

# *Newburyport Housing Authority*

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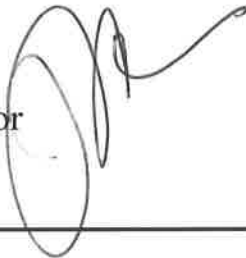
April 30, 2020

TO: All Residents

FR: Tracy M. Watson, Executive Director

RE: COVID19 Weekly Memo

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This week's memo addresses The City of Newburyport's new Board of Health Orders!

We also have attached specific information from the  
Department of Housing and Community Development and  
The Newburyport Society for the Relief of Aged Women.

*Please take a moment to read this very important information regarding rent payments and relief process especially if you are having a Covid19 related financial issue!*

*Please review and reach out if you have any questions or concerns!*

**If you are in need of a RENT ADJUSTMENT due to loss of employment or new employment please contact us immediately! ANY changes to your households still need to be reported to the Authority so that we can adjust what needs to be adjusted.**

**Our office is closed to the public but... we are still here to serve our residents!**



**Newburyport Board of Health Orders Banning Gatherings in Public,  
Mandating Masks, and Banning Evictions**

On April 23rd The Board of Health unanimously approved revising the order (in italics) issued on April 15th with the following aimed to further reduce and percent the spread of COVID-19 locally:

1. **Gatherings in all public areas including but not limited to parks, public buildings and walkways are hereby restricted.** Gatherings include physical and interactive sports activities to include but not limited to playing frisbee, catch, tennis and other activities that may spread the Covid-19 virus from sweat, droplets and physical contact from an individual. Individual passive recreational activities, such as walking, jogging and biking are exempt from this provision. All individuals must practice social distancing of 6 feet and not gather in one setting.
  
2. **All members of the public entering any essential business as defined by Governor Baker's Covid-19 Executive Orders must wear a facial covering, such as a fabric mask, scarf or bandana, over his or her nose and mouth.** The facial covering does not have to be a surgical mask or N-95 respirator, which should be left for medical professionals and first responders.
  
3. **All employees of all essential businesses open to the public shall wear a facial covering over their mouth and nose, provided by their employers, during all hours of operation.** Employers and employees must also comply with all applicable CDC and DPH protocols and guidelines for their particular business, which may include recommendations and/or directives concerning the use of personal protective equipment, such as gloves. Essential businesses open to the public shall use discretion for occupational health hazards using facial coverings (i.e. cooks over grills, employees using machinery, etc.) and can make best professional judgement on use of facial coverings or not during such occupational operations. Food/Goods delivery personnel are considered employees and shall wear facial covering over their nose and mouth when delivering the food/goods to the customer if there is a person to person exchange. The facial covering does not have to be a surgical mask or N-95 respirator, which should be left for medical professionals and first responders.
  
4. ***Each applicable essential business shall post at the public and employee entrances signage requiring a facial covering and must exercise social and physical distancing of six feet from one another.***
  
5. ***Moratorium on Eviction Enforcement & R.E. business: No landlord and/or owner shall enforce an eviction upon a resident of Newburyport, residential or commercial, during this public health crisis. Real Estate showings of homes, dwellings or other properties shall be limited to two people from the public. R.E (Real Estate) agents shall not be considered in this count but limited to the R.E agent only. All surfaces must be sanitized before and after showing and all social distancing protocols shall be followed.***



**6. Any resident or member of the general public, including workforce, entering or exiting a residential or commercial building complex of greater than one (1) unit must wear a facial covering over their nose and mouth while in common areas and communal spaces and must exercise social distancing in these spaces in accordance with CDC guidelines.**

**Social distancing of 6 feet or more should be practiced at all times.** Everyone should comply with the Governors “stay at home” advisory to help prevent the spread of the Covid-19 virus

**7. Board of Health hereby strongly advises that anyone out in public ways, areas, buildings and such shall wear a facial covering over their nose and mouth**

#### **Reminder to Not Flush Disinfectant Wipes Down the Toilet**

Mayor Holaday and the Department of Public Services urges residents and businesses to not flush wipes of any kind down the toilet, including disinfectant wipes. We are all doing our part to keep our households clean and sterilized, but please do not flush disinfectant wipes down the toilet. Flushing wipes, paper towels and similar products down toilets will clog sewers and cause backups in your home and neighborhood. This has been proven to result in sanitary sewer overflows, creating an additional public health risk in the midst of the corona virus pandemic.

