



Dear TBRA Applicant:

The Pawtucket Housing Authority (PHA), in partnership with the City of Pawtucket, has received a \$300,000 Emergency Tenant Based Rental Assistance grant through the US Department of Housing and Urban Development (HUD) HOME Program to assist families who have been affected by the COVID-19 pandemic.

PHA will provide rental assistance to those persons that meet the eligibility requirements. This rental assistance will cover the time period of April 1, 2020 through December 31, 2020. Family households must meet the eligibility requirements outlined in the application packet.

The application needs to be returned with the requested documentation. The assistance will be provided on a first-come first-serve basis. The maximum amount of assistance per household is \$5,000. Assistance will be provided until the funding has been expended. PHA will determine the household need as applications are processed in the order received.

If you have any questions, please do not hesitate to e-mail Rosa Felix-Pichardo at [RFelix-Pichardo@pawthousing.org](mailto:RFelix-Pichardo@pawthousing.org) (401) 688-6939 or Mary Michalczyk at [marym@pawthousing.org](mailto:marym@pawthousing.org) (401) 721-5192.

Best wishes,

Mary A. Michalczyk  
Director of Housing Management

Enclosure: TBRA Application Packet

**ANSWER THE FOLLOWING ELIGIBILITY**

**QUESTIONS BEFORE COMPLETING THE APPLICATION TO DETERMINE**

**IF YOU ARE ELIGIBLE**

- 1) Is your family household income less than or equal to the following income limits? If answered, YES, you are eligible and can proceed to Question #2. If answered NO, you are not eligible, and can STOP the application process.

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$36,540	\$41,760	\$46,980	\$52,200	\$56,400	\$60,600	\$64,740	\$68,940

- 2) Do you reside in the City of Pawtucket? If answered YES, you are eligible and can proceed to Question #3. If answered NO, you are NOT eligible and can STOP the application process.
- 3) Did you lose employment or income either permanently or temporarily due to COVID-19? If answered YES, you are eligible and can proceed to Question #3. If answered NO, you are not eligible and can STOP the application process.
- 4) Do you receive housing assistance (example: Housing Choice Voucher Assistance, Project-Based Housing Assistance)? If answered NO, you can proceed filling out the application for Emergency Tenant Based Housing Assistance.

**APPLICATION CHECKLIST**  
**COVID-19 EMERGENCY TENANT BASED RENTAL ASSISTANCE**

**DOCUMENTS TO BE COMPLETED, SIGNED AND/OR PROVIDED WITH APPLICATION**

- Completed Application** – Incomplete applications will not be accepted.
- Signed Application** – Must be signed by all household members 18 years of age or older.
- Self-Certification of Income Form** – Incomplete form will not be accepted.
- Signed Self-Certification of Income Form** – Must be signed by all household members 18 years of age or older.
- HOME Program Eligibility Release Form** – Must be signed by all household members 18 years of age or older.
- Applicant Release of Landlord Information Form** – filled out and signed.
- Copies of Picture IDs for **all family members 18 years of age or older.**
- Copies Social Security cards for all household members seeking benefits under this program
- Current Lease Agreement **MUST be signed by Landlord and Tenant.**
- Copies of Utility bills (gas and electric) **from April 1, 2020 to present – if you are applying for assistance for arrearage on utility bills.**
- Proof of financial crisis due to COVID-19: Loss of income, health and safety concerns or crisis event that can be supported with documentation connecting it to COVID-19 (i.e. notice from employer regarding closing business, shortening hours, hospitalization, quarantined, childcare/school unavailability).
- Bank statements for the period of April 1, 2020 through to present (can be used to show loss of income).

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Applications will be accepted on a first-come, first serve basis. **Applications must be complete with all requested documents or the application will be returned.**

You may return applications as follows:

- 1) Hand-delivered to the Pawtucket Housing Authority – 214 Roosevelt Avenue, Pawtucket, Rhode Island – DROP BOX in office foyer area on **Monday through Thursday between the hours of 8:00 AM and 4:00 PM or Friday from 8:00 AM and 1:00 PM OR**
- 2) US Mail: Pawtucket Housing Authority, 214 Roosevelt Avenue, Pawtucket, RI 02860, Attn: Mary Michalczyk.

