



Date:

Household Name:

You have been determined eligible for Williamstown Emergency Rental /Mortgage Assistance Program grant assistance based on a preliminary screen. The following list indicates information that HCEC staff will need to complete your application. If you are unsure of what you need ask the HCEC staff as failure to provide documentation may delay the benefit award.

Please provide the following:

- ✓ **Each household member must provide at least one form of identification.** Acceptable identification includes a birth certificate, picture ID, driver's license, or Mass Health card.
- ✓ **Verification of the social security number of head of household.** You may send another form of written documentation that includes the social security number, i.e., pay stubs, or public assistance award letter. *(Households without a social security number may still apply.)*
- ✓ Please fill out the following **application, release forms, language forms and certifications form**, sign and date.
- ✓ Please provide your landlord with the cover letter and documents located at the end of this packet.

If you are a TENANT: Depending on the way in which you plan to use assistance you will need to provide **Property Owner**

**Documentation. There is a packet located at the end of this document for the landlord that will request:**

- Completed W-9 tax form
- Proof of ownership (deed, most recent real estate tax bill, or current property insurance policy)
- Copy of a lease or tenancy agreement
- Tenant ledger (history of payments with dates and a running balance showing what is owed)

If you are a HOME OWNER: you will need to provide:

- A recent mortgage statement showing what is owed currently including all fees.
- Proof of ownership (deed, most recent real estate tax bill, or current property insurance policy)
- Any letters received from the bank/lender stating you are behind in your mortgage

Please submit the application and supporting documentation to us by:

## COMMUNICATION PREFERENCE FORM

Please complete the Communication Preference Form below. All individual information will be kept private. Please note that completing this form is voluntary. Berkshire Housing will use this information only to ensure meaningful access to programs and services. Berkshire Housing is committed to providing translation and interpretation services for vital documents and interactions for the Housing Assistance Program(s) they administer. However, completing this form is not a guarantee of the provision of translation or interpretation services.

Name: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

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

1. If the primary language spoken in your home is a language other than English, please place an X in the box which identifies the primary language spoken in your home.

- English
- Spanish
- Portuguese
- French Creole
- Italian
- Chinese
- Mon-Khmer/Cambodian
- Vietnamese
- Russian
- Other (Please Specify) \_\_\_\_\_

2. If you prefer to receive written communications from Berkshire Housing in a language other than English, please place an X in the box next to the language that you prefer. Berkshire Housing currently provides some of its forms and informational material in the following languages, and will provide you with translated forms when available:

- English
- Spanish
- Portuguese
- French Creole
- Italian
- Chinese
- Mon-Khmer/Cambodian
- Vietnamese
- Russian
- Other (Please Specify) \_\_\_\_\_

3. Do you need interpretation/translation services when communicating with Berkshire Housing regarding?

- Yes \_\_\_\_\_  No
- Language

\_\_\_\_\_  
Signature of Applicant or Participant  
«FULL\_NAME»

\_\_\_\_\_  
Date

## FORMA DE PREFERENCIA PARA COMUNICACIÓN

Favor de completar a continuación la Forma de Preferencia para Comunicación. Toda información individual será privada. Favor de notar que el llenar esta forma es algo voluntario. Berkshire Housing Dev. Corp. usará esta información sólo para garantizar un acceso significativo a los programas y servicios. Berkshire Housing Dev. Corp. se compromete a proveer servicios de traducción e interpretación para documentos e interacciones vitales referentes al Programa de Vales para Elección de Vivienda/Sección 8 (HCV/S8). Sin embargo, el completar la forma no es garantía de que se han de proveer servicios de traducción e interpretación.

Nombre: \_\_\_\_\_ últimos 4 números del SS: \_\_\_\_\_

Dirección: \_\_\_\_\_

4. Si el idioma que se habla principalmente en su hogar es otro que no sea inglés, favor de marcar con una X el encasillado que identifica el idioma que se habla principalmente en su hogar.