The DPS has already responded to several back ups of homes and clogs in pump stations and sewer pipes.

***Please throw these products in the trash;  
there is no such thing as a “flushable” wipe.***



# I CANNOT CONTROL

(So, I can LET GO of these things.)

IF OTHERS  
FOLLOW THE  
RULES OF SOCIAL  
DISTANCING

THE AMOUNT  
OF TOILET  
PAPER AT THE  
STORE

## I CAN CONTROL

(So, I will focus on these things.)

THE  
ACTIONS  
OF  
OTHERS

MY POSITIVE  
ATTITUDE

TURNING  
OFF THE  
NEWS

FINDING FUN  
THINGS TO DO  
AT HOME

HOW  
LONG  
THIS  
WILL  
LAST

HOW I FOLLOW CDC  
RECOMMENDATIONS

LIMITING MY  
SOCIAL MEDIA

MY OWN SOCIAL  
DISTANCING

MY KINDNESS &  
GRACE

PREDICTING  
WHAT WILL  
HAPPEN

HOW  
OTHERS  
REACT

OTHER  
PEOPLE'S  
MOTIVES



Clipart: Carrie Stephens Art  
TheCounselingTeacher.com

Commonwealth of Massachusetts  
**DEPARTMENT OF HOUSING &  
COMMUNITY DEVELOPMENT**

Charles D. Baker, Governor ♦ Karyn E. Polito, Lt. Governor ♦ Jennifer D. Maddox, Undersecretary

**THIS IS AN IMPORTANT NOTICE. PLEASE HAVE IT TRANSLATED.**  
**Questa é una notizia molto importante. Per piacere falla tradurre.**  
**Este es un aviso importante. Sírvase mandarlo traducir.**  
**C'est important. Veuillez faire traduire.**  
**ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG.**  
**XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO NÀY.**  
**Este é um aviso importante. Por favor mande traduzi-lo.**  
**Es ê un avizu importanti. Di favor, manda traduzil.**  
**Se yon anons ki enpòtan anpil. Sou Ple, fè tradwi li pou w.**  
**Σπουδαιε Πληροφορεια – Παρακαλω να το μεταφρασετε.**  
**这是个重要文件 · 请做好翻译。**

**INSTRUCTIONS FOR COMPLETING NOTICE AND CERTIFICATION  
FROM RESIDENTIAL TENANT - FINANCIAL HARDSHIP RELATED TO  
COVID-19**

**General Information**

1. On March 10, 2020 the Governor declared a state of emergency related to the outbreak of the 2019 novel Coronavirus (“COVID-19”) in the Commonwealth of Massachusetts. A law signed by the Governor on April 20, 2020 (chapter 65 of the Acts of 2020) ensures that landlords cannot impose a late fee for non-payment of rent for a residential dwelling unit or begin eviction processes.
2. Also, landlords cannot provide rental payment data to a consumer reporting agency related to the non-payment of rent, **if** the tenant provides notice and documentation to the landlord that the non-payment of rent was due to a financial impact from COVID-19 within 30 days of the missed rent payment.
3. If you are unable to pay rent in full and on time due to financial hardship related to COVID-19, to avoid late fees and/or credit reporting **you must send notice and documentation to your landlord or your landlord’s management agent within 30 days following the date your rent was due**, explaining and documenting why the non-payment was due to a financial impact from COVID-19.

