

Emergency Rental Assistance Program Application for Assistance

Section 1: Applicant Information

Applicant Type: Rental Tenant 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)

- Need help paying overdue rent
- Need help paying rent for current or future months
- Need help paying overdue utility bill or turning utilities back on
- Need help paying utilities for current or future months
- Need to relocate to a new unit due to eviction order or unsafe, unsanitary, or overcrowded living conditions (more than 2 people per bedroom)
- 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? Yes No
If yes, what language do you need communications and/or forms translated into?

Do you need reasonable accommodations for a disability? Yes No
If yes, please list accommodations needed here:

Section 2: Rental Unit

Property Type: House Apartment Trailer/RV 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? Yes 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 the utilities are 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)	<input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multiracial: American Indian/Alaskan Native & White <input type="checkbox"/> Multiracial: Asian & White <input type="checkbox"/> Multiracial: Black/African-American & White <input type="checkbox"/> Multiracial: American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other Multiracial: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to Answer	
Ethnicity (check one)	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non- Latino	<input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to Answer
Other (check all that apply)	<input type="checkbox"/> Elderly (62+) <input type="checkbox"/> Disabled <input type="checkbox"/> Currently Homeless	<input type="checkbox"/> Veteran <input type="checkbox"/> Youth (under 25)
Household Member Name	Relationship to Head of Household	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Total number of persons in household:		

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			
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 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

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
Financial Hardship (one of following)		
		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
Eligibility		
		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.
Payments		
		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