

# Emergency Rental Assistance Program Application for Assistance

Section 1: Applicant Information	
Applicant Type: <input type="checkbox"/> Rental Tenant <input type="checkbox"/> Landlord/Property Manager Applying on Behalf of Tenant	
Applicant Name:	
Mailing Address:	
City, State, Zip:	
Home Phone:	Work Phone:
Cell Phone:	Email:
Reason for Applying (check all that apply)	<input type="checkbox"/> Need help paying overdue rent <input type="checkbox"/> Need help paying rent for current or future months <input type="checkbox"/> Need help paying overdue utility bill or turning utilities back on <input type="checkbox"/> Need help paying utilities for current or future months <input type="checkbox"/> Need to relocate to a new unit due to eviction order or unsafe, unsanitary, or overcrowded living conditions (more than 2 people per bedroom) <input type="checkbox"/> Moving out of a homeless shelter, motel/hotel, or from an unsheltered location and into rental housing
Do you need language interpretation or translation services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language do you need communications and/or forms translated into?	
Do you need reasonable accommodations for a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list accommodations needed here:	
Section 2: Rental Unit	
Property Type: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Trailer/RV <input type="checkbox"/> Other	
Rental Property Name (if applicable):	
Rental Unit Street Address:	
Rental Unit City, State, Zip:	
Rental Unit County:	Monthly Rent:
Lease Start Date:	Lease End Date:
Is the household living in rent-to-own housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Does the household currently live in income-based housing or receive assistance with paying rent every month? <i>Examples: Public Housing, Housing Choice Voucher (Section 8), Continuum of Care Permanent Supportive Housing, Rapid Re-Housing, Project-Based Rental Assistance, LIHTC</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
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If yes, has household requested an income recertification due to loss of income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### Section 3: Landlord and Utility Company Information

*Note: Information in this section will be used for payments directly to landlords/utility companies. If tenant is the applicant and not able to provide landlord information, the program may follow up with the landlord directly to obtain additional documentation. The landlord must sign the last page of the application and provide a copy of their W-9 form as a condition of accepting payment.*

Property Owner/Landlord Name:

Mailing Address:

City, State, Zip:

Home Phone:	Work Phone:
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Cell Phone:	Email:
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Landlord Social Security Number, Tax ID Number or DUNS Number:

Total Number of Rental Units Owned:

Has the landlord started filed an eviction or Failure to Pay Rent case with the court?       Yes    No  
If yes, explain and provide date of scheduled hearing:

Name of Utility Company:

How are the utilities currently billed?       To the tenant directly  
 To the landlord – utilities are part of tenant rent

### Section 4: Tenant Information

#### Head of Household

Head of Household Name:

Mailing Address:

City, State, Zip:

Home Phone:	Work Phone:
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Cell Phone:	Email:
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Gender (check one)       Female       Gender Non-Conforming  
 Male       Don't Know  
 Trans Female       Decline to Answer  
 Trans Male

Race (check one)

- Black/African-American
- White
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Multiracial: American Indian/Alaskan Native & White
- Multiracial: Asian & White
- Multiracial: Black/African-American & White
- Multiracial: American Indian/Alaskan Native & Black/African American
- Other Multiracial: \_\_\_\_\_
- Don't Know
- Decline to Answer

Ethnicity (check one)

- Hispanic/Latino
- Non-Hispanic/Non- Latino
- Don't Know
- Decline to Answer

Other (check all that apply)

- Elderly (62+)
- Disabled
- Currently Homeless
- Veteran
- Youth (under 25)

Household Member Name	Relationship to Head of Household	Date of Birth
1.	Head of Household	
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Total number of persons in household:

## Section 5: Tenant Income & Financial Hardship

List the current income (last 30 days) of all persons in household over the age of 18 who are not full-time college students. Income includes wages, salaries and tips, alimony, child support, military income, Social Security, pensions, and other government benefits including unemployment payments.

Household Member	Source of Income (including employer name)	Amount	Frequency (hourly, weekly, monthly, etc)

Does anyone in the household currently receive benefits or services from one of the following programs? If so, check which programs apply:

- Head Start
- Low Income Home Energy Assistance Program (LIHEAP) or the Maryland Energy Assistance Program (MEAP)
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI), for head or co-head of household
- Temporary Assistance for Needy Families (TANF) or Tribal TANF, for head or co-head of household
- Veterans Affairs Disability Pension, Survivor Pension, Enhanced Survivor Benefits, or Section 306 disability pension (not standard VA pension)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) for households with three or fewer members
- Other income-based program:

*Note: Please attach your most recent determination letter approving your enrollment/eligibility for benefits for one of the programs. This can be used to verify your income eligibility for ERAP.*

Are any adults in the household currently unemployed?     Yes     No  
 If yes, how long has the person been unemployed?

Have any adults in the household had a loss of income or reduction in work hours since March 2020?  
If so, describe changes to income:

Has the household had any financial hardship or increase in costs related (directly or indirectly) to COVID19?  
If so, describe hardship here:

Have you received funds to be used for rental assistance since March 2020?  Yes  No  
If yes, when? From who? How much?

