

# Apply for RAFT (emergency help for housing costs)

The Residential Assistance for Families in Transition (RAFT) program provides short-term emergency funding to help you with eviction, foreclosure, loss of utilities, and other housing emergencies.

## What is RAFT?

RAFT provides up to \$7,000 per 12-month period so your family can stay in your current home or move to a new one. You may use the money for rent, utilities, moving costs, and mortgage payments.

Learn more about RAFT and other housing resources by [dialing 211](#), contacting [one of the Regional Agencies that manage RAFT applications](#), or contacting your local [Housing Consumer Education Center \(HCEC\)](#).

## Eligibility

You may be eligible for RAFT if:

- You're at risk of homelessness or losing your housing (for example, you received a Notice to Quit or an eviction notice; you're behind on your mortgage; you received a utility shutoff notice; [you have a disability](#); or you can't stay in your home due to health, safety, or other reasons)
- Your income is less than 50% of your city/town's Area Median Income (AMI)
- Your income is less than 60% of your city/town's AMI AND you are at risk of domestic violence

## Check your town's Area Median Income (AMI)

Use this eligibility checker to see if you're eligible:

- [Check my eligibility for RAFT](#)

## What you need

Gather these documents before you apply:

1. **ID for Head of Household** (such as a state issued driver's license, birth certificate, or passport)
2. **Proof of Current Housing** (such as a lease, tenancy agreement, or tenancy at will agreement)
3. **Verification of Housing Crisis** (such as a [Notice to Quit](#), proof that you are behind on your mortgage, an eviction notice, a utility shutoff notice, or

documentation showing that you can't stay in your current home due to health, safety, or other reasons)

4. **Income Verification.** After you apply, we'll need to verify your income. We'll try to do this automatically when you apply. If we can't, we may ask you to upload your income documents.
5. **Your landlord will need to complete a landlord application.** After you submit your application, let your landlord or property manager know as soon as possible. They will also need to submit an application to complete the application process. If they don't submit within 21 days, your application will time out, and you'll have to reapply.



Select a Community:

Peabody



**Regional Admin Agency:**

[Lynn Housing Authority & Neighborhood Development](#)

39 Curwin Terrace  
Lynn , MA 01905  
339-883-2342



Google Maps

[Apply Now](#)

Select your city/town from the drop-down menu above to get contact information for a regional agency and review income-limits for the programs.

Check the table below, displaying the regional income limits by household size for the selected community, to see if you meet the income criteria for EOHLC's emergency housing payment assistance programs.

**IMPORTANT:** When you apply, you will have to document your income, housing, and other household information. It is **very important you submit a complete application with required documentation.** If your application does not have all required documents, or accurate contact information, it will take additional time to process.

We encourage you to review the application for the Residential Assistance for Families in Transition (RAFT) program before submitting it to your regional agency. Most agencies continue to operate remotely and offices may not be open to the public, and we encourage you to visit their website.

Program Income Eligibility Limits

Metropolitan Area: **Boston-Cambridge-Quincy, MA-NH HMFA**

Household Size

Program	% of AMI	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
RAFT	50%	\$57,100	\$65,300	\$73,450	\$81,600	\$88,150	\$94,700	\$101,200	\$107,700
RAFT	60%	\$68,520	\$78,360	\$88,140	\$97,920	\$105,780	\$113,640	\$121,440	\$129,240



# Family Success Center

39 Curwin Terrace, Lynn, MA 01905 | Phone: (339) 883-2342 | Fax: (339) 883-2368 | Email: [fsc@lhand.org](mailto:fsc@lhand.org)

## How to Apply for RAFT

For temporary assistance with rent, utilities, and other housing costs

Visit [www.lhand.org/program/raft](http://www.lhand.org/program/raft) to apply online

### Required Documentation

#### ID for Head of Household

- such as a state issued driver's license, birth certificate, or passport

#### Proof of Current Housing

- such as a lease, tenancy agreement, or tenancy at will agreement

#### Verification of Housing Crisis

- such as a Notice to Quit, an eviction notice, a utility shutoff notice, or documentation showing an inability to stay in your current home due to health, safety, or other reasons

#### Income Verification\*

- such as 2 paystubs, benefit award letter, letter or other verification showing income dated within the past 60 days

\*recipients of DTA or MassHealth benefits and may not need to provide income verification

Additional documentation required from subsidized tenants: **Documentation of hardship that caused the nonpayment of rent that was presumed to be affordable** (ex: car repairs, out-of-pocket medical expenses, etc.)

