

# TENANT APPLICATION

## City of Worcester COVID-19 Emergency Rental Assistance Program

**All information supplied with be kept completely confidential.**

At any time during the application process the tenant may contact Open Sky Community Services to answer any questions. Please email [COVIDRentalAssistance@openskycs.org](mailto:COVIDRentalAssistance@openskycs.org), visit [www.openskycs.org](http://www.openskycs.org), or call (508)769-1527 and ask for the COVID Rental Assistance Program.

Tenant Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of time at this address \_\_\_\_\_ Number of bedrooms \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Length of time at this job: \_\_\_\_\_

How many bedrooms are in your apartment? \_\_\_\_\_ How many people are in your household? \_\_\_\_\_

Total monthly rent: \$ \_\_\_\_\_ Do you receive a rental subsidy?  Yes  No

If you do receive a rental subsidy is it:  Section 8  MVRP

Have you received other COVID related housing assistance:  RAFT  ERMA

Have you applied for emergency rental assistance through another agency? \_\_\_\_\_ if so, which agency? \_\_\_\_\_

Which utilities do you pay?  None  Heat  Hot Water  Electricity  Cooking

Do you have a lease agreement?  Yes  No

### OCCUPANT & INCOME INFORMATION

List **all** household members including yourself, all adults & children **even if an individual has no income**

Name	Social Security #	Age	Race (*optional)	Gross Monthly Income

\*Race: W=White, B=Black, H/L=Hispanic/Latino, N=Native American or Alaskan Native, A=Asian or Pacific Islander, O=Other. The above Race/national Origin information has been requested by the Department of Housing and Urban Development for monitoring purposes only. You are not required to furnish this information. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. This information is provided in compliance with federal requirements and is subject to verification.

## STATISTICAL INFORMATION

The following information is required by our funding sources.  
Information will be kept completely confidential.

a. # of persons living in unit	
b. # of children under six years old	
c. # of elderly (over 62)	
d. # handicapped (non-elderly)	
e. # elderly handicapped	
f. Is head of household female?	

### **CERTIFICATION:**

I certify that, under penalty of perjury, all information on this application to the best of my/our knowledge is true. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

### **Penalty for False or Fraudulent Statement, U.S.C.**

"Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5 years) or both."

**This application must be submitted with the required documents listed on the  
"TENANT REQUIRED INCOME/HOUSEHOLD INFORMATION"**

### **TENANT(S) MUST SIGN AND DATE APPLICATION**

Tenant - Print Name

Tenant - Signature

Date

Tenant - Print Name

Tenant - Signature

Date