FOR QUESTIONS OR ASSISTANCE IN COMPLETING THE APPLICATION, **PLEASE CALL ROSA FELIX-PICHARDO (401) 688-6939 OR MARY MICHALCZYK at (401) 721-5192**



**EMERGENCY TENANT-BASED RENTAL ASSISTANCE PROGRAM**

**EVICTON PREVENTION, RENTAL ASSISTANCE/SECURITY DEPOSIT, UTILITY BILLS**

**APPLICATION**

**Print Clearly**

Head of Household: \_\_\_\_\_ DOB: \_\_\_\_\_  
Co-Head of Household: \_\_\_\_\_ DOB: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Applicant's previous address(es) if less than two years at current location:**

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

Current Phone #: \_\_\_\_\_ Current Cell Phone #: \_\_\_\_\_  
Current E-mail Address: \_\_\_\_\_

**Household Member Information:**

Last Name	First Name	Social Security # or Alien Registration #	Sex	US Citizens Y/N	Date of Birth

**Household Income Information:**

**If you or ANY household member receives income from any of the following sources check the source(s) and fill in the chart below to include all household members' income:**

- TANF - RI Works       Retirement/Pension       Supplemental Security Income (SSI)       VA Benefits
- Unemployment       Child Support       Social Security       Food Stamps
- Foster Subsidy       Worker's Compensation       RI TDI (Disability)       Other Income

Household Member Name	Source of Income (SSI, Unemployment, etc.)	Gross <u>Monthly</u> Amount
1.		
2.		
3.		
4.		
5.		

**Household Asset Information:**

1. Do you or any family member own or have access to any of the following?

- Savings Account?  Yes  No  
 Certificate of Deposit (CD)?  Yes  No  
 Checking Account?  Yes  No  
 Money Market Account?  Yes  No

Family Member Name	Bank Name	Account Number	Balance
1.			
2.			
3.			
4.			

2. Do you or any family member own or have access to any of the following?

- Stocks?  Yes  No  
 Bonds?  Yes  No  
 Real Estate/Property?  Yes  No  
 Trust Funds?  Yes  No  
 Inheritances?  Yes  No  
 IRA?  Yes  No  
 Life Insurance?  Yes  No  
 Any other capital investment?  Yes  No

Family Member Name	Type of Asset	Account Number	Value
1.			
2.			
3.			
4.			

**What assistance are you applying for? Please check below:**

- Eviction Prevention Assistance – Back Rent (April 1, 2020 – Present)
- Utility Bills (April 1, 2020 – Present)
- Security Deposit Assistance/Rental Assistance (moving into a new apartment)

Briefly Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RENTAL ASSISTANCE – EVICTION PREVENTION:** If you are applying for assistance because you are in arrears on your rent, please answer the following questions. **If not**, continue to the next section.

**Current Landlord Information:**

Current Landlord Name:	Phone #:
Address:	City/State/Zip:

Amount of Monthly Rent: \_\_\_\_\_

When did you make your last rental payment? \_\_\_\_\_

How much are you behind on your rent? \_\_\_\_\_

Do you currently receive any type of Rental Assistance?  Yes  No If yes, specify: \_\_\_\_\_

\_\_\_\_\_

**UTILITY ASSISTANCE – BACK UTILITY BILLS:** If you are applying for utility assistance for back utility bills, please answer the following questions. **If not**, continue to the next section.

**Gas Bill:**

How much are you behind on your gas bill for the period of **April 1, 2020 to present:** \$ \_\_\_\_\_

What is the total amount owed on your gas bill? \$ \_\_\_\_\_

Do you receive any utility assistance through BVCAP for your gas bill? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much have you received from BVCAP this year? \$ \_\_\_\_\_

**Electric Bill:**

How much are you behind on your electric bill for the period of **April 1, 2020 to present:** \$ \_\_\_\_\_

What is the total amount owed on your electric bill? \$ \_\_\_\_\_

Do you receive any utility assistance through BVCAP for your electric bill? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much have you received from BVCAP this year? \$ \_\_\_\_\_

**SECURITY DEPOSIT ASSISTANCE/1<sup>ST</sup> MONTH'S RENT:** If you are applying for this assistance, please answer the following questions:

1. What is the address of the new apartment in the City of Pawtucket?

\_\_\_\_\_

\_\_\_\_\_

2. Provide the following information for your new Landlord or Property Management Company:

Name:	Phone #:
Address:	City/State/Zip:

3. What is the Rental Amount for new apartment? \_\_\_\_\_.

4. How many bedrooms? \_\_\_\_\_.

5. Does the rent include utilities? \_\_\_\_\_. **If not**, please check off the utilities you are paying for and the source of the utility:

- a. Cooking – gas or electric: \_\_\_\_\_
- b. Heating – gas, oil, or electric: \_\_\_\_\_
- c. Hot Water – gas or electric: \_\_\_\_\_
- d. Other electric: \_\_\_\_\_

**RACE AND ETHNICITY OF HEAD OF HOUSEHOLD**

RACE: Check the appropriate race: (More than one category can be entered if applicable.)

- White
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander

Ethnicity: (Check the appropriate ethnicity)  Hispanic or Latino  Non-Hispanic or Latino

**ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18, MUST SIGN THE APPLICATION**

By signing this application, you are certifying that you have answered ALL questions and the information you have provided is true and accurate. If you have not filled out this application completely, it will be considered an incomplete application and will be returned to you. You also acknowledge that this emergency assistance is not guaranteed. Copies of all required documents MUST be submitted with the application.

_____	_____	_____
Print Name of Head of Household	Signature of Head of Household	Date
_____	_____	_____
Print Name of Co-Head Member	Signature of Adult Household Member	Date
_____	_____	_____
Print Name of Adult Household Member	Signature of Adult Household Member	Date
_____	_____	_____
Print Name of Adult Household Member	Signature of Adult Household Member	Date

**Please see Application Checklist for required documentation that MUST be submitted with your application.**

# HOME Program Eligibility Release Form

Organization requesting release of information  
(PJ name, address, telephone, and date)

Pawtucket Housing Authority  
214 Roosevelt Avenue  
Pawtucket, RI 08260  
(401) 721-5192

*Purpose:* Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

HOME TBRA Program  
HOME Homebuyer Program  
HOME Rental Rehabilitation Program  
HOME Homeowner Rehabilitation Program

*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 Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; 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.

*Instructions:* Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**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.**

*Information Covered:* Inquiries may be made about items listed below:

Income – all sources  
Assets – all sources  
Childcare – all sources  
Handicap Assistance Expenses (if applicable)  
Medical Expenses (if applicable)  
Other (list):  
\_\_\_\_\_  
\_\_\_\_\_

Dependent Deduction:  
\_\_\_\_\_ Full Time Student  
\_\_\_\_\_ Handicap/disabled Family Member  
\_\_\_\_\_ Minor Children

*Authorization:* I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date:  
Family Member HEAD

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #3

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #2

X

Other Adult Member of the Household—Signature, Printed Name, and Date:  
Family Member #4

X



**HOME Investment Partnerships Program**  
**Self-Certification of Annual Income to Implement COVID-19 Regulatory Waiver**

**INSTRUCTIONS:**

Please complete one form and include the requested information for all persons in the household. Complete an additional form if the applicant needs more space. The adult head of household must sign and date the form. This form is valid for use between **April 10, 2020 - December 31, 2020.**

**PART I: ELIGIBILITY**

HOME funded emergency rental assistance is limited to income eligible families whose annual income **does not exceed [60] percent of the area median income, as determined by HUD.** Assistance is limited to (a) applicants who have lost employment or income either permanently or temporarily due to the COVID-19 pandemic and to (b) homeless individuals or families.

2020 Median Family Income:          Low Income (60% of Median)	City of Pawtucket, Rhode Island Federal Housing and Community Development Programs* <b>2020 Income Guidelines</b> Effective Date: JULY 1, 2020							
	1	2	3	4	5	6	7	8
	PERSON	PERSON	PERSON	PERSON	PERSON	PERSON	PERSON	PERSON
	\$36,540	\$41,760	\$46,980	\$52,200	\$56,400	\$60,600	\$64,740	\$68,940

To comply with HOME program guidelines, the applicant must indicate which eligibility category applies to their household. **Do not complete the rest of this form if the household does not meet the program's income limits and one of the categories below.**

Check all that apply:       Homeless       Experiencing financial hardship

**MUST COMPLETE THIS SECTION:** If the applicant has experienced **financial hardship as a result of the COVID-19** pandemic, the applicant **MUST** describe how the household's financial situation has changed (e.g., lost employment or reduced income either temporarily or permanently; missed work due to caring for a child, senior or person with disabling conditions, medical costs due to COVID, etc.). (Use backside of sheet if unable to fit in this box).