### Required Information

#### All Household Members

- such as full name, date of birth, gender, Social Security Number (for all household members that have one), and income

Applicants are **NOT** required to have a SSN to be eligible

#### Current Housing (for rent arrears)

- such as address, monthly rent payment, arrears owed, type of subsidy, *if applicable*

#### New Housing (for move-in costs)

- such as address, amounts required for move-in costs, type of subsidy, *if applicable*

#### Utility (for utility assistance)

- such as utility type, company, and account number, *if applicable*

#### Applicant Contact Information

- such as mailing address, phone number, and/or email address, *if applicable*

#### Landlord Contact Information

- such as name, address, phone, and email, *if known*

The maximum RAFT benefit is up to \$7,000 during a 12-month period based upon need

If you are in need of additional assistance applying, please call (339) 883-2342 or email [fsc@lhand.org](mailto:fsc@lhand.org)

# Cómo solicitar RAFT

Para asistencia temporal con alquiler, servicios públicos y otros gastos de vivienda

Visite [www.lhand.org/program/raft](http://www.lhand.org/program/raft) para presentar su solicitud en línea

## Documentos requeridos

### Identificación para cabeza de familia

- como una licencia de conducir emitida por el estado, un certificado de nacimiento o un pasaporte

### Prueba de vivienda actual

- como un contrato de arrendamiento, contrato de arrendamiento o contrato de arrendamiento a voluntad

### Verificación de Crisis de Vivienda

- como un Aviso de desalojo, un aviso de desalojo, un aviso de corte de servicios públicos o documentación que demuestre la incapacidad de permanecer en su hogar actual debido a la salud, la seguridad u otras razones

### Verificación de ingresos\*

- como 2 talones de pago, carta de concesión de beneficios, carta u otra verificación que muestre ingresos con fecha dentro de los últimos 60 días

\*los beneficiarios de los beneficios de DTA o MassHealth *pueden no* necesitar proporcionar verificación de ingresos

Documentación adicional requerida de los inquilinos subsidiados: **Documentación de las dificultades que causaron la falta de pago del alquiler que se suponía que era asequible** (por ejemplo: reparaciones de automóviles, gastos médicos de su bolsillo, etc.)

## Información requerida

### Todos los miembros del hogar

- como nombre completo, fecha de nacimiento, género, Número de Seguro Social (para todos los miembros del hogar que tienen uno) e ingresos

Los solicitantes ***NO están*** obligados a tener un SSN para ser elegibles

### Vivienda actual (para alquileres atrasados)

- como dirección, pago mensual de alquiler, atrasos adeudados, tipo de subsidio, *si corresponde*

### Vivienda nueva (para gastos de mudanza)

- como dirección, montos requeridos para los costos de mudanza, tipo de subsidio, *si corresponde*

### Utilidad (para asistencia de servicios públicos)

- como el tipo de servicio, la compañía y el número de cuenta, *si corresponde*

### Información de contacto del solicitante

- como dirección postal, número de teléfono y/o dirección de correo electrónico, *si corresponde*

### Información de contacto del arrendador

- como nombre, dirección, teléfono y correo electrónico, *si se conoce*

El beneficio máximo de RAFT es de hasta \$7,000 durante un período de 12 meses según la necesidad

Si necesita asistencia adicional para presentar una solicitud, llame al (339) 883-2342 o envíe un correo electrónico a [fsc@lhand.org](mailto:fsc@lhand.org)



Neighborhood Services Office  
 10 Church Street  
 Lynn, MA 01902  
 (781) 581-8600

~ TBRA APPLICATION~

**All sections must be completed.**

Please check one:

*Please Print Legibly*

**Head of Household:** (Circle) Mr. Mrs. Ms.

First Name	Middle	Last Name
Current Address	City	State ZIP
Email Address: _____	Phone # _____	
Current Mailing Address	City	State ZIP
Occupation (1)	Employer Name and Address	Date of Employment Years in line of business
Applicant #2 Name	Employer Name and Address	Date of Employment Years in line of business

**HOUSEHOLD COMPOSITION:** List yourself and all persons who live with you, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member.

Name: Last, first, middle initial	Relationship to Head	Date of Birth	Sex M/F	Disabled Y/N	Fulltime Student Y/N	Social Security Number
	<b>HEAD</b>					

**Relationship to Applicant:** Spouse, Co-Head, Other Adult, Son, Daughter, Foster Child, Live-in Aide, etc.  
**Disabled:** Has a verified disability determined to be continuous, and/or long term (more than 12 months)  
**Social Security #:** If any household member(s) does not have a Social Security #, explain the reason why here:

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**RACE/ETHNICITY:** LHAND collects data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic/Latino ethnicity. Your answers will not affect your application.