4. You should send the form to the same place you would usually send your rent, except that if you have an email address for your landlord or management agent you may send via email.
5. Please use this form to inform your landlord if you missed a rent payment due to a financial impact from COVID-19. If you are unable to download or obtain a hard copy of this form, you may send a letter or email containing the same details as to your financial hardship.
6. You may either fill out a hard copy of this form or download the form and complete it electronically. If you complete the form electronically and do not have a way to print and sign it, please type “/s/” and then your name on the signature line and email the form to your landlord or your landlord’s management agent. This will count as your electronic signature.
7. This form is intended to document your ability to pay rent based on income from **all adults in your household**. One adult must sign the form as the primary person who receives income in the household, but every adult living in the household who receives income must provide information and sign the form
8. If you have questions about this form, please contact your local Housing Choice Education Center (HCECs). You can find your local HCEC here: <https://www.masshousinginfo.org/>.

### **Section A – Background Information**

1. In the blank in Section A.1, please put your home address, including apartment number.
2. In Section A.2, if you have a written lease, check “Yes”; if you do not have a written lease, check “No”.
3. In Section A.3, put the amount of your monthly rent.
4. In Section A.4, if more than one adult living in the household receives income from any source, including unemployment insurance, alimony, child support, TANF, disability payments, or other income, check “Yes”; if you are the only adult in the household with income, check “No.”
5. If you checked “Yes” in section A.4, then put the names of the other adults with income in the blanks in Section A.5.
6. In Section A.6, insert the date on which the rent payment that you were unable to pay in full was due to your landlord. (Remember, if you miss more than one rent payment, you must send this form after each missed payment to receive protection against late charges and credit reporting.)



## Section B – Household Income Prior to the State of Emergency

- Section B.1 is asking you to list your household's monthly income from all of the jobs held by all of the adults in your household who worked as hourly wage earners or salaried employees before the Governor declared the COVID-19 state of emergency on March 10, 2020. If an adult held more than one job, list each job separately. Do not include self-employment income (money earned working for yourself rather than for an employer).

Here is an example of how you would fill out the chart for a household with two adult workers, each of whom worked two jobs:

<u>Adult Name</u>	<u>Employer Name &amp; Address</u>	<u>Monthly Income</u>
Mary Smith	Tom's Convenience Store, 123 Main Street, Boston, MA	\$1,400.00
Mary Smith	XYZ Supermarket, 456 Elm Street, Boston, MA	\$300.00
John Doe	ABC Pharmacy, 789 Pharmacy Row, Boston, MA	\$1,500.00
John Doe	Speedy Delivery Service, 100 Delivery Street, Boston, MA	\$200.00

- Section B.2 is asking you to provide information about ALL of your household's monthly income and the source of that income before the Governor declared the COVID-19 state of emergency on March 10, 2020:

*Include all sources of income including employment, unemployment payments, child support, any other money received from any source:*

<u>Source</u>	<u>Amount</u>
Income from employment or self-employment	
Unemployment payment	
All other sources of income (e.g., child support, alimony, gifts)	
<b>Total:</b>	

If your household's only income was earnings from wages or salary, then the top line (income from employment or self-employment) should match the total monthly income in Section B.1. If one or more adults worked for themselves and not for an employer, then this amount will be different.

You must also list in the chart the amount that you and the other adults in your household received on a monthly basis from unemployment payments and from all other sources of income before March 10.

**Note: Massachusetts law prohibits discrimination based on receipt of public assistance.**

**Section C – Current Household Income**

- Section C-1 is asking you to provide information about ALL of your household’s monthly income and the source of that income for the month before your missed rent payment. **It looks very similar to Section B.2, but covers the month before your missed rent payment rather than the period right before the Governor declared a state of emergency:**

One other difference is that the chart requires you to list as a source any amounts you received from the federal government under the CARES Act during the month before your rent was due. This includes the one-time payment of \$1,200 per adult and \$500 per minor under 16 and the extra \$600/week in unemployment insurance.