**HOME Investment Partnerships Program  
Self-Certification of Annual Income to Implement COVID-19 Regulatory Waiver**

**PART II: HOUSEHOLD INFORMATION**

Enter legal address (where the applicant currently lives) and contact information below. If household is experiencing homelessness or is in temporary housing, provide a mailing address (where the applicant currently receives mail).

	Legal Address	Mailing Address (if different from legal)
Street, Apt./Unit #		
State, City, Zip Code		
Phone Number(s)		
Email(s)		

Enter all household information below and indicate if any member is or will be a part-time/full-time student in the next 12 months. Do not include live-in-aides, children of live-in-aides, foster children, or foster adults.

Household Member #	Name (Last, First, MI)	Relationship to the Head of Household (co-head, spouse, child, etc.)	Birth Date (mm/dd/yyyy)	*Student (Part/Full-time, Neither)	**Disabled (Y/N)
1		Head of Household			
2					
3					
4					
5					
6					

\*Note for Applicant: Students do not qualify for HOME assistance unless the individual meets one of the exemptions below. Check all that apply:

Over age 24     
  Veteran of the US Military     
  Married     
  Has dependent child/ren  
 Member is part of a household that is low-income

\*\*Note for Administrator: the "Disabled" column is not required and only provided if deductions under adjusted income at 24 CFR 5.611 will be applied for tenant-based rental assistance programs.

**PART III: ANNUAL INCOME**

Report all current income and income expected to be received in the next 12 months including long-term **unemployment compensation and all hazard pay. DO NOT INCLUDE:** IRS Economic Impact Payments (stimulus checks), Federal Pandemic Unemployment Compensation (the additional \$600 per week), income of a live-in-aide, children of live-in-aides, foster children, foster adults, or the income of minors.

# HOME Investment Partnerships Program

## Self-Certification of Annual Income to Implement COVID-19 Regulatory Waiver

**Section A:** For each household member (HH Mbr#) below, anticipate annual income for the next 12 months by converting current income to annual figures. **Convert wages/income by multiplying it by the frequency in which it is received and factor in amounts that will terminate before the end of the next 12 months. Multiply weekly income by 52; Bi-weekly income (received every other week) by 26; Semi-monthly income (received twice each month) by 24; and Monthly income by 12. A full-time student, 18 years or older (excluding the head of household or spouse) should exclude earnings in excess of \$480 for annual income. Leave blank those that do not apply. To determine the total income for the household, add up all columns on the last row of this chart.**

Income Sources	HH Mbr# 1	HH Mbr# 2	HH Mbr# 3	HH Mbr# 4	HH Mbr# 5	HH Mbr# 6
Unemployment Compensation (include regular unemployment, Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation) (exclude Federal Pandemic Unemployment Compensation)						
Wages, salary, overtime, hazard pay, commissions, fees, tips, bonuses (before payroll deductions)						
Net income from business and self-employment (include income from independent contractors, Gig economy jobs such as Etsy, Amazon, eBay, Uber, Lyft, Instacart, Grubhub, etc.)						
Interest, dividends, and other net income of any kind from real or personal property (include rental income)						
Social Security (include disability/Supplemental; include gross amount prior to any Medicare premiums)						
Retirement/Pension/Insurance policy/Annuities						
Disability or Death Benefits (disability compensation)						
Worker's Compensation and Severance pay						
Welfare Assistance Payments (Temporary Assistance to Needy Families)						
Regular Pay, special pay, and housing allowance for the Armed Forces (exclude military hazard pay)						
Veterans Administration (VA) Benefits (exclude deferred disability benefits)						
Adoption Assistance Payments (exclude amount in excess of \$480)						
Alimony or Child Support (include only amounts expected)						
Re-occurring cash gifts from private/nonprofit/charity or friends/family who will not reside in the unit						
Other (please describe):						
Total for each HH Member						
<b>Section A: Total Income for Household</b>	\$					

**HOME Investment Partnerships Program**  
**Self-Certification of Annual Income to Implement COVID-19 Regulatory Waiver**

**Section B - Income From Assets:** Annual income includes income derived from assets to which household members have access. Interest or dividends earned are counted as income even when the earnings are reinvested. Using the categories below, report the (a) type of asset(s) held by each member of the household, (b) cash value of asset(s), and (c) the income derived from the assets (**report annual figures only**). If the asset does not generate income, report zero. If the household member does not have assets, leave blank. Calculate the totals on the last row of this chart.

