



**CITY OF CHELSEA
DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT**

CHELSEA RESILIENCE FUND APPLICATION

Instructions: Please complete the following form.

If you need assistance to complete the application, staff from the Department of Housing & Community Development can provide support filling out application forms or obtaining necessary documentation. Applicants seeking support with the application process should contact the Department at (617-466-4187).

Completed applications should be dropped off at:
City Hall, 500 Broadway, Room #101, Chelsea, MA 02150

Applications are accepted on a rolling basis. Eligibility is restricted to Chelsea residents with incomes below 80% of the Area Median Income, who have experienced an unforeseen emergency. Please reference the Program Guidelines for the program's official definition of *unforeseen emergency*. Additionally, residents may only receive assistance from the Resilience Fund once every two-years.

For additional information about the program please contact Ana Sofia Amieva-Wang, Sr. Project Manager of Housing & Economic Stability by phone (617-466-4187) or email (awang@chelseama.gov).

Applicant Information

Name			
Address			
Do you receive mail at this address (Y/N)?		If your answer is no, please provide your mailing address	
Phone Number			
Email Address			

What is your preferred language for contact:

- English Spanish Arabic Vietnamese Haitian Creole
Somali Portuguese Other: _____

Family Composition Information

Please complete the information below for each member of your family, starting with the name of the primary applicant:

Name	Relationship to the Applicant (For example: child, spouse, grandparent, etc.)	Date of Birth	Gender	Disability Status (Y/N)
	Applicant			

Are you or any members of your family a Veteran? Y N

Household Income Information

Please list all sources of income for any household members over the age of 18. If your family has multiple sources of income, please list each source separately. Please see "Appendix B" for the complete income verification procedures.

Household member name	Source of income (For example: wages/job, TAFDC/cash benefits, Social Security, child support, Unemployment Insurance, etc.)	Amount received per month
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Does your household receive any of the following benefits? Please check all that apply.

- SNAP
 WIC
 TAFDC/EAEDC
 MassHealth
 Social Security
 Social Security Disability
 LIHEAP/Fuel Assistance

Household Income Information

Do you rent or own your home? Rent Own

If you are a renter, how much is your monthly rent? \$ _____

If you are a renter, do you have any of the following types of income based housing assistance where your rent changes based on your income?

- Section 8
 MRVP
 Public Housing
 I have a different type of income based housing assistance, not listed here.
 I do not have an income based voucher or live in public housing.

Unforeseen Emergency

Qualifying households must have experienced an unforeseen emergency ninety-days prior to applying to the Resilience Fund. For the purpose of this program, an unforeseen emergency is defined as a fire, flood, climate emergency, medical emergency, instance of violence, or the loss of an income earner, jeopardizing a resident’s housing and economic stability.

Please indicate which of the following emergencies your household experienced:

Fire Flood Climate Emergency Medical or Dental Emergency

Loss of a household member Instance of violence

On what date did this emergency occur? _____

Was your household displaced from your home due to the emergency? Y N

Was your household permanently displaced from your home due to the emergency?

Y N

Please provide a narrative description of the emergency: _____

Which of the following negative economic impacts did your household experience?

Loss of housing Loss of wages/income Loss of childcare

Loss of personal belongings Physical damage to your property

Elevated medical costs Funeral expenses

Other, please describe: _____

Documentation Requirements

Please see “Appendix A” for a full list of documentation requirements and acceptable documentation. Applicants must provide:

1. **A form of identification** with the head of household’s name and date of birth.
2. **Verification of Chelsea residency.**
3. **Verification of the unforeseen emergency** experienced by the household.

All documentation should be included with the application. The Department is available to assist residents with obtaining the necessary documentation.

Conflict of Interest

	Yes	No
Are you (or anyone in your household) a municipal employee or locally appointed official?	<input type="checkbox"/>	<input type="checkbox"/>
Do you (or anyone in your household) currently work as a consultant or agent to the community?	<input type="checkbox"/>	<input type="checkbox"/>
Do you (or anyone in your household) currently work for another agency that administers City funded programs for the community?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is your current title position?		
In what agency or department?		