## Section 5: Request for Assistance

Complete the table below with each month's rent and utility costs you are requesting assistance for. You can request assistance with up to 12 months of arrears (debt) and up to 3 months of prospective assistance in each column. The amounts must be documented with a bill, invoice, or notice to pay.

Month	Rental Assistance	Utility Assistance	Other Housing-Related Costs*
March 13-31, 2020			
April 2020			
May 2020			
June 2020			
July 2020			
August 2020			
September 2020			
October 2020			
November 2020			
December 2020			
January 2021			
February 2021			
March 2021			
April 2021			
May 2021			
June 2021			
July 2021			
August 2021			
September 2021			
October 2021			
November 2021			
December 2021			
<b>Total Request</b>			

\*Other Housing-Related Costs can include expenses related to relocating or securing a new rental unit:

- Reasonable accrued late fees (if not included in rental arrears or utility bills)
- Rental unit application or screening fees
- Security deposit – up to two months of rent
- Utility hook-up fees/deposits for establishing new utility service
- Rental unit sanitation/cleaning fees
- Storage unit fees – up to one month
- Internet hook-up fees/deposits for establishing new unbundled internet service (only households that do not currently have internet service)
- Other housing costs may be considered with prior approval of DHCD

# ERAP Tenant Self-Certification Form

The information provided in the application and this self-certification form is collected to determine if my household is eligible to receive assistance provided through the federally-funded Emergency Rental Assistance Program. Initial next to each of the following statements.

\_\_\_\_\_ **ACCURACY**

I certify that all the information provided in the application is true and correct. I understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law.

\_\_\_\_\_ **DUPLICATION OF BENEFITS**

I certify that my household has not received nor will receive assistance from another program for the same costs that will be paid from ERAP.

\_\_\_\_\_ **INFORMATION SHARING**

I understand my information will be shared with the county I reside in, the State of Maryland and the U.S. Treasury.

\_\_\_\_\_ **INCOME & HOUSEHOLD SIZE**

I certify that my income sources and amounts listed in the application accurately reflect the income my household received in the last 30 days. This includes if I have no reportable income or income from self-employment.

**List any income documentation you are not able to provide and why:**

Click or tap here to enter text.

\_\_\_\_\_ **FINANCIAL HARDSHIP**

I certify that either myself or another adult in my household (check all that apply):

- Qualifies for unemployment benefits
- Has had a loss of income, increased expenses, or other financial hardship related directly or indirectly to COVID19

\_\_\_\_\_ **USE OF PAYMENT**

I certify that any payment of ERAP funds made directly to me for the purpose of paying rent or utilities must be used for the intended purpose.

## Tenant Certification

Tenant Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note:** Digital or typed signatures are acceptable. At no time may a landlord sign the tenant's self-certification form.

# ERAP Landlord Certification Form

As the landlord for this rental unit and household, I:  Agree to participate in the program  
 Decline to participate in the program

Landlords who agree to participate in the program and receive payment directly from ERAP are required to meet the following terms and conditions. Initial next to each statement:

\_\_\_\_\_ **ACCURACY**

I certify that all the information provided in the application is true and correct. I understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law.

\_\_\_\_\_ **FEE WAIVER**

I agree to waive all late fees, interest, court fees, or other fees not included in monthly rent accrued by the tenant.

\_\_\_\_\_ **EXISTING EVICTION FILINGS**

I agree to cancel/rescind all eviction filings currently pending against this tenant.

\_\_\_\_\_ **NEW EVICTION FILINGS**

I agree not to file any new eviction cases for the duration of prospective rental assistance being provided through ERAP, or a minimum period of 30 days, whichever is longer.

\_\_\_\_\_ **LEASE RENEWAL**

I agree to extend the tenant's lease or renew the lease if it has or is scheduled to expire prior to the end of the rental assistance being provided, but for a period no less than 90 days.

\_\_\_\_\_ **USE OF PAYMENT**

I certify that any payment of ERAP funds made directly to me for the purpose of paying rent on the household's behalf will only be used for the intended purpose.

## Landlord Certification

Landlord Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Landlord must attach a completed W-9 form to application



**D: DHCD Monthly Application Review Checklist**

## Emergency Rental Assistance Program Application Checklist

Name of Client: \_\_\_\_\_

Last Four of SSN: \_\_\_\_\_

Completed by: \_\_\_\_\_

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

Yes	No	
		Application on file
		Application completed and signed by the head of household
		Applicant is a renter and obligated to pay rent/paid rent
<b>Financial Hardship (one of following)</b>		
		Has one or more individuals in the household qualified for unemployment benefits or experienced a reduction in household income
		Incurred significant costs
		Other financial hardship
<b>Eligibility</b>		
		One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability
		Client at 50% or below of area median income (AMI)
		Client between 50-80% of AMI
		Appropriate verification of income (tax return, pay stubs, unemployment) or self-attestation
		If monthly income was used, was income recalculated every three months to determine eligibility
		Lease on file signed by the applicant and the landlord that identified the unit where the applicant resides and established the rental payment amount? Or other acceptable verification.
<b>Payments</b>		
		Documentation of the past due and/or prospective rent owed
		Documentation of past due and/or prospective utility payments owed
		Documentation in file matches payment request
		Documentation of landlord or utility provider outreach when tenant is paid directly