*Include all sources of income including employment, unemployment payments, CARES Act payments, child support, any other money received from any source:*

<u>Source</u>	<u>Amount</u>
Income from employment or self-employment	
Unemployment payment	
Federal CARES Act Assistance	
All other sources of income (e.g., child support, alimony, gifts)	
<b>Total:</b>	

**Note: Massachusetts law prohibits discrimination based on receipt of public assistance.**

- Section C.2 asks for a side-by-side comparison of your income during the month before your missed rent payment was due and before the state of emergency began. The first amount should match the total in Section C.1. The second amount should match the total in Section B.2.
- Total household income for the month before the rent due date: \$ \_\_\_\_\_. Total monthly household income before the state of emergency that began on March 10, 2020: \$ \_\_\_\_\_.



## **Section D – Increased COVID-19 Related Expenses**

If you have experienced financial hardship because of increased expenses due to COVID-19, you should complete this section, whether or not you lost any income. You should only include increases in expenses that occurred because of the COVID-19 emergency.

The first sentence asks you to state the amount of your increased expenses due to COVID-19:

- Since March 10, 2020, household expenses have increased by approximately \$ \_\_\_\_\_ per month for the following COVID-19 related reasons (*check all that apply*):

If this applies to you, please fill in the blank with an estimate of your monthly increased expenses. Then please check the box or boxes that apply to you. If none of the options listed applies to you, but your expenses increased for other COVID-19 related reasons, check the box marked “Other” and fill in the blank with an explanation.

The options are:

- Extra costs because a child’s school or day care has been closed under the state of emergency, including child care, food and other related costs.
- Extra costs because one or more household members are working extra hours to respond to the COVID-19 emergency,, including child care or transportation.
- Extra medical costs related to COVID-19 that are not covered by insurance.
- Other: \_\_\_\_\_

## **Section E. – Other Financial Hardship**

If the COVID-19 public health emergency has caused you financial hardship for other reasons, check the box in this section and fill in the blank with an explanation. For example, if you previously received payments of alimony or child support from a former spouse who does not live with you, and your former spouse lost his or her job due to COVID-19 and is now unable to make those payments to you, this would be the place to explain your situation.

## **Section F – Loss of Income Related to COVID-19**

1. Section F.1 is asking you to list the reason(s) why you or any other adult in the household lost income as a result of COVID-19, including layoffs, reduced hours, and illness. If a box is checked, you must fill in the name of the adult who was affected. The options are:

- Showed symptoms of or tested positive for COVID-19, was required to provide care for a family member or relative who showed symptoms of or tested positive for COVID-19, or was forced to self-quarantine due to close contact with someone who tested positive for COVID-19.

List name(s) of affected person(s):  
\_\_\_\_\_

- Was laid off or lost a job when his or her place of employment closed.

List name(s) of affected person(s):  
\_\_\_\_\_

- Worked fewer hours when his or her place of employment either closed or reduced worker hours due to the state of emergency.

List name(s) of affected person(s):  
\_\_\_\_\_

- Earned less income (if self-employed or an independent contractor) due to a reduction in work from clients who were closed due to the state of emergency.

List name(s) of affected person(s):  
\_\_\_\_\_

- Had to leave job because schools were closed and had no childcare.

List name(s) of affected person(s):  
\_\_\_\_\_

- Experienced some other impact from COVID-19.

Describe impact and list name(s) of affected person(s):  
\_\_\_\_\_

## **G. Certification of Financial Hardship**

By signing this form, you are stating that all of the following are true and accurate:

- (1) Total household income, for the month before the rent due date (from Section A part 6) was less than three (3) times my monthly rent.
- (2) Because of the loss of income and/or increase in expense described above, the household cannot pay the rent due and have enough money left to pay for food, medical and related expenses, health insurance premiums, utilities, child care, and job-related transportation expenses.
- (3) The non-payment of rent due on the rent due date was due to a financial impact from COVID-19 as described in section F.
- (4) The household has paid partial rent to the extent it can in light of the financial hardship(s) noted above.

- (5) The information provided in this form is a true and accurate statement of the financial hardship the household has experienced related to COVID-19.

*If you sign this form, all of these statements must be true.*

Finally, please note that **all adults in the household who receive income from any source** must sign the form, either electronically or in hard copy.