Would you allow the City of Chelsea to send you information about this program or other related programs in the future? Yes No

If you received assistance preparing this application, please list the name and contact information of the person who provided assistance.

Name of Assisting Advocate: _____

Organization / Affiliation: _____

Phone Number: _____

Email Address: _____

Do you allow the City of Chelsea to communicate with the advocate named above, and/or their organization, regarding this application? Yes No

Signature _____ **Date** _____

ETHNICITY/RACE DATA. Please note, responding to this section is optional.

If you choose, you may use the following options to identify yourself and your family members by ethnicity or race. You may select as many options as are applicable. You are not required to provide this information, and it will not affect the evaluation of your application.

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

Hispanic: Yes No

**Appendix A
Documentation Requirements**

- 1. A form of identification clearly displaying the name and date of birth of the primary applicant.** Examples of acceptable identification include a state-issues driver’s license or ID, a passport from any country, a birth certificate, etc.

- 2. Verification of Chelsea residency:** Applicants to the Chelsea Resilience Fund must supply the Department with current verification that their primary residence is in the City of Chelsea. Residency can be verified with the provision of:
 - a. A utility bill, dated within 90 days of application submission, displaying the name and current Chelsea address of the head of household.
 - b. For renters: A current lease, Tenancy at Will agreement, rent-share agreement, or letter from the landlord of a property, displaying the name of the head of household.
 - c. For homeowners: The City will verify ownership by querying property records to verify the owner is listed on the property deed.
 - d. At the discretion of the Department and as a last resort, a letter from a doctor, social worker or housing advocate providing verification of the head of households’ address, in Chelsea.

- 3. Verification of the unforeseen emergency** experienced by the household.

Emergency	Acceptable Documentation
Fire, Flood, or Climate Emergency	Fire report, inspectional services report, or other public documentation of the emergency
Medical or Dental Emergency	Letter from a health care provider
Loss of Household Income Earner	Death certificate, obituary, deportation records
Instance of Violence	Police report or a letter from a third-party advocacy organization, social worker, or health care provider

At the discretion of the Department, letters from a social worker, medical providers, or a third-party advocate may be used to verify an emergency. In some cases, the Department may request additional documentation to verify that the unforeseen emergency has negatively impacted the household’s housing and economic stability.

Appendix B
Income Verification Requirements

Income Verification

Below are the current Program income limits, comprising the FY2023 income limits for Boston, Cambridge, Quincy, MA-NH MSA.

HUD FY23 Income Limits – 80% AMI	
Household Size	Income Limit
1	\$82,950
2	\$94,800
3	\$106,650
4	\$118,450
5	\$127,950
6	\$137,450
7	\$146,900

- Household income will be verified by Program staff by examining all sources of household income that must be reported and self-certified, under the pains and penalties of perjury, by applicants.
- Applicants shall report on gross household income of all members of the household over the age of 18, including all income derived from:
 - Wages from employment, including regular wages, overtime pay, and tips;
 - Self-employment (sole proprietorship, partnership, corporation, and income from odd jobs);
 - Unemployment Insurance benefits;
 - Social Security benefits;
 - Aid to Families with Dependent Children (TAFDC);
 - Emergency Aid to the Elderly, Disabled and Children (EAEDC);
 - Veterans Administration benefits;
 - Retirement, pensions, etc.;
 - Worker’s compensation;
 - Alimony, child support;
 - Interest income;
 - Income from rental properties;
 - Recurring gifts or contributions from persons not residing in the household;
 - Other income if applicable.

The City reserves the right to examine all sources of income.

- Household income is defined as follows.

Household Income is defined as the anticipated total income from all sources received by the Family head and spouse (even if temporarily absent) and by each additional member of the family, including all net income derived from assets, for the 12 month period following the effective date of certification of income.

Upon documentation, projected household income is determined and compared to the published HUD Income Limits to identify low-income persons. The application will be used to collect data on household composition, income, and asset sources.

- Household income shall be defined as the income of all household members, 18 years and older, who are not full-time students.
- To be “Income-Eligible”, applicant household(s) must have total household incomes that do not exceed the limits established by HUD as listed above.