

**City of Boston—SEIU Local 888 Housing Trust  
Application for Emergency Funds**

*Qualified SEIU members in good standing are eligible to apply for assistance to cover housing-related emergencies. If you have received the Home Buyer benefit from the Trust, you must wait one year before applying for this emergency benefit. Prior loans must be repaid before you can apply again for funds.*

*Please note that emergency funds consist of a grant and loan award, with a maximum total award of \$4,000. The grant award is a maximum of \$1,000, the loan portion is a maximum of \$3,000. Loans are provided through the City of Boston Credit Union. The Trust requires repayment through payroll deductions to the Credit Union.*

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: \_\_\_\_\_

Grade and Step: \_\_\_\_\_

Current base weekly salary, excluding overtime: \_\_\_\_\_

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

No \_\_\_\_\_

Yes \_\_\_\_\_

If yes, when did you receive assistance? For what purpose?

Are you still repaying the Trust for the assistance received?

No \_\_\_\_\_

Yes \_\_\_\_\_ *If yes, this debt must be repaid before you submit an application for additional funds.*

Please describe the circumstances which led to your housing-related emergency and subsequent need for financial assistance. **Provide documentation; for example, evidence of your loss of income or the loss of a household member's income, a notice of an overdue mortgage payment or rent payment or an utility shut-off notice, etc.**

Note that the loan portion of the emergency award is to be repaid through a payroll deduction through the City of Boston Credit Union.

Date of emergency: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ (up to a maximum of \$ 4,000)

**Of this amount, \$1,000 will be a grant to you and up to \$3,000 will be a no-interest loan from the City of Boston Employees Credit Union. You must be a member of the Credit Union and repay the loan portion to the Credit Union through a payroll deduction.**

Description of emergency: (attach additional pages if needed)

**ATTACH:** Please attach your most recent pay stub.

**ATTACH:** Please attach appropriate documentation, e.g., overdue mortgage or rental notice, contractor quote or other repair estimate, if applicable. **Further documentation may be required. Your documentation must provide evidence to support the amount you have requested from the Trust.**

**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.**

Signature of Applicant: \_\_\_\_\_

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For Trustee use only:

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by Trustees on \_\_\_\_\_ (date)

Not approved by Trustees on \_\_\_\_\_ (date)

Commitment letter sent on: \_\_\_\_\_ (date)

**City of Boston – SEIU Local 888 Housing Trust Fund  
Application and Affidavit for Emergency Funds**

As an applicant to the City of Boston – SEIU Local 888 Housing Trust Fund (“Trust”), I authorize the City of Boston Credit Union (“Credit Union”) to release to the Trust information regarding my membership standing with the Credit Union. The Trust requires that applicants for loan funds be members in good standing with the Credit Union, defined as a member who is not currently in default of obligations to the Credit Union and has no record of unresolved charge-offs with the Credit Union.

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

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

\_\_\_\_\_

\_\_\_\_\_

Department and Work Site: \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_ \_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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For Credit Union Use Only

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

\_\_\_\_\_ Is a Member in Good Standing.

\_\_\_\_\_ Is not a Credit Union member but is not currently in default of obligations to the Credit Union and has no record of unresolved charge-offs with the Credit Union.

\_\_\_\_\_ Is currently in default of obligations to the Credit Union and/or has a record of unresolved charge-offs with the Credit Union that must be resolved.

Please send form to Antonio C. Nunes, City of Boston – SEIU Local 888 Housing Trust Fund Co-Chair, fax 617-241-5150