**NOTICE AND CERTIFICATION FROM RESIDENTIAL TENANT  
FINANCIAL HARDSHIP RELATED TO COVID-19**

On March 10, 2020 the Governor declared a state of emergency related to the outbreak of COVID-19 in the Commonwealth of Massachusetts. A law signed by the Governor on April 20, 2020 (chapter 65 of the Acts of 2020) ensures that landlords cannot impose a late fee for non-payment of rent for a residential dwelling unit or begin eviction processes.

Additionally, landlords cannot provide rental payment data to a consumer reporting agency related to the non-payment of rent, if the tenant provides notice and documentation to the landlord that the non-payment of rent was due to a financial impact from COVID-19 within 30 days of the missed rent payment.

Please use this notice and certification form to inform to your landlord if you missed a rent payment due to a financial impact from COVID-19. If you are unable to download or obtain a hard copy of this form, you may send a letter or email containing the same level of detail as to your financial hardship. If you have questions about this form, please contact your local Housing Choice Education Center (HCECs). You can find your local HCEC here: <https://www.masshousinginfo.org/>.

Instructions for completing this form can be found here under “Forms, Instructions and Information for Tenants”: <https://www.mass.gov/lists/moratorium-on-evictions-and-foreclosures-forms-and-other-resources>.

**THIS IS AN IMPORTANT DOCUMENT, PLEASE HAVE IT TRANSLATED.**

Este es un aviso importante, por favor hágalo traducir.

Questa é una notizia molto importante. Per piacere falla tradurre.

这是个重要文件，请做好翻译。

Đây là tài liệu quan trọng, vui lòng biên dịch.

XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO NÀY.

Ito ay isang mahalagang dokumento, mangyaring ipasalin ito.

Es ê un avizu importantí. Di favor, manda traduzil.

Se yon anons ki enpòtan anpil. Sou Ple, fè tradwi li pou w.

Σπουδαιε Πληροφορεια – Παρακαλω να το μεταφρασετε.

C'est important. Veuillez faire traduire.

**A. BACKGROUND INFORMATION**

1. I am a tenant in a residential dwelling unit located at [insert address]:

\_\_\_\_\_.

2. There is a written lease for this unit: Yes  No

3. The monthly rent is (*insert amount*): \$ \_\_\_\_\_.

4. Does more than one adult living in the household receive income to pay the rent?  
Yes  No

5. If yes, please enter the names of these adults:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. I hereby give notice that the non-payment of rent due on (*insert date*) \_\_\_\_\_,  
was due to a financial impact from COVID-19.

**B. HOUSEHOLD INCOME PRIOR TO THE STATE OF EMERGENCY**

1. The chart below, please list all jobs held by all adults in the household, either as an hourly wage earner or as a salaried employee, as of March 10, 2020.  
(*Leave blank any columns that are not applicable; if any adult has more than one job, list information for each job on a separate line.*)

<u>Adult Name</u>	<u>Employer Name &amp; Address</u>	<u>Monthly Income</u>

(*If additional space is needed, attach an extra sheet of paper.*)

2. The monthly income of all persons who resided in the household prior to March 10, 2020 came from the following sources:

(Include all sources of income including employment, unemployment payments, child support, any other money received from any source):

<u>Source</u>	<u>Amount</u>
Income from employment or self-employment	
Unemployment payment	
All other sources of income (e.g., child support, alimony, gifts)	
<b>Total:</b>	0.00

(Note: Massachusetts law prohibits discrimination based on receipt of public assistance.)

**C. CURRENT HOUSEHOLD INCOME**

1. The monthly income of all persons who resided in the household for the month before the rent due date (listed in section A.6 above) and came from the following sources:

(Include all sources of income including employment, unemployment payments, CARES Act payments, child support, any other money received from any source):

<u>Source</u>	<u>Amount</u>
Income from employment or self-employment	
Unemployment payment	
Federal CARES Act assistance	
All other sources of income (e.g., child support, alimony, gifts)	
<b>Total:</b>	0.00

(Note: Massachusetts law prohibits discrimination based on receipt of public assistance.)

