

Emergency Rental Assistance Program (ERAP) Application Instructions Allegany County Human Resources Development Commission, Inc. (HRDC)

Tenants can apply for assistance themselves or their landlord can apply for assistance on their behalf; however, tenants must sign the application and attest that all the information in the application is true.

Household Eligibility Information

To be eligible for ERAP, a tenant must meet all of the following basic eligibility requirements:

- Legally obligated to pay rent or utility costs
- Have annual household income under 80% of the Area Median Income for their county
- Qualify for unemployment assistance OR have financial hardship directly or indirectly related to COVID19
- Be at risk of losing their housing or utilities, currently homeless or need to relocate housing units due to unsafe, unsanitary or overcrowded housing conditions
- **ERAP cannot pay for rental and utility costs that have been or will be covered under another funding source (no duplication of benefits).**

Minimum Required Documentation

The applicant must complete the application and provide the following supporting documents with the application for it to be considered complete and to ensure timely processing. Supporting documentation for the application will be accepted in multiple formats – digital copy, photo, email, etc. Original documents are never required.

1. **Copy of lease or alternative documentation** of rental unit address and monthly rent amount (such as letter from landlord)
2. **Documentation of household income** (examples: paystubs, W-2s or other wage statements, unemployment benefits statements, tax filings, bank statements demonstrating regular income, or an attestation from an employer)
3. **Documentation of housing instability and overdue payments** (examples: overdue rent/utility notice, eviction notice, letter from homeless program or community-based organization, evidence of unsafe/unsanitary/overcrowded housing conditions)
4. **Documentation of relocation or new unit expenses if requesting assistance for other housing-related costs** (examples: bills, invoices, or leases showing security deposits owed, rental application fees, etc)
5. **Landlord/property owner W-9** (if landlord agrees to accept payment and ERAP concessions)

Documentation of financial hardship is NOT needed – tenants may self-certify that they meet the requirements.

Application Assistance and Submission

Applications and required documentation will be accepted by mail or drop off: HRDC ERAP, 125 Virginia Ave., Cumberland MD 21502; email: hrdchousing@alleganyhrdc.org; or fax: 301-783-1889.

If assistance is needed completing this application, please contact
HRDC's Office of Housing Opportunities at 301-777-8286.

Emergency Rental Assistance Program Application for Assistance

SECTION 1: Application 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:	
Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message
Alternate Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message
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 Information

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
If yes, has household requested an income recertification due to loss of income?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: Landlord and Utility Company Information

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 INFORMATION (if known):

Property Owner / Landlord Name:	
Mailing Address:	
City, State, Zip:	
Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message
Alternate Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message
Email:	
<div style="background-color: black; height: 15px; width: 100%;"></div>	
Total Number of Rental Units Owned:	
Has the landlord started filed an eviction or Failure to Pay Rent case with the court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain and provide date of scheduled hearing:	

UTILITY INFORMATION:

How is the electricity currently billed? <input type="checkbox"/> To the tenant directly (enter Account Name and Account # below) <input type="checkbox"/> To the landlord – as part of tenant rent
Potomac Edison Account Name:
Potomac Edison Account #:
How is the heating gas currently billed? <input type="checkbox"/> To the tenant directly (enter Account Name and Account # below) <input type="checkbox"/> To the landlord – as part of tenant rent <input type="checkbox"/> Not applicable; no gas service
Columbia Gas Account Name:
Columbia Gas Account #:
How is water/sewer currently billed? <input type="checkbox"/> To the tenant directly (enter Account Name and Account # below) <input type="checkbox"/> To the landlord – utilities are part of tenant rent
Name of Water/Sewer Company:
Account Name:
Account #:

SECTION 4: Tenant Information

Head of Household Name:								
Mailing Address:								
City, State, Zip:								
Phone:			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message					
Alternate Phone:			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message					
Email:								
Gender (check one)		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male			<input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to Answer			
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"/> Age 62 or over <input type="checkbox"/> Disabled <input type="checkbox"/> Currently Homeless			<input type="checkbox"/> Veteran <input type="checkbox"/> Youth (under 25)			
Total number of persons in household:								
Household Member Name	Relationship to Head of Household	[REDACTED]	[REDACTED]	Gender	Race	Ethnicity (Hispanic or Non-Hispanic)	Disabled (Y or N)	Veteran (Y or N)
1.	Head of Household							
2.								
3.								
4.								
5.								
6.								
7.								
8.								

SECTION 5: Tenant Income and 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
- Energy Assistance - Maryland Energy Assistance Program (MEAP) and Electric Universal Services Program (EUSP)
- 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, list their name(s) and how long they have been unemployed?

Have any adults in the household had a loss of income or reduction in work hours since March 2020? Yes No
If yes, describe changes to income:

Has the household had any financial hardship or increase in costs related (directly or indirectly) to COVID19?
 Yes No If yes, describe hardship here:

Have you received rental assistance at any time since March 2020? Yes No

If yes, when? _____ From whom? _____ How much? _____

SECTION 6: 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)

Note: Other housing costs may be considered on a case-by-case basis and will need approval from 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. Head of Household, please 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

Rental Unit Address: _____

Tenant: _____

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 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.

Note: Digital or typed signatures are acceptable.

At no time may a tenant sign the landlord's certification form.