

COVID-19 Rental Assistance

Program Guidelines:

To qualify for this financial assistance, you must:

- live in one of the [SHI Communités](#);
- have a suffered financial hardship due to the Covid-19 pandemic;
- have a gross household income that is at or below [200% of the Federal Poverty Level](#)
- Are currently in arears with Rent and are at risk of losing housing

Application Submittal:

Complete the online Application at <https://selfhelpinc.org/program-services/rental-assistance/> and upload/mail/fax required documentation and submit. Someone will review your application and if eligible we will email/mail you if we need any additional documentation.

Be sure to upload your documents via the online application, if you are able, and then hit the **SUBMIT button** after signing the form.

Required Documents

Residence and Identity

- Identification – Identification for **all household members** (valid Massachusetts ID or passport (adults); birth certificates are acceptable for children).
- First page of lease showing names of tenant and landlord and rent amount, and last page of lease showing signatures. If no lease, attach a letter or email from landlord attesting to tenancy and monthly rent.

Documentation of Emergent Need:

- Evidence of reduced income, one of the below items
 - A layoff or furlough letter for each household member who lost income due to COVID; **OR:**
 - At least 2 paystubs, from before the COVID crisis, for each household member who lost income due to COVID, showing decline in pay over the period, **OR:**
 - An Unemployment Insurance statement. **OR:**
 - *If none of these are available, written statement explaining how COVID-19 has negatively impacted your financial health, will be considered.*

Verification of Current Income

- 4 weeks most recent paystub for all employed household members over the age of 18, even if they did not lose income.
- Documentation of any other income sources (unemployment, child support, SSI/SSDI, alimony, pension/retirement, etc.).
- If anyone 18 years or older in the household has No Income, they will be required to complete a [Statement of NO INCOME form](#)

In the provision of our services, the Self Help Inc. does not discriminate on the basis of race, color, ethnicity, national origin, gender or gender identity, age, religion, marital status, familial status, sexual orientation, ancestry, public assistance, veteran history/military status, genetic information or disability.

SHI Service Area

ABINGTON, ATTLEBORO, AVON, BRIDGEWATER, BROCKTON, CANTON, DEDHAM, EAST BRIDGEWATER, EASTON, FOXBORO, FRANKLIN, HANSON, HOLBROOK, MANSFIELD, MIDDLEBORO, NEEDHAM, NORTH ATTLEBORO, NORFOLK, NORTON, NORWOOD, PLAINVILLE, RANDOLPH, RAYNHAM, ROCKLAND, SHARON, STOUGHTON, WALPOLE, WEST BRIDGEWATER, WESTWOOD, WHITMAN.

FY 22 Rental Assistance Income Guidelines (10/1/21-9/30/22)

Family Size (# of people in the household)	100% Federal Poverty Level* (Gross Yearly Income)	200% Federal Poverty Level* (Gross Yearly Income)
1	\$12,880	\$25,760
2	\$17,420	\$34,840
3	\$21,960	\$43,920
4	\$26,500	\$53,000
5	\$31,040	\$62,080
6	\$35,580	\$71,160
7	\$40,120	\$80,240
8	\$44,660	\$89,320

**For each additional person, add \$4,540*