



Wicomico County Emergency Rental Assistance Program Recertification Form

Tenant Information

Head of Household Name:	SSN: - -
Street Address:	
City, State, Zip:	
Home Phone:	Work Phone:
Cell Phone:	Email:

Reason for Applying *(check all that apply)*

- I need help paying overdue rent
- I need help paying rent for current or future months
- I need help paying overdue utility bill or turning utilities back on
- I need help paying utilities for current or future months
- I need to move into a new unit due to eviction order or unsafe, unsanitary, or overcrowded conditions
- I am moving out of a homeless setting and into rental housing

Has your residence changed since your initial application for assistance? Yes No

If yes, do you have a copy of any of the following documents? Check all that apply and attach at least one to the application.

- Lease or written rental agreement that shows your monthly rent, your address, and is signed by you and your landlord
- Letter from landlord verifying your monthly rent and address
- Utility bill that shows your name and address
- Other documents that show your past rent payments like bank statements, check stubs, or screenshots of electronic payments
- I do not have documentation of my monthly rent or address

Provide the name and contact for your new landlord below:

Monthly Rent: \$	Lease Expiration Date:
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Total Rental Debt Owed: \$

Total Utility Debt Owed: \$

Have you received a past due rent, past due utility, eviction notice or other official notice from your landlord, the court, sheriff's office, or utility company? Yes No

If yes, attach a copy to your application.

Eviction Court Hearing Date (if known):

Income Eligibility

Total number of persons currently in your household, **including you**:

The program is required to reevaluate your eligibility based on your current income received in the last 30 days. Please select one of the following options as it applies to your household's income:

- My household income has **decreased** since the last time I received ERAP assistance
- My household income has **not changed** since the last time I received ERAP assistance
- My household income has **increased** since the last time I received assistance

Do you have documentation of your household income? Yes No

If your household income has increased, please complete the section below:

Household Member	Source of Income	Amount	Frequency (hourly, weekly, etc)



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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	\$	\$	\$
January 2022	\$	\$	\$
February 2022	\$	\$	\$
March 2022	\$	\$	\$
April 2022	\$	\$	\$
May 2022	\$	\$	\$
June 2022	\$	\$	\$
July 2022	\$	\$	\$
August 2022	\$	\$	\$
TOTAL REQUEST:	\$	\$	\$

*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 Emergency Rental Assistance Program.

Please initial next to each of the following statements:

ACCURACY

_____ I certify that all the information provided in the application is correct and complete to the best of my knowledge. This includes information regarding my household, income, and rental or utility costs.

I understand that providing false statements or information is grounds for termination of assistance and is punishable under federal and state law.

DUPLICATION OF BENEFITS

_____ I certify that my household has not received assistance from another program for the same costs that will be paid from ERAP.

INFORMATION SHARING

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

I consent to my information being shared with the Department of Social Services to verify and confirm any benefits received by the head of household or a household member.

I consent to the program sharing my information with legal aid providers, the District Court of Maryland, and my local Sheriff's office to the extent it is needed to postpone or prevent my household's eviction.

I consent to the program sharing my information with my landlord, utility company, or other payee in order to confirm amounts owed and process payment of assistance.

USE OF PAYMENT

_____ I certify that any payment of ERAP funds made directly to me for the purpose of paying rent or utilities will be used for the intended purpose. If I am unable to pay my landlord or utility company with the funds, I will contact the program to seek guidance on alternative uses of funds. I understand that not using funds for the intended purpose may disqualify me from future assistance.

Tenant Certification

Tenant Name _____ Signature _____ Date _____

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

ERAP Landlord Certification Form

Tenant/Applicant Name	
Rental Unit Address	

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. Please initial next to each statement:

_____ **ACCURACY**

I certify that all the information provided in the application regarding my ownership of the rental property, the tenant's rental obligation, and total amount of rent owed provided in the application are correct and complete to the best of my knowledge. I understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law.

_____ **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. I further agree to return any applicable funds provided by the ERAP Program if the tenant listed above is evicted during the provided assistance period.

_____ **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.

_____ **DEBT COLLECTION**

I agree to immediately stop all debt collection efforts against the tenant for arrears that will be paid off by the Emergency Rental Assistance Program, and not pursue debt collection in the future for the rental debt covered by the Emergency Rental Assistance Program.

_____ **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, I will notify the tenant/applicant about the amount and duration of the funds provided, and agree to return applicable funds to the program if tenant/applicant is evicted during the period of assistance provided.

Landlord Certification

Landlord Name _____ Signature _____ Date _____

Note: Landlords **must** attach a completed W-9 form to application in order to process payment.



Wicomico County Emergency Rental Assistance Program Recertification Form Instructions

Who Should Complete This Form?

Tenants and landlords who have previously received assistance through the Emergency Rental Assistance Program may be eligible for prospective help with monthly rent and/or utilities costs. In order to receive prospective assistance or assistance with recently incurred rental or utility debt, the household **must recertify** their eligibility every 3 months by providing information about changes to their household size, income, rent obligation, and housing instability. **Households do not have to recertify COVID-19 impact.**

Each household is eligible to receive a total of 15 months of assistance under ERAP, including both assistance for overdue rent and utilities as well as prospective assistance.

Application Assistance

Applicants for additional assistance are entitled to receive reasonable accommodations for disabilities, literacy and comprehension, lack of technology/internet access, and more at the time of application and throughout the process to determine eligibility. Examples of reasonable accommodations include, but are not limited to: receiving assistance from staff to complete the application, waivers of certain documentation requirements, and extended time to reply to program communications.

Applicants may also request translated versions of forms into languages other than English, as well as access to interpreter services to communicate with program staff in their primary language.

Household Eligibility Information

To be eligible for additional ERAP assistance, tenants **must** continue to meet the following requirements:

- Tenant is required to pay rent or utility costs
- Tenant has annual household income under 80% of the Area Median Income for their county and household size
- Household is at risk of losing their housing or utilities, is currently homeless, or needs to find new housing due to unsafe, unsanitary, or overcrowded housing conditions

Wicomico County								
Persons in Household	1	2	3	4	5	6	7	8
30% AMI	15,150	17,420	21,960	26,500	31,040	35,580	40,120	44,660
50% AMI	25,200	28,800	32,400	36,000	38,900	41,800	44,650	47,550
80% AMI	40,350	46,100	51,580	57,600	62,250	66,850	71,450	76,050

Minimum Required Documentation

The applicant **must** attach the following supporting documents to the recertification form:

1. **If the tenant's residence has changed since the initial application for assistance, a copy of the new lease or alternative documentation** of rental unit address and monthly rent amount (such as letter from landlord)
2. **Documentation of how much rent or utilities are due** (such as an overdue rent notice, utility bill, or rent bill)

Tenants will also be asked to provide documentation of their income, like paystubs or benefits statements. Recertification forms with income documentation can be processed faster. However, if documentation is not available when the form is submitted, the program can still assist the tenant based on their self-reported income and household size in the application.

Supporting documentation for the application can be accepted in multiple formats – digital copy, photo, email, etc. Original documents are never required. When copies of documentation are not available, a caseworker or other service providers/community organizations may also certify household eligibility based on their knowledge and experience working with the tenant.