



Carlo DeMaria
Mayor

CITY OF EVERETT MORTGAGE ASSISTANCE PROGRAM

The City of Everett Mortgage Assistance Program is designed to offer temporary financial relief to eligible homeowners experiencing financial hardship due to the COVID-19 pandemic. This program provides a one-time payment of up to \$5,000 to assist with past-due mortgage payments, current obligations, or upcoming mortgage costs. Payments will be made directly to the mortgage lender on behalf of the homeowner. Assistance is available on a first-come, first-served basis, ensuring timely support for those in need.

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-mortgageassistance@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 Mortgage Assistance Program is intended to offer temporary financial relief but does not guarantee the prevention of foreclosure or other legal actions related to homeownership. The City of Everett is not responsible for any foreclosure proceedings and cannot ensure that receiving assistance will stop or delay such actions.

QUALIFYING GUIDELINES

1. Residency Requirement:

Applicants must be current residents of Everett, Massachusetts, and the property must serve as their primary residence. Proof of residency is required and may include documents such as a utility bill, mortgage statements or government-issued ID showing a current Everett address.

2. Income Requirement

Household income must not exceed 65% of the Area Median Income (AMI), as defined by the U.S. 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 have otherwise demonstrated a stable, interdependent relationship.



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FY 2025 Income Limits Summary (Boston – Cambridge – Quincy, MA- NH HUD Metro FMR Area)	
Persons in Family/Household	65%
1	\$75,270
2	\$86,060
3	\$96,785
4	\$107,510
5	\$116,155
6	\$124,735
7	\$133,315
8	\$141,960

3. Mortgage Verification Requirement

Applicants must demonstrate an active mortgage obligation by providing one of the following:

- A current mortgage statement
- A letter from the mortgage lender
- A payment history or delinquency notice

REQUIRED DOCUMENTATION

Please note that the city is subject to request more information or other documents as needed (others than the ones listed) to determine eligibility.

- ☐ Property must be the homeowner's primary residence (owner-occupied)
- ☐ Copy of Identification(s) of every owner(s) listed on the property
- ☐ Provide the most current mortgage statement
- ☐ 3 most recent paystubs of everyone listed as a property owner or proof of unemployment
- ☐ Completed W-9 Form from Mortgage Company
- ☐ Latest Utility Statement

Exclusions:

- Assistance cannot be used for second homes or vacation properties
- 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, 457(b)s, and 529 education accounts are not considered liquid assets.



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Application for Mortgage Assistance

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Please note, incomplete applications will not be considered.

Questions?

If you have any questions about the City of Everett Mortgage Assistance Program, or about completing this application, please contact The Planning Department team at :617-394-2452 or email at

Everett-mortgageassistance@ci.everett.ma.us

1. APPLICANT INFORMATION

First Name:	Last Name:	Middle Initial:
Street Address:		
City:	State: MA	Zip Code:
Phone Number:	Email Address:	

CO-APPLICANT/CO-OWNER

First Name:	Last Name:	Middle Initial:
Phone Number:		
Email Address:		

Are you living in the home full-time? ☐Yes ☐No

Does the Warranty Deed include any additional parties? ☐Yes ☐No

If so, provide their name and relationship below:

Name:	Relationship:
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Do you currently live in subsidized housing? ☐Yes ☐No

Are you a City of Everett employee? ☐Yes ☐No

Are you related to any City of Everett employee, elected official, or Board Member? ☐Yes ☐No

If so, provide their name and relationship below:

Name:	Relationship:
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Duplication of Benefits Information

Have you previously received mortgage assistance or any similar financial support?