2. The total household income for the month before the rent due date is: \$ 0 .  
The total monthly household income before the state of emergency that began on March 10, 2020 was: \$ 0 .

**D. INCREASED HOUSEHOLD EXPENSES RELATED TO COVID-19**

Since March 10, 2020, household expenses have increased by approximately \$ \_\_\_\_\_ per month for the following COVID-19 related reasons (check all that apply):



- Extra costs because a child's school or day care has been closed under the state of emergency, including child care, food and other related costs.
- Extra costs because one or more household members are working extra hours to respond to the COVID-19 emergency, including child care or transportation.
- Extra medical costs related to COVID-19 that are not covered by insurance.
- Other: \_\_\_\_\_

**E. OTHER FINANCIAL HARDSHIP**

Since March 10, 2020, the household has suffered other financial hardship directly related to the COVID-19 public health emergency, as described below (*explain if applicable*):

*Attach additional pages if necessary.*

**F. IMPACTS FROM COVID-19**

The loss of income described above occurred because one or more of the adults in the household who contribute to the payment of rent (*check all that apply*):

- Showed symptoms of or tested positive for COVID-19, was required to provide care for a family member or relative who showed symptoms of or tested positive for COVID-19, or was forced to self-quarantine due to close contact with someone who tested positive for COVID-19.  
List name(s) of affected person(s):  
\_\_\_\_\_
- Was laid off or lost a job when his or her place of employment closed.  
List name(s) of affected person(s):  
\_\_\_\_\_
- Worked fewer hours when his or her place of employment either closed or reduced worker hours due to the state of emergency.  
List name(s) of affected person(s):  
\_\_\_\_\_
- Earned less income (if self-employed or an independent contractor) due to a reduction in work from clients who were closed due to the state of emergency.  
List name(s) of affected person(s):  
\_\_\_\_\_
- Had to leave job because schools were closed and had no childcare.  
List name(s) of affected person(s):  
\_\_\_\_\_

- Experienced some other impact from COVID-19.  
Describe impact and list name(s) of affected person(s):

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**G. CERTIFICATION OF FINANCIAL HARDSHIP**

The undersigned hereby certify and attest that:

- (1) Total household income, for the month before the rent due date (from section A part 6) was less than three (3) times my monthly rent.
- (2) Because of the loss of income and/or increase in expense described above, the household cannot pay the rent due and have enough money left to pay for food, medical and related expenses, health insurance premiums, utilities, child care, and job-related transportation expenses.
- (3) The non-payment of rent due on the rent due date was due to a financial impact from COVID-19 as described in section F.
- (4) The household has paid partial rent to the extent it can in light of the financial hardship(s) noted above.
- (5) The information provided in this form is a true and accurate statement of the financial hardship the household has experienced related to COVID-19.

*(If you sign this form, all of the above statements must be true.)*

**H. SIGNATURES**

*All adults who receive income in the household should sign this form.*

PLEASE NOTE THAT THIS FORM DOES NOT RELIEVE YOU OF THE OBLIGATION TO PAY RENT. YOU STILL OWE ALL UNPAID RENT TO THE LANDLORD AND WILL NEED TO WORK OUT AN ARRANGEMENT FOR PAYMENT.

**SIGNATURE OF THE PRIMARY INCOME RECIPIENT  
IN THE HOUSEHOLD**

SIGNED AND ATTESTED AS TRUE as of the date set forth below.

/s/ \_\_\_\_\_  
Signature  
Printed name: \_\_\_\_\_  
Date: \_\_\_\_\_

**ADDITIONAL SIGNATURES**

*(Include signatures of all adults who receive income in the household.)*

SIGNED AND ATTESTED AS TRUE as of the date set forth below.

/s/ \_\_\_\_\_  
Signature  
Printed name: \_\_\_\_\_  
Date: \_\_\_\_\_

SIGNED AND ATTESTED AS TRUE as of the date set forth below.

