

**City of Boston - AFSCME Council 93, AFL-CIO Housing Trust Fund
Application and Affidavit for Emergency Funds**

Qualified AFSCME members in good standing who are homeowners and renters are eligible to apply for emergency loan assistance to cover housing-related expenses as outlined in the Eligibility Criteria.

Please note that emergency funds are loans, provided through the City of Boston Credit Union and repaid by the member through payroll deductions to the Credit Union. You must be or be eligible to become a member in good standing of the City of Boston Credit union to receive funds.

Please mail or drop off this application to:

City of Boston - AFSCME COUNCIL 93, AFL-CIO Housing Trust Fund
Attention: Helen Yee
8 Beacon Street, 8th floor
Boston, MA 02108

Date: _____

Name: _____

City of Boston Employee ID Number (*found on check stub*) _____

Home Address: _____

Primary Phone: _____ Home email: _____

Work Phone: _____ Work email: _____

Best way to reach you: _____

Department and Work Site: _____

Job title: _____

Current base weekly salary, excluding overtime: _____

In the past, have you received assistance from the Trust?

No _____

Yes _____

If yes,

When did you receive assistance? _____

For what Purpose? (**circle one**) Rental or Emergency or 1st time Homebuyer or Home Improvement Loan

Are you still repaying the Credit Union for a Trust assisted loan?

No _____

Yes _____ *If yes, this debt must be repaid before you submit an application for additional funds. And you may only receive a total of 2 Trust loans in a 3-year period.*

Please explain the nature of your emergency and how it is affecting your Housing situation. For example:

1. Are you having difficulty paying your: (**circle one**) Rent, Essential Utilities, or Mortgage?

2. What is the emergency reason that you are having difficulty paying any of the above bills: (**check off all that apply**)
 - Unexpected emergency household repair, such as boiler, furnace, etc.(please explain: _____).
 - Unexpected loss of household income due to illness of yourself or of another person in your household who helps to pay the household expenses
 - Unexpected loss of household income due to loss of a job by another person in your household who helps to pay the household expense

Unexpected loss of income that you expected to get from tenants

Other: explain nature of the emergency in detail:

Date of emergency: _____

Amount requested: \$_____ (up to a **maximum of \$2000.00**)

ATTACH: Appropriate documentation, e.g., a bill, a contractor quote or other repair estimate, if applicable. **Further documentation may be required.**

ATTACH: Your most recent pay stub.

ATTACH: Your “member in good standing letter” received from AFSCME Council 93 or your Local President or delegate, and issued within the past six months.

The undersigned hereby certifies to the Trust that the preceding information is accurate, truthful, and correct, and acknowledges that the Trust is relying upon this certification to provide Trust funds.

Default of this loan prohibits the undersigned from receiving any other benefits from the Trust.

I understand and agree to repay the loan in its entirety regardless of my employment status with the City of Boston.

I agree to repay the loan through payroll deduction as long as I am employed by the City of Boston.

I understand and agree that the Credit Union can share any information, notices and/or documentation associated with the member's Trust assisted loan.

I agree to hold harmless and indemnify the Trust and the Trustees for any false or misleading statements or representations made in my application to the Trust and/or to the Credit Union.

Signature of Applicant: _____

For Trustee use only:

Reviewed by: _____

Date: _____

Approved by Trustees on _____ (date)

Not approved by Trustees on _____ (date)

Commitment letter sent on _____ (date)