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White	<b>Hispanic Ethnicity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White	
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other	

**INCOME:** List all money earned or received by all household members

FAMILY MEMBER	SOURCE OF INCOME: Includes money from wages, self-employment, unemployment, alimony, child support, regular contributions or gifts received from organizations or persons not residing in the dwelling, TAFDC, Social Security, SSI, retirement, pensions, disability, workman's comp, military pay, veteran's benefits, rental property income and all other sources.	AMOUNT	MONTHLY, WEEKLY, BIWEEKLY, YEARLY
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Please indicate start date if not working on 01/01/2023: \_\_\_\_\_

**ASSETS:** List all current assets owned (including but not limited to savings and checking accounts, certificates of deposit, stocks, bonds, mutual funds, real estate, including trusts and partnerships, business and other investments)

NAME	DESCRIPTION OF ASSET	CURRENT VALUE
		\$
		\$
		\$
		\$
		\$

Did any member of the household dispose of any assets for less than the fair market value within the past two years?  
 Yes  No (Were the assets either given away or sold at less than the allotted market value?)

**EXPENSE INFORMATION**

- \_\_\_ YES \_\_\_ NO Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?
- \_\_\_ YES \_\_\_ NO Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?
- \_\_\_ YES \_\_\_ NO Does your household pay care expenses for the care of a family member with a disability that enables a family member to work?

**COVID IMPACT STATEMENT:** Please explain in detail how you and your family was impacted by the Covid 19 Pandemic

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**LANDLORD AND UNIT INFORMATION:**

NAME OF LANDLORD: \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_

LANDLORD PHONE #: \_\_\_\_\_

ARE YOU RELATED TO THE LANDLORD? \_\_\_\_ YES \_\_\_\_ NO. IF YES PLEASE LIST RELATIONSHIP: \_\_\_\_\_

MONTHLY RENT AMOUNT: \$ \_\_\_\_\_ HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? \_\_\_\_\_

ARE YOU RECEIVING ANY RENTAL SUBSIDY? \_\_\_\_ YES \_\_\_\_ NO. IF YES, PLEASE EXPLAIN: \_\_\_\_\_

NUMBER OF SLEEPING BEDROOMS IN UNIT: \_\_\_\_\_

**WHICH OF THE FOLLOWING UTILITY COSTS DO YOU PAY IN ADDITION TO RENT? Please circle**

GAS HEAT	GAS STOVE	GAS HOT WATER	OIL HEAT	OIL HOT WATER
ELECTRIC HEAT	ELECTRIC STOVE	ELECTRIC HOT WATER	ELECTRIC LIGHTS	

**PLEASE READ CAREFULLY AND SIGN**

I understand that the LHAND request this information as part of the application process and that this application is not an offer of housing. Some information is being obtained for statistical purposes only. The LHAND is an equal opportunity housing provider and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, family status or any other basis prohibited by law in the administration of the programs and activities.

By signing below, I certify that the information given to the LHAND in this application form is accurate and complete to the best of my knowledge. I authorize the LHAND to make inquiries to verify the information provided on this application. I understand that it is my responsibility to inform the LHAND of any change of address, income, or household composition. I also understand that a criminal background check will be may be performed for members of my household, fourteen (14) years and older according to the Federal Law.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Warning:** 18 U.S. C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned not more than five years or both.

**\*Incomplete applications will result in delay in processing**

Updated 06/28/2023



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

### ELIGIBILITY RELEASE FORM

**Purpose:** Your signature on this Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the Lynn Housing Authority & Neighborhood Development to obtain information from a third party relative to your eligibility in the:

- HOME/CDBG Homebuyer Program
- HOME/CDBG Rehabilitation Program(s)
- DeLead Program
- TBRA (all programs)

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME/CDBG/DeLead/TBRA Program(s) and the amount of assistance necessary using HOME/CDBG/DeLead/TBRA funds. This information will be used to establish level of benefit on the HOME/CDBG/DeLead/TBRA program(s); to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

**Authorization:** I authorize the Lynn Housing Authority & Neighborhood Development and HUD to obtain information about me and my household from the following sources that is pertinent to eligibility for participation in the HOME/CDBG/DeLead/TBRA Program(s):

- Any credit bureau, retail merchants' association, bank, financial institution, or other credit-extending organization
- Providers of alimony, child support, credit, handicapped assistance, pension/annuities, the U.S. Social Security Administration, the U.S. Department of Veteran's Affairs, and Welfare agencies
- All income information and employments records
- Other:

I understand that a photocopy of this form is as valid as the original.

Head of Household- Signature, Printed Name, Date  
Family Member Head

Other Adult Member- Signature, Printed Name, Date  
Family Member #2

Head of Household- Signature, Printed Name, Date  
Family Member #3

Other Adult Member- Signature, Printed Name, Date  
Family Member #4