Household Member #	<b>Assets Categories:</b> Checking, Savings, Mutual funds, Money Market Acct. Equity in Rental Property, Retirement and Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum- inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)	Cash Value of Asset	Interest/Dividends Earned on the Assets
1			
2			
3			
4			
5			
6			
Household Member #	<b>Disposed Assets:</b> Assets given away for less than the fair market value in the last 24 months with value greater than \$1,000, (e.g. sale of a home)	Cash Value of Disposed Asset	Income from Disposed Asset
		<b>Box (B1)</b> Total Value of Assets	<b>Box (B2)</b> Total Income from Assets
		\$	\$

***To be completed by Program Administrator***	
If the amount in Box (B1) is greater than \$5000, calculate the imputed value of the assets by multiplying Box (B1) by the Passbook Savings rate of (.06%)	<b>Box (B3)</b> Value of Imputed Asset
	\$
<b>Section B: Total Income from Assets</b> (greater of box (B2) or (B3))	\$
<b>Total Household Annual Income (Sections A + B)</b>	\$

**HOME Investment Partnerships Program**  
**Self-Certification of Annual Income to Implement COVID-19 Regulatory Waiver**

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**PART IV: APPLICANT CERTIFICATION**

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administrator to document my/our household income.

<b>HEAD OF HOUSEHOLD</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>OTHER ADULT HOUSEHOLD MEMBERS</b>		
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>

214 Roosevelt Avenue, P.O. Box 1303, Pawtucket, Rhode Island 02862-1303  
Phone : 401-721-6000 • Fax: 401-723-3970 • TDD: 800-745-5555 • Web: www.pawthousing.org

## RENTAL VERIFICATION FORM

### Applicant Release of Landlord Information

Name of Applicant: \_\_\_\_\_

Rental Address: \_\_\_\_\_

I, \_\_\_\_\_, hereby give the Pawtucket Housing Authority, permission to communicate with my current landlord or property manager for the purpose of discussing all the facts and circumstances of my current tenancy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Name of Landlord: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Paula McFarland, Executive Director

Mary E. Bray, Commissioner

Adrienne J. Kirschner, Commissioner

Beth Roberge, Chairperson

Robert Ricci, Commissioner

Kevin Rabbitt, Commissioner

George L. Kelley, III, Vice Chairperson

Olga Torres, Commissioner

## Emergency Tenant Based Rental Assistance (TBRA)

### Frequently Asked Questions

#### **How do I apply for the Emergency COVID-19 Tenant-Based Rental Assistance?**

You must download and fill out the TBRA Applicant Packet which is on the Pawtucket Housing Authority's website ([www.pawthousing.org](http://www.pawthousing.org)). The application and ALL required documentation **MUST** be returned to the Pawtucket Housing Authority, 214 Roosevelt Avenue, Pawtucket Rhode Island in an envelope. The envelope must be placed in the drop box in the office foyer between 8:00 AM and 4:00 PM Monday through Thursday and 8:00 AM and 1:00 PM on Friday. Applications can also be mailed to the address noted above to the attention of Mary Michalczyk.

#### **Is there an application deadline?**

Yes. Applications will be received until all funding has been expended.

#### **What are the circumstances of the inability to pay rent due to COVID-19?**

1. Loss of income due to workplace closure or reduced hours.
2. Loss of income or increased child-care costs because daycare or schools are closed.
3. Medical costs for you or a household member who is ill with COVID-19.
4. Loss of income due to government-ordered emergency measures after March 13, 2020.