- Inglés
- Español
- Portugués
- Creole haitiano
- Italiano
- Chino
- Jemer/camboiano
- Vietnamita
- Ruso
- Otro (favor de especificar) \_\_\_\_\_

5. Si prefiere recibir comunicación por escrito de parte de Berkshire Housing en relación al programa HCV/S8 en otro idioma que no sea inglés, favor de marcar con una X el encasillado con el idioma de su preferencia. Actualmente Berkshire Housing provee muchas de las formas y material informativo en los siguientes idiomas y, de estar disponibles, le proveerá las formas traducidas:

- Inglés
- Español
- Portugués
- Creole haitiano
- Italiano
- Chino
- Jemer/camboiano
- Vietnamita
- Ruso
- Otro (favor de especificar) \_\_\_\_\_

6. ¿Necesita servicios de interpretación/traducción para comunicarse con \_\_\_\_\_ en relación al programa HCV/S8?

- Sí \_\_\_\_\_  No
- Idioma

\_\_\_\_\_  
Firma del solicitante o participante

\_\_\_\_\_  
Fecha

«FULL\_NAME»



**CERTIFICATION FORM**

Williamstown Emergency Rental Assistance Program ( ) grant  
(To be completed and signed by the head of household)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION**

List all persons living in your unit 50% or more of the time (use the back of this sheet if necessary)

NAME: LAST, FIRST	DATE OF BIRTH (MONTH /DAY/YEAR)	RELATION TO HEAD OF HOUSEHOLD	SEX /ETHNICITY RACE			SOC. SEC. NO#: LAST FOUR DIGITS
			<i>(PLEASE CIRCLE THE PROPER CATEGORY FROM BELOW)*</i>			
1.		HEAD	M F	H NH	1 2 3 4 5	
2.			M F	H NH	1 2 3 4 5	
3.			M F	H NH	1 2 3 4 5	
4.			M F	H NH	1 2 3 4 5	
5.			M F	H NH	1 2 3 4 5	
6.			M F	H NH	1 2 3 4 5	
7.			M F	H NH	1 2 3 4 5	

\*Sex Categories: M = Male F = Female  
 \*Ethnicity Categories: H= Hispanic NH= Non Hispanic.  
 \*Race Categories: 1=White, 2=Black/African American, 3=American Indian/Alaska Native, 4=Asian, 5=Native Hawaiian/Other Pacific Islander

**II. HOUSEHOLD INCOME**

List all income for all family members. Income includes wages, welfare assistance, child support, social security benefits (SS, SSI, SSDI), veterans benefits, unemployment compensation, retirement/pension.

	Household Member & Source or Type of Income	Amount	Weekly, Bi-Weekly, Monthly
1.	Head:	\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	

I hereby certify that the above information on household composition, income, and assets is complete, true and correct to the best of my knowledge. I understand that giving false statements or information can be grounds for termination of HomeBASE Program assistance and for punishment under state and federal laws.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date



**FAIR INFORMATION PRACTICES ACT  
STATEMENT OF RIGHTS**

Berkshire Housing Development Corporation (Housing Agency) collects information about applicants and participants of the Williamstown Emergency Rental Assistance Program (WERAP) to determine eligibility and the need for financial assistance. The information collected is used to manage the housing program, to protect the public financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, local public housing authorities, regional non-profit housing agencies, service providers and civil or criminal investigators and prosecutors. Otherwise the information will be kept confidential and only used by the Housing Agency staff in the course of their duties.

The Fair Information Practices Act established requirements governing Housing Agency’s use and disclosure of the information it collects. Applicants and program participants may give or withhold their permission when requested by the Housing Agency to provide information; however, failure to permit the Housing Agency to obtain the required information may result in delay, ineligibility for programs, or termination.

As an applicant or program participant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be voluntarily disclosed to any person other than those described above without your consent.
3. You or your authorized representative has a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the Housing Agency about how it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the Housing Agency holds about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file.

I understand that I am authorizing the Housing Agency to obtain and release necessary information as discussed above. This authorization is valid for a period of one year. I further understand that a photocopy of this authorization is as valid as the original

**Signed by each household member who is at least 18 years of age.**

\_\_\_\_\_

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Signature

\_\_\_\_\_

Date Signed



**This Landlord packet is for RENTERS/TENANTS only.  
HOME OWNERS please disregard:**

**This packet is for the current landlord  
(property owner) if applying for rental arrears.**

**This packet is for a NEW landlord (property owner)  
if moving to a new unit.**

Dear Property Owner/Agent:

\_\_\_\_\_, your existing tenant, is applying to Berkshire Housing Development Corporation for financial assistance through the Williamstown Emergency Rental Assistance Program (WERAP). In order for us to continue to process their request, the applicant **must complete and return the following within 15 days of the above date:**

1. **W-9 form** (enclosed)
2. **Proof of Ownership** (either a copy of the deed or current property tax bill or current property insurance statement) of the property the tenant will be living in.
3. **Copy of Signed Lease or Rental Agreement** – (if funds are for a new tenant, it is understood this may not be submitted until the very end of this process.)
4. Copy of a current tenant ledger (whatever mechanism is used by the property owner to record the rent charged monthly, payments received by the tenant with dates and a running balance.

