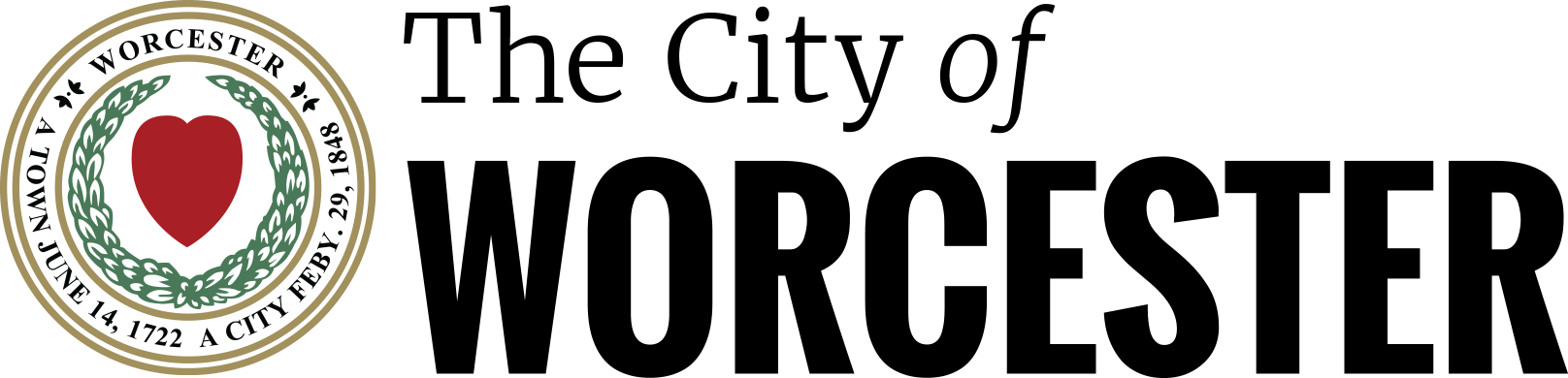
[](http://www.bing.com/images/search?q=Equal+Opportunity+Housing+Logo&id=22528EB9E326AABFCBEF24A16A87760F967217DB&FORM=IQFRBA)******CITY OF WORCESTER**

**HOUSING DEVELOPMENT**

**Rental & Utility Assistance Declaration  
  
Both tenant and property owner are required to sign and date this form, which will be kept on file with the The Bridge of Central Mass, Inc. DBA Opensky.**

The City of Worcester acting through its Executive Office of Economic Development – Housing Development Division has provided funding to The Bridge of Central Mass, Inc. DBA Opensky, to administer its COVID-19 Emergency Rental Assistance Program (the “Program”), by identifying qualifying Worcester tenants at risk of eviction due to the economic impacts of COVID-19 and disbursing rent and utility payments on their behalf. This activity is eligible as a public service under HUD’s Mega Waiver as well as the CDBG-CV Notice document FR-6218-N-01 issued on August 20, 2020. The Program is specifically geared to prevent the spread of COVID-19 to people at risk of homelessness through granting emergency rental & utility assistance payments. Program Assistance is limited to a total of $ 3,000 per rental unit. . This assistance is not considered an income payment.

**Tenant Name (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit \_\_\_\_\_\_\_\_\_\_ Worcester, MA Zip \_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Rent per Month $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tenant at Will \_\_\_\_\_\_\_ Lease \_\_\_\_\_\_\_\_\_\_\_ Please provide copy**

**Property Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Deed:** Recorded at the Worcester District Registry of Deeds in **Book\_\_\_\_\_\_\_, Page \_\_\_ Please provide copy**

If you are not the property owner listed on the deed referenced above please describe your relationship to the property owner: \_\_\_\_\_\_\_

Please submit proof of your authority to sign this Form on behalf of the property owner. (Sufficient documentation may include a copy of the executed lease agreement, or an agreement between you and the property owner evidencing your authority).

**Rental Arrearage (No more than 6 months to be paid through this Program- please provide delinquency notice)**

**Month 1 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month 2 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month 3 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Month 4 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month 5 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month 6 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Utility Arrearage (No more than 6 months to be paid through this Program- please provide billing statements from utilities)**

**Month 1 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month 2 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month 3 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Month 4 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month 5 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month 6 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Rent & Utility Assistance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (No more than $3,000 total)**

**Tenant Declaration**

**Through my/our signature, I/we hereby certify the information provided in this application is complete and correct to the best of my/our knowledge. I am aware of the eligibility requirements of the City of Worcester’s COVID-19 Emergency Rental Assistance Program as outlined in this application, as well as by the U.S. Department of Housing and Urban Development. I/we hereby certify that, to the best of my/our knowledge, I/we am/are eligible for assistance through the Program.**

**I certify that I have not received or been approved for funds from any other source to pay for the same expenses that I have requested above. I certify that if I, my property owner, my mortgage lender, or any other vendor do receive funds from any other source for the same expenses that I have requested above, I will immediately notify the Regional Agency and use best efforts to ensure that funds are returned to one of the sources.**

**I understand that upon rental assistance payment to my landlord, my rent will be considered current unless a separate written rental payment plan has been executed (copy must be attached to this declaration) and additionally it is my responsibility to remain current after this date. If a lease exists, all other terms of the lease remain in place. No further assistance payments will be paid on my behalf through the Program. Additionally, I/we hereby certify that I/we understand that if the city of Worcester finds my information to be fraudulently represented, I/we will be liable for repayment of all Program funds, as well as other penalties, allocated under Federal Regulation 24 CFR Part 28.**

\_\_\_\_\_\_\_\_\_\_\_\_\_ Worcester, MA \_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Unit # City/State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant Signature Date

**Property Owner Declaration**

**Through my/our signature, I/we hereby certify the information provided in this application is complete and correct to the best of my/our knowledge. I attest that upon receiving rental and/or utility assistance payment from The Bridge of Central Mass, Inc. DBA Opensky, pursuant to the City of Worcester’s COVID-19 Emergency Rental Assistance Program the tenant will be considered current on outstanding rent arrearages unless a separate written rental payment plan has been executed (copy must be attached to this declaration) and additionally it is the sole responsibility of the tenant to remain current after this date. If there is a current lease, all other lease terms remain in place. I understand no further assistance payments will be paid on the tenant’s behalf through this Program. Additionally, I/we hereby certify that I/we understand that if the city of Worcester finds my information to be fraudulently represented, I/we will be liable for repayment of all Program funds, as well as other penalties, allocated under Federal Regulation 24 CFR Part 28.**

\_\_\_\_\_\_\_\_\_\_\_\_\_ Worcester, MA \_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address Unit # City/State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By:

Title: Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By:

Title: Date