



COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM EMERGENCY RENTAL ASSISTANCE APPLICATION



Application # _____

Applicant Name:		
Co-Applicant Name:		
Property Address:		
Mailing Address:		
City:		Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email:		
Section 2 - Rental Information		
Check applicable unit: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Trailer <input type="checkbox"/> Other		
How long have you lived in this rental unit:		
Do you live in housing owned and managed by a public housing authority:		
Is the lease current:	When does the lease end:	
What is the monthly rent: \$		
Do you receive federal funds for rental assistance:		
When was your last rent payment paid:		How much is owed:
Section 2 - Landlord Information		
Name:		
Address:		
Contact Person:		Phone:
Has the landlord started evictions proceedings against you: If yes, explain:		
If yes, did you receive an eviction notice prior to March 16, 2020:		
Section 3 - Household Information		
How many persons live in your household?		
What is the marital status of applicant(s)?		



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List the Head of Household and all other persons living in the household. Indicate relationship to Head of Household.				
Household Member Name	Relationship to Head of Household	Gender	Date of Birth	Social Security Numbers
1.	<i>Head of Household</i>		/ /	
2.			/ /	
3.			/ /	
4.			/ /	
5.			/ /	
6.			/ /	
7.			/ /	
8.			/ /	
9.			/ /	
10.			/ /	

Race of Head of Household:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native and White
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Black/African American and White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Other Multi-Racial	<input type="checkbox"/> Haitian/French Creole
<input type="checkbox"/> American Indian/Alaskan Native and Black/African American and White	

Ethnicity of Head of Household:

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino
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Section 4 – Income Information

List the *current* income of applicant(s) and 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, TANF, Social Security, pensions, and other government benefits including unemployment payments.

Household Member Name	Sources of Income (include employer name)	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			



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What was your total household income prior to loss of job(s) or hours due to the COVID crisis:

Provide information on Savings and Checking Accounts held by each member of household over the age of 18 who are not full-time college students:

Household Member Name	Type of Account	Bank	Current Balance
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Section 5 – Other Assistance - Duplication of Benefits

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

Have you received funds from any other agency for emergency rental assistance/ eviction prevention? _____

Have you completed your 2020 Census? _____



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Applicant Affidavit

I/We understand that the information provided above is collected to determine if I/We are eligible to receive assistance provided through the federally funded Community Development Block Grant Program. I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of homeowner assistance and is punishable under federal law. I/We authorize Wicomico County and any duly authorized representatives to verify all information provided in this application. I/We understand that additional information will likely be required to move forward with this application for funding.

I/We acknowledge and understand that Title 18, Section 1001 of the U.S. Code (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal or cover up a material fact; (b) make any materially false, fictitious or fraudulent statement or representation; or (c) make or use any false writing or document knowing it contains a materially false, fictitious or fraudulent statement or representation, to any branch of the United States government including recipients who distribute federal funds, and (2) requires a fine, imprisonment for not more than five years or both, which may be ruled a felony, for any violation of such Section.

I/We also understand that if my request for assistance is approved that this information will be shared with Wicomico County, the State of Maryland and the U.S. Department of Housing and Urban Development.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Internal Use

Date Application Submitted: _____ Date Application Determined Complete: _____



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APPLICATION CHECKLIST

All applicable information must be submitted for an application to be determined to be complete. Attach all relevant documents:

- Valid photograph identification for applicant(s)
- Copy of the Lease which includes tenants names which must match applicant(s)
- Letter from landlord identifying delinquency, if any
- Copy of landlord W-9 Form
- Copy of last tax return filed for applicant(s)
- Documentation from former or current employer regarding loss of job or hours for each affected member of the household
- Copy of last paycheck earnings information from employer for each member of the household who is over the age of 18 and not a full-time college student who lost their job
- Copy of last paycheck earnings information from employer for each member of the household who is over the age of 18 and not a full-time college student who is working at the time of the application
- Copies of last two months of checking and saving bank statements or other savings accounts for each member of the household who is over the age of 18 and not a full-time college student
- Current copy of Social Security or other monthly government income/benefits if applicable to any member of the household
- Current copy of pension statement if applicable to any member of the household
- Current copies of alimony or child support payments if applicable
- Copies of unemployment benefits for each affected member of the household



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APPLICANT APPROVAL FORM

1. Annual HH Income Prior to March 1, 2020 :	
2. Annual HH Income Determination at time of application:	
3. Is HH income listed in Question 2 higher than HH income listed in Question 1? If yes, there is no unmet need and application must be denied. If no, then proceed to Question 4.	
4. Does the applicant(s) owe more than three months of rent? If no, proceed to Question 6.	
5. If answer to Question 4 is yes, will landlord accept payment and agree not to evict applicant(s)? If yes, proceed to Question 6. If no, application must be denied.	
6. Was unit inspected and found to be safe and habitable?*	
If yes, applicant(s) may be approved. If no, application must be denied.	
7. Application: ___ Approved OR ___ Denied	Date:
8. Date Payment Made to Landlord:	
Household Income Information: ___ Below 30% AMI ___ Between 31-50% AMI ___ Between 51-80% AMI	

Determination Prepared by: _____
Date: _____

*Required question if County does not have a rental license inspection requirement



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APPLICATION PROCESS

- I) Application intake coordinator will verify the applicant resides outside of the City of Salisbury, using the provided addressing excel spreadsheet
- II) Application intake coordinator will verify the applicant falls within the correct income guidelines for the household using page 9.
- III) Applicant will complete this application and provide all required supporting documentation as outlined on page 6.
- IV) Application will be reviewed for completion and income and residency will again be verified.
- V) Completed application and all supporting documentation will be given to Jesse Drewer in the Wicomico County Planning, Zoning & Community Development Department where application will be verified, after which a rental inspection date and time will be provided for the application intake coordinator to coordinate with the applicant.
- VI) Once an inspection has been completed and the inspection form signed by the inspector, Jesse will provide that to the Intake Coordinator at which time rental assistance payment can be provided.

Emergency Rental Assistance Income Guidelines

Wicomico County Local Management Board Emergency Rental Assistance Income Guidelines								
PERSONS IN HOUSEHOLD	1	2	3	4	5	6	7	8
Extremely Low (30% of Median)	15,300	17,500	19,700	21,850	23,600	25,350	27,100	28,850
Low (50% of Median)	25,500	29,150	32,800	36,400	39,350	42,250	45,150	48,050

Habitat for Humanity Wicomico County Emergency Rental Assistance Income Guidelines								
PERSONS IN HOUSEHOLD	1	2	3	4	5	6	7	8
Low (50% of Median)	25,501	29,151	32,801	36,401	39,351	42,251	45,151	48,051
Moderate (80% of Median)	40,800	46,600	52,450	58,250	62,950	67,600	72,250	76,900