Mail or email all these documents to:

Berkshire Housing Development Corporation

**FAX: 413-496-9831.**

**EMAIL: HCEintake@berkshirehousing.com**

Sincerely,

Berkshire Housing Development Corporation

[www.berkshirehousing.com](http://www.berkshirehousing.com)

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

---

**2** Business name/disregarded entity name, if different from above

---

**3** Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC   
 C Corporation   
 S Corporation   
 Partnership   
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

---

**5** Address (number, street, and apt. or suite no.)

**6** City, state, and ZIP code

**7** List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Social security number**

				-			-						
--	--	--	--	---	--	--	---	--	--	--	--	--	--

or

**Employer identification number**

		-												
--	--	---	--	--	--	--	--	--	--	--	--	--	--	--

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - Certify that you are not subject to backup withholding, or
  - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



***Berkshire County Regional Housing Authority***  
*Housing Counseling ~ Mediation ~ Consumer ~ Education Center*  
1 Fenn Street, 4<sup>th</sup> Flr.  
**PITTSFIELD, MASSACHUSETTS, 01201**  
413-443-7138 Fax: 413-443-8137  
Website: [www.bcrha.com](http://www.bcrha.com)

**SERVICES DISCLOSURE STATEMENT & CONSENT OF RELEASE OF INFORMATION**

The Berkshire County Regional Housing Authority provides the following housing counseling services: Mortgage Delinquency, Default counseling, Homelessness Prevention and Resolution Services, Rental and Fair Housing counseling. In addition to providing mortgage default counseling and rental counseling services for homeowners and renters. The Berkshire County Regional Housing Authority offers the following services and programs: Tenancy Preservation Program, Representative Payee Program, Consumer Counseling Program, and Home Options for Massachusetts Elders.

Housing Counseling clients are not obligated to use any other product or services offered by this agency, its affiliates or partners. The Berkshire County Regional Housing Authority will provide information on alternative services, programs and products. Clients should consider a variety of resources and options and upon evaluation select resources that best meet their needs.

Financial support for the Housing Counseling Program is provided by the following organizations: Congressional funds through the National Foreclosure Mitigation Counseling, Massachusetts Bar Foundation, HUD Housing Counseling, Massachusetts Office of Public Collaboration, Housing & Consumer Education Centers.

I/We understand that it is my/our right and responsibility to decide whether to engage in any course of housing counseling with the Berkshire County Regional Housing Authority and to determine whether counseling is suitable for my/our housing problem.

I/We understand that the BCRHA provides information on a broad range of housing programs and products and that the housing counseling I receive from BCRHA in no way obligates me to choose any particular loan product or housing program discussed in my counseling sessions. I/We understand that BCRHA does not guarantee that I/We will receive mortgage financing from any lender and/or other mortgage financing entity.

I/We may be referred to other housing services of the organization or to another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified.

I/We understand that a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred for appropriate assistance.

I/We understand that information and data regarding your Housing Counseling case may also be shared with the funders of the program you are participating in with the Berkshire County Regional Housing Authority. The specific funding agencies are HUD and/or Citizens' Housing and Planning Association (CHAPA). Said information sharing may include allowing access by HUD and/or CHAPA to your file for the purpose of oversight of the grant that funds the program you are participating in.

I/We understand that information and data regarding my Housing Counseling case may also be shared with Community Legal Aid for the purpose of accessing legal advice pertaining to my housing issue.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

*Providing dispute resolution programming; comprehensive housing counseling, including legal and educational counseling services, loss mitigation/ anti-foreclosure counseling, homelessness prevention/ tenancy preservation services and homelessness resolution and housing search assistance; and anti-poverty resources TO ALL BERKSHIRE COUNTY RESIDENTS.*