☐Yes ☐No

If so, please list the information below:

Name of Grant/Loan	Date Received (DD/MM/YYYY)	Period of Mortgage Covered	Total Amount Received:
			\$
			\$

2. MORTGAGE INFORMATION

Current Lender/Service:		
Loan #:		
How long have you owned the home (month/year)?		
Current Loan Amount (Balance) \$:		
Is the home listed for sale?		☐ Yes ☐ No
Monthly Mortgage Payment Amount: \$ _____	Interest Rate: _____ %	Term: ☐ 30 yr ☐ 15 yr ☐ Other: _____
Type of Loan: ☐ Conventional ☐ FHA ☐ VA ☐ WHEDA	Type of Property: ☐ Single-Family ☐ Duplex ☐ Condo	
Type of Interest Rate: ☐ Fixed ☐ Adjustable (ARM)	If ARM, check one: ☐ 5/1 ☐ Option ARM ☐ 3/27 ☐ 2/28	
Annual Property Taxes: \$		
Are Property Taxes included in your payment?	☐ Yes ☐ No	
I/We certify that my home is up to city standards and there are no liens or code violations on the property for which I am/We are applying for.		☐ Yes ☐ No

3. HOUSEHOLD MEMBERS & EMPLOYMENT INFORMATION

Applicants must provide a complete list of all individuals currently residing in the property for which mortgage assistance is being requested.

Comprehensive income information must be submitted for each household member. Income sources may include, but are not limited to:

- Wages from employment
- Earnings from self-employment
- Unemployment compensation
- Social Security or Disability Benefits
- Child support or alimony
- Pension or retirement income
- Any other recurring sources of income

If no income is received, please indicate "NONE" in the appropriate section.



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Note: Income earned by household members under the age of 18 who are full-time students and employed part-time shall be excluded from the total household income calculation. Documentation verifying full-time student status is required.

Required Documentation

- Two recent paystubs for all employed household members over the age of 18
- Proof of other income sources, if applicable (e.g., unemployment, child support, alimony, pension, disability benefits)
- Self-employed applicants must submit a current year-to-date profit and loss statement
- The City of Everett reserves the right to request additional documentation to verify income and determine eligibility.

Household Member	Date of Birth	Source of Income	Length of Employment / Receiving Assistance	Gross Annual Income

4. ASSETS

Please provide documentation for all assets held by household members. This includes, but is not limited to:

- Checking accounts
- Savings accounts
- Money market accounts
- Certificates of Deposit (CDs)
- All interest-bearing accounts
- Investment accounts
- Any other accounts containing liquid assets

Required Documentation

Submit the two most recent bank statements for each of the above accounts for all household members. Be sure to include supporting documentation for each applicable account to ensure a complete and timely review.

Household Member	Account Type	Institution	Current Balance



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5. CERTIFICATION AND CONSENT TO SHARE INFORMATION

- I. I/We HEREBY affirm and verify the I/We have not received payment or other financial assistance that would create a duplication of benefits under this grant program.
- II. I/We certify that all information provided in this application is complete and accurate. I/We agree to provide documentation of all income sources upon request from the City of Everett. I/We understand that knowingly providing false or misleading information is considered fraud and may be subject to penalties under the law.
- III. I/We agree that the City of Everett is not obligated to notify me/us if a public records request is made regarding this application.
- IV. I/We agree to hold harmless the City of Everett, its officers, employees, agents, and any other governmental agencies involved, from any and all liability arising from my/our application for assistance.
- V. I/We agree that intentionally or knowingly making a materially false or misleading written statement relating to the program could result in ineligibility for benefits, action to recover any program benefits paid to or on behalf of applicant, and/or a referral to criminal law enforcement.
- VI. I/We certify that all statements and representations made regarding proceeds received have been and shall be true and correct.

Applicant Signature	Printed Name	Date
Co-Applicant Signature (if applicable)	Printed Name	Date

I/We authorize the City of Everett Rental Mortgage Program to verify the information provided in this application by contacting all and any relevant agencies or parties.

Applicant Signature	Printed Name	Date
Co-Applicant Signature (if applicable)	Printed Name	Date

FOR STAFF USE ONLY

Addendum received on:

City Staff



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