

**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.*

**Please mail or drop off this application to:**

City of Boston - AFSCME COUNCIL 93, AFL-CIO Housing Trust Fund  
8 Beacon Street, 8<sup>th</sup> 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?

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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.*

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

1. Are you having difficulty paying your: rent, essential utilities, or mortgage?  
(circle one)

2. What is the emergency reason that you are having difficulty paying:

- 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 expense
- 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:

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

Amount requested: \$ \_\_\_\_\_ (up to a **maximum of \$2,000**)

**ATTACH:** Appropriate documentation, e.g., 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.

**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: \_\_\_\_\_

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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)