounts.
 - Funds held in restricted retirement accounts will not be counted towards the asset limits.
- Copy of the lease agreement evidencing the monthly rent amount and dated at least one month before the application **OR** rental agreement **OR** Signed affidavit that includes signature from both the applicant and the landlord **AND** copy of rental ledger or cancelled rent check or money order that clearly indicates the payment is for the rent.
- ARPA SLFR Beneficiary Memorandum of Understanding. (This form is attached to the application).
- Conflict of Interest Questionnaire. (This form is attached to the application).



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➤ **Landlord Agreement:**

- The landlord must sign the agreement and provide contact information.
- The landlord must also submit a W-9 form with the agreement.

The landlord is required to provide proof within 30 days of receiving the check that the payment has been applied.

Exclusions:

- Residents currently receiving federal or state rental subsidies, such as Section 8, Massachusetts Rental Voucher Program (MRVP).
- Residents who already received assistance from the “Everett Matters Covid Aid” within 6 months.
- Applicants who have more than **\$40,000 in** liquid assets.
 - **Liquid assets** are funds that can be withdrawn without a tax penalty. These include, but are not limited to bank accounts (checking/savings/money market CDs, stocks and brokerage accounts (e.g stocks and bonds). Restricted accounts like IRAs, 401(k)s, 403(b)s and 457(B)s and 529 education accounts are not liquid assets.

REJECTION CRITERIA

Applications may be rejected, or deemed ineligible, if they meet any of the following criteria:

- Incomplete, false, or unsubstantiated
- Applications in which the household's income exceeds HUD 65% AMI.
- Applicants unable to meet one or more of the Minimum Qualification Guidelines listed above.
- Applicants with poor landlord references, including violations of previous lease or rental agreements, or indications of conflicts with management or other residents.



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APPLICATION FOR RENTAL ASSISTANCE

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City of Everett, Office of Planning and Community Development

484 Broadway, Everett MA, 02149

Alternatively, you may email your application materials to:

Everett-RentalAssistance@ci.everett.ma.us

Please note, incomplete applications will not be considered.

Questions?

If you have any questions about the City of Everett Rental Assistance Program, or about completing this application, please contact The Planning Department team at :617-394-2452 or email at : **Everett-RentalAssistance@ci.everett.ma.us**

1. APPLICANT INFORMATION

Applicant Name:		
Address:		
Mailing address if different from above:		
Contact Info:		
Preferred Language:		
Number of people in your household (including kids):		
Do you currently live in subsidized housing?	Yes	No
Have received assistance from the "Everett Matters Covid Aid" within the last 6 months?	Yes	No

***Required documentation: Proof of identification**

Have you or anyone in your household ever been evicted, from federally or state assisted housing, including public housing, for any reason which interfered with the health, safety or right to peaceful enjoyment of the premises by other residents in the last 2 years?

If yes, give names, dates, & details of each occurrence?



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Do you receive any of the following?

	Section 8 Mobile Voucher	Section 8 Project Voucher	MRVP	MRVP Project based	HomeBase
Type of assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. RENTAL INFORMATION

***Required documentation: a copy of the lease agreement evidencing the monthly rent amount and dated at least one month before the application OR rental agreement OR Signed affidavit that includes signature from both the applicant and the landlord AND copy of rental ledger or cancelled rent check or money order that clearly indicates the payment is for the rent.**

Rental Unit Address:	
Lease Start Date:	Lease End Date (if applicable):
Landlord /Property Management Name:	
Landlord/ Property Management Address:	
Contact Info:	
Phone:	Email
Rent cost- \$	
Do you owe any back rent?	

Please ensure that the email address you have provided is actively monitored.

3.HOUSEHOLD MEMBERS & EMPLOYMENT INFORMATION

Beginning with the applicant, please list all persons who will live in unit.

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, disability income, child support, pensions, babysitting income, etc

Write "NONE" below if you have no income. If a household member under the age of 18 is a full-time student and only works part-time, their income is not counted toward the total household income. Please note that proof of full-time student status is required.

***Required documentation:** Two recent pay stubs for all employed household members over the age of 18. Evidence of any other income sources if applicable. (unemployment, child support, alimony, pension/retirement, disability benefits). If self-employed, please provide the current year-to-date profit and loss statement. **Income will be evaluated on a case-by-case basis, and the City of Everett reserves the right to request additional pay stubs if needed.**



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Examples for calculating Income

Example 1: You live with your spouse/partner, your child and your mother. You share all household expenses. You and your spouse work, and your mother receives SSI. All three incomes should be included.

Example 2: You live with two teenage children. Your children work part-time. However, they are enrolled in high school full-time. Their incomes do not count, therefore only your income should be included.

Example 3: You live with your spouse/partner and an adult child who works full-time and is not enrolled in school. You, your spouse and your adult child all have employment income that is contributed to rent and household expenses. All three of your incomes should be included.

Example 4: You live with 2 roommates. You each pay a portion of rent for which you are individually responsible and you each contribute separately to other household expenses. You are applying as a single individual. Only your income should be listed.

Example 5: You receive weekly unemployment benefits and should include this in your total household income calculation.

Household member	Date of birth	Source of Income	Length of employment / receiving the assistance	Gross annual income

4. ASSETS

Required documentation: Two most recent bank statements from each of the following accounts for all household members: checking account, saving account, money market, all interest-bearing accounts, certificate of deposits, investment accounts.

Household member	Account type	Institution	Current Balance



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5.CERTIFICATIONS

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.

1. My gross household income for the last 30 days was _____
2. I have included in the total gross monthly income all sources including:
 - ☐ a. The full amount of gross income earned before taxes and deductions.
 - ☐ b. The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
 - ☐ c. Monthly interest and dividend income credited to an applicant's bank account and available for use.
 - ☐ d. Any monthly payments in lieu of earnings, such as unemployment, child support, alimony, pension/retirement, disability benefits.
 - ☐ e. Other: _____
 - ☐ f. If a longer time period provides a more accurate reflection of actual income, please explain why: _____

Applicant Name: _____

Applicant Signature: _____

Date: _____

FOR STAFF USE ONLY

Application received on:

City Staff Initial:



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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 (\$5,000.00); 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, 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.

REQUIREMENTS TO ENSURE COMPLIANCE WITH ARPA

_____} will sign and understand all related program documents, including the Landlord Agreement 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 an authorized signatory 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.

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 to be 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: _____