/s/ \_\_\_\_\_  
Signature  
Printed name: \_\_\_\_\_  
Date: \_\_\_\_\_

SIGNED AND ATTESTED AS TRUE as of the date set forth below.

/s/ \_\_\_\_\_  
Signature  
Printed name: \_\_\_\_\_  
Date: \_\_\_\_\_

SIGNED AND ATTESTED AS TRUE as of the date set forth below.

/s/ \_\_\_\_\_  
Signature  
Printed name: \_\_\_\_\_  
Date: \_\_\_\_\_

SIGNED AND ATTESTED AS TRUE as of the date set forth below.

/s/ \_\_\_\_\_  
Signature  
Printed name: \_\_\_\_\_  
Date: \_\_\_\_\_

**Newburyport Society for the Relief of Aged Women**  
**Presentation to Agencies servicing elderly women in Newburyport Area**  
**August 2009**

**I. Mission Statement:** The mission of the Newburyport Society for the Relief of Aged Women, a private not-for-profit foundation established in 1832 and formally incorporated in 1839, is to serve needy women, sixty years and older. These women have been designated Newburyport area residents for at least one year or former Newburyport residents who were forced to relocate for financial or medical reasons. Priority will be given to women who demonstrate indigent status or acute need for assistance. The Society will utilize all resources to serve identified elderly women in the Newburyport area, including collaborative efforts with established agencies that provide such services.

**II. Service Priorities:**

**Service priorities listed below were identified by area agencies that service the elderly and are considered worthwhile by the Society, but are not limited to:**

- > Acute Financial/ Medical / Mental Health Need
- > Fuel Assistance through Community Action Fuel Assistance Program
- > Prescription Co-Pay/ Gaps
- > Medical Insurance Gaps
- > Food / Food Vouchers
- > Shelter
- > Clothing
- > Transportation
- > Social Services
- > Home Nursing / Health Care Aides (Hospice/ Elder Services)
- > Utility Bill Assistance
- > Cost Sharing with other agencies
- > Advocacy – Educating elders on services available
- > Emergency assistance for unexpected bills
- > Dental care / Eye glasses / hearing aid assistance
- > Equipment needed for well-being not covered by Medical Insurance

**III. Qualifications for Eligibility (As conditions warrant may be modified):**

**A. Individual applicants:**

**Gender / Age / Residency:** Needy women, sixty years and older, who have been Newburyport area residents for at least one year or former long-time Newburyport residents who were forced to relocate for financial or medical reasons. Documentation of residency will be required. The Society will give priority to women who are indigent or in extreme need; however, the Society does not intend to provide long-term assistance.

**B. Grant applications from other agencies:**

The Society will support a limited number of grant requests from nonprofit 501 (c) (3) organizations that demonstrate the organization will use the funds to directly service needy elderly Newburyport area women whose needs are congruent with those mentioned in Section II. In general, grants are made for one year only and applicants are discouraged from making the same or similar requests in subsequent years. Preference will be given to innovative projects and programs.

**C. Unsolicited Emergency funding to specific agencies:**

Food vouchers are made available to specific agencies to assist needy elderly Newburyport area women as requested. Although the Society will not require that recipients' names be furnished, these agencies will be required to validate that vouchers were provided to the target population.

**IV. Society's Mechanism for Service Delivery:**

The Society has established a Charitable Disbursement Committee (CDC). Its purpose is to enlist and process applications from individuals and organizations, investigate and evaluate applications, communicate with individual applicants to obtain any additional information as required. The committee will network with area social service agencies and make recommendations to the Board of Directors regarding the disbursement of funds. The CDC shall have the discretion to expend funds not in excess of \$2,000.00 per individual applicant. All applications in excess of \$2,000.00 must be approved by the Board of Directors. This discretionary authority shall apply to individuals seeking assistance only and shall not apply to grant applications or emergency funding for agencies.

Members of the CDC may interview potential clients after application is received to clarify or expand information provided. In most cases, assistance awards will be made to service providers rather than to individual applicants. The policy of the Society is to decline requests for ongoing or repeat funding for the same client or organizational grant.

