



Emergency Rental Assistance Program Initial Application for Assistance

Section 1: Tenant Information

Head of Household Name:		SSN:	-	-
Street Address:				
City, State, Zip:				
Home Phone:		Work Phone:		
Cell Phone:		Email:		
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Decline to Answer
Race	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> White		
	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native		
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Decline to Answer		
Ethnicity	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non- Latino	<input type="checkbox"/> Decline to Answer	
Disability Status	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you need help with completing this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list needs here:				
Reason for Applying (check all that apply)	<input type="checkbox"/> I need help paying overdue rent <input type="checkbox"/> I need help paying rent for current or future months <input type="checkbox"/> I need help paying overdue utility bill or turning utilities back on <input type="checkbox"/> I need help paying utilities for current or future months <input type="checkbox"/> I need to move into a new unit due to eviction order or unsafe, unsanitary, or overcrowded living conditions <input type="checkbox"/> I am 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?				



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Section 2: Residence and Housing Instability Information

Housing Type: House Apartment Trailer/RV Other

Monthly Rent: \$

Lease Expiration Date:

Total Rental Debt Owed: \$

Total Utility Debt Owed: \$

Are you living in rent-to-own housing?

Yes No Don't Know

Have you received help with paying your rent or utilities since March 2020?

Yes No Don't Know

This includes housing programs like Section 8 and Public Housing, assistance from charitable organizations, or government programs.

If yes, when? From who? How much?

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

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 of at least one of these notices to your application.

Eviction Court Hearing Date (if known):

Have you or a member of your household experienced any of the following housing risks?

- Slept in an overcrowded residence and therefore are at an increased risk of exposure to COVID-19
- Have unsafe or unsanitary housing conditions, or have significant housing code violations
- Feared or felt unsafe due to domestic violence, sexual assault, or stalking
- Paid rent instead of meeting essential household needs (ex: purchasing food, prescriptions, transportation)
- Used credit cards or high-interest lenders to pay for rent or utilities
- Slept overnight in a place not meant for human habitation or in a temporary shelter or temporary residence
- Do not have utilities turned on to your residence
- Other (please describe):



Emergency Rental Assistance Program Initial Application for Assistance

Section 3: Income Eligibility

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 your household, including you:

Provide your household income information below. Income includes wages, salaries and tips, alimony, child support, military income, Social Security, pensions, and other government benefits including unemployment payments paid to adults over 18 in your household.

What was your total annual household income for 2020?:

What is your total household income for the last 30 days?:

Do you have documentation of your household income? Yes No

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

Has anyone in the household applied for or 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: If available, please attach your most recent determination letter approving your enrollment/eligibility for benefits for one of the programs. This can help expedite your application.



Emergency Rental Assistance Program Initial Application for Assistance

Section 4: COVID-19 Impact

How has the COVID-19 pandemic (since March 2020) affected your household's income or assets?

Check all that apply.

- Wages or hours reduced
- Currently am or have been unemployed
- Qualified for unemployment benefits
- Laid off or pause in work
- Sick and unable to work
- Caring for sick household member
- Loss of child or spousal/partner support
- Caring for children home from school or daycare

- Other (please describe):

- I did not experience a reduction in income

What additional expenses have you had due to the COVID-19 pandemic (since March 2020)?

Check all that apply.

- New or increased healthcare costs
- Remote or at-home work expenses
- Childcare expenses
- Increased food or food delivery expenses
- Penalties, fees, or legal costs due to rental or utility arrears
- At home care for a household member ill from COVID-19
- Personal Protective Equipment (PPE) including masks
- Air quality (filters, ventilation) expenses
- Payments made by credit card or payroll loan to avoid homelessness
- Alternative transportation expenses due to COVID-19 transportation limitations
- Increased utility bills due to stay at home order

- Other (please describe):

- I did not experience an increase in expenses due to the pandemic



Emergency Rental Assistance Program Initial Application for Assistance

Section 5A: Landlord and Utility Company Information

Note to tenants: Complete as much of this section as you can with your landlord and utility company information. The program will use this information to make payments and when needed, communicate with your landlord or utility company. If your landlord is unwilling or unable to participate in the program, the program may be able to provide assistance to you directly.

Property Owner/Landlord Name:

Mailing Address:

City, State, Zip:

Home Phone:

Work Phone:

Cell Phone:

Email:

Landlord Social Security Number, Tax ID Number or DUNS Number (if known):

Section 5B: Landlord and Utility Company Information

Name of Utility Company:

Type of Utility:

Utility Account Number:

How are the utilities currently billed?

To the tenant directly

To the landlord – utilities are part of tenant rent

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Name of Utility Company:

Type of Utility:

Utility Account Number:

How are the utilities currently billed?

To the tenant directly

To the landlord – utilities are part of tenant rent

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Name of Utility Company:

Type of Utility:

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How are the utilities currently billed?

To the tenant directly

To the landlord – utilities are part of tenant rent



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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



Emergency Rental Assistance Program Initial Application for Assistance

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, rental obligation, housing instability, and COVID-19 impact.

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.



Emergency Rental Assistance Program Initial Application for Assistance

ERAP Landlord Certification Form

Applicant/Tenant 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 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.



Emergency Rental Assistance Program Application Instructions

What can ERAP help with?

The Maryland Emergency Rental Assistance Program (ERAP) provides financial assistance for the following:

- Up to 12 months of overdue rent – going back to March 13, 2020
- Up to 12 months of overdue utility or home energy costs – going back to March 13, 2020
- Up to 3 months of current or future months' rent at a time
- Up to 3 months of current or future months' utility costs at a time
- Housing-related costs due to COVID19 such as relocation assistance, security deposit, rental application fees, accrued late fees

Each household is eligible for up to 15 months of assistance total under ERAP. ERAP cannot pay for rental and utility costs that have been or will be covered under another funding source (no duplication of benefits). The tenant can apply for assistance themselves or their landlord can apply for assistance on the tenant's behalf. Tenants must sign the application and attest that all the information in the application is true.

Application Assistance

Applicants 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 ERAP, tenants must 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
- One adult in the household qualifies for unemployment assistance OR has financial hardship directly or indirectly related to COVID19
- 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



Emergency Rental Assistance Program Initial Application for Assistance

If the household has annual income below 50% of the Area Median income for their county or has a household member who has been unemployed for the last 90 days, their application will be prioritized for assistance.

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 application for it to be considered complete and to ensure timely processing:

1. **Copy of 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 from the landlord or utility bill)

Tenants will also be asked to provide documentation of their income, like paystubs or benefits statements. Applications with income documentation can be processed faster. However, if documentation is not available to you when you submit the application, the program can still assist the tenant based on their self-reported income and household size in the application. Tenants will also be asked to self-report how they have been impacted financially by COVID19.

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.