

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

A qualified AFSCME member in good standing is eligible to apply for a loan to help with the costs of renting a new apartment as outlined in the Eligibility Criteria

Please note that rental funds are loans, provided through the City of Boston Credit Union and repaid by the member through payroll deductions to the Credit Union.

Please mail or drop off this application to:
**City of Boston - AFSCME COUNCIL 93, AFL-CIO Housing Trust Fund
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?

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.*

What is the amount of your new monthly rent? _____

Amount requested: \$ _____ (up to a maximum of \$ 2,500)

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.

ATTACH: A **copy of your lease or other documentation of the amount** you will be paying for rent at your new address. **Further documentation may be required.**

ATTACH: The name and address of the business or individual to whom the check is to be issued.

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)