**If you have questions or would like further information, contact Newburyport Society for the Relief of Aged Women, P.O. Box 787, Newburyport, MA 01950.**

**NEWBURYPORT SOCIETY FOR THE RELIEF OF AGED WOMEN**

P.O. Box 787  
Newburyport MA 01950

nsraw1835@gmail.com

*The mission of the Newburyport Society for the Relief of Aged Women is to assist women who are residents of Newburyport, Newbury, and Salisbury, aged 60 and over, with a demonstrated financial need.*

**Application for Assistance to Individuals**

Note: Applicants must be at least 60 years of age and have been designated Newburyport, Newbury, or Salisbury residents for at least one year. Priority will be given to women who demonstrate an acute need for assistance. The Society will utilize all available resources, including collaborative efforts with established agencies that provide needed services.

I waive all confidentiality so that the information provided here may be verified by the Society.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Length of residency: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Veteran? Yes/No

**Family Information**

Marital status: Single Married Divorced Widowed

Spouse/significant other's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Additional adult family member(s) living in household who may contribute to applicant's support:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

\_\_\_\_\_ Date of birth: \_\_\_\_\_



Dependents in household: Name and relationship	Date of birth	Married/Single/Student	Address
Total number of dependents			

**Financial Information**

Employed by: \_\_\_\_\_ Income (monthly): \_\_\_\_\_

Social Security/SSI/pension: \_\_\_\_\_ (monthly)

Other additional financial benefit(s): e.g. SNAP, Medicaid, Medigap insurance, fuel assistance:  
\_\_\_\_\_

Are you currently being helped by any other private organizations? Yes/No

Name of organization(s): \_\_\_\_\_

Nature of assistance: \_\_\_\_\_

Spouse/significant other employed by: \_\_\_\_\_ Income (monthly): \_\_\_\_\_

Money in checking/savings account: \_\_\_\_\_ Bank name: \_\_\_\_\_

Money in CD, IRAs, or other accounts: \_\_\_\_\_ Bank name: \_\_\_\_\_

Do you own a home? Yes/No Amount of mortgage: \_\_\_\_\_

Estimated value of real estate: \_\_\_\_\_

Name(s) on the deed: \_\_\_\_\_

If no real estate, landlord's name: \_\_\_\_\_

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

Do you own a car? Yes/No What year? \_\_\_\_\_ What type? \_\_\_\_\_

Car loan? Yes/No Bank? \_\_\_\_\_ Balance due? \_\_\_\_\_ Payment? \_\_\_\_\_

Credit card name	Total amount owed	Monthly payment

<b>Outstanding loans</b>				
Loan provider	Address	Phone number	Amount of loan	Monthly payment

<b>Estimated monthly expenses</b>	<b>Amount (monthly)</b>
Mortgage or rent	
Real estate tax	
Electricity	
Heat (if not included in electricity)	
Water/sewer (approximate monthly)	
Phone (cell and/or house)	
Cable	
Internet	
Storage	
Food	
Car gas	
Car insurance	
Health insurance	
Life insurance	
Credit cards	
Childcare/babysitting	
Other monthly expenses	
<b>TOTAL monthly estimated expenses</b>	

Do you file an annual income tax form? Yes/No If yes, please submit both most recent Federal and Massachusetts forms with all relevant attachments.

**What is your most urgent need?** Please provide an official cost estimate or bill with this application (if approved, payment will be made directly to the provider).

**Checklist**

**Please attach the following required documentation to this application:**

- \_\_\_ Latest Federal and MA Income Tax Forms (for yourself and for any other adults in your household)
- \_\_\_ Bank statements (for yourself and for any other adults in your household)
- \_\_\_ Mortgage or rent, utilities, auto, credit cards, and other monthly expenses
- \_\_\_ Bill(s) or provider estimate(s) for treatment/work you are requesting

Please mail this application and all supporting documents to NSRAW, P.O. Box 787, Newburyport, MA 01950.