#### **How do I know if my income is below 60% of the Area Median Income (AMI)?**

If your **total GROSS** household income, including income of all adult household members, 18 years of age or older, living in the home, is at or below the dollar amount for the household size listed in the chart below, you may qualify:

<b>FY 2020 Income Limits</b>	<b>1 Person</b>	<b>2 Persons</b>	<b>3 Persons</b>	<b>4 Persons</b>	<b>5 Persons</b>	<b>6 Persons</b>	<b>7 Persons</b>	<b>8 Persons</b>
60%	\$36,540	\$41,760	\$46,980	\$52,200	\$56,400	\$60,600	\$64,740	\$68,940

#### **How will the applicants be selected to receive the rent subsidy?**

Applications will be processed on a first come, first serve basis. All applications will be date and time stamped as they are received.

#### **If I receive a federal rent subsidy such as the housing choice voucher, Veterans Affairs Supportive Housing (VASH) or live in a project-based or public housing development, am I eligible for the rent subsidy from the Emergency TBRA Program?**

Unfortunately, renters who receive subsidies through these programs are not eligible to participate in the program.

**Who is the rent subsidy paid to?**

The rent subsidy is paid directly to the landlord. The rent subsidy will not be paid to the landlord unless the tenant has qualified by providing documentation to prove eligible and the landlord also agrees to participate in the program.

**Does my landlord have to do anything to receive the rent subsidy?**

The landlord will need to provide a Certificate of Lead Conformance, provide a W-9 form, and sign a Rental Assistance Agreement.

**What kind of information will I need to provide to confirm my eligibility to receive the rent subsidy under the Emergency TBRA Program?**

All information on the checklist in the Applicant Packet MUST be submitted with the application.

**I have multiple adults living in my household. Should each of us submit an application?**

No, only one application per rental unit should be submitted. Multiple application submissions may deem an application not eligible. Your total household income including the income of all adults, 18 years of age or older, living in the home will be used to determine your eligibility for the program

**Are the 2020 60% AMI guidelines for total income before or after tax?**

Household income is total household income, so the household 's income must be at or below the amount before taxes, depending on the number of people in the household.

**Will landlords be taxed for receiving the rental subsidy?**

Yes, just as they are taxed for their regular rental income. Landlords will be required to submit an IRS W-9 form and will receive an IRS 1099 form at the end of the calendar year.

**I have a government-issued photo ID, but it reflects my previous address, not my current one in Pawtucket. I have all other proof that I am a renter in Pawtucket. Will this be an issue as I apply for this assistance?**

Your government-issued photo ID with a different address will be needed to confirm your identity. You will be able to provide a different document to prove your tenancy such as a notice addressed in your name from your current landlord, utility bill in your name with your rental unit address dated between March 13, 2020 through to present.

**I do not owe rent, but I will not be able to pay this coming month. Can I still apply if I do not owe rent yet?**

Yes, you can still apply.

**Can I enter the property manager's contact information because I do not have the owner's information?**

Yes, we need your landlord's information, the property owner or Management Company you pay your rent. This way, if you are selected for the program, we know the person in charge to contact and pay the rent subsidy on your behalf.



**If I am chosen to receive the rent subsidy, am I obligated to pay it back?**

A tenant is not required to pay back the subsidy. It is a grant.

**How long will it take to process my application?**

Our goal is to process applications and issue payment within 14 business days. However, processing time may be extended if you are unable to provide the necessary documentation on time.

**I paid my March rent, but I am delinquent on my rent for the period of April through to present. Am I eligible?**

Yes. If you were current on your rent in March 2020, you are eligible. If you were not current in March, 2020, you are not eligible.

**I owed my landlord rent/was in eviction proceedings as of March 31, 2020. Am I eligible?**

No, only tenants who were in good standing as of March 31, 2020 are eligible.

**My only income is Social Security/a pension/payments from my retirement fund. Am I eligible?**

No. Only people who lost employment or income because of the COVID-19 pandemic are eligible.

**Does my Economic Impact Payment (stimulus check) count as income?**

No. One-time payments like the federal stimulus check are not counted as income for this program.

**I had to leave my job/reduce my work hours because I couldn't find childcare. Am I eligible?**

Yes. If you can document your child's care provider/school closed and you had to leave your job or reduce your hours to care for them, you are eligible for this program.

**I left my job because I am a medically high-risk person. Am I eligible?**

Yes. If you are over 60 or can provide a note from a medical provider or other medical records showing you have a medical condition that puts you at high-risk and you left your job because you didn't want to get sick, you are eligible.