

Emergency Rental Assistance Program (ERAP) Application Instructions

The tenant can apply for assistance themselves or their landlord can apply for assistance on the tenant's 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 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 (see chart below):

1 Person HH	2 Person HH	3 Person HH	4 Person HH	5 Person HH	6 Person HH	7 Person HH	8 Person HH
\$40,350	\$46,100	\$51,850	\$57,600	\$62,250	\$66,850	\$71,450	\$76,050

- One adult in the household qualifies for unemployment assistance OR has financial hardship directly or indirectly related to COVID19
- Be at risk of losing their housing or utilities, is currently homeless, or needs to relocate housing units due to unsafe, unsanitary, or overcrowded housing conditions

What can ERAP help with?

Each household is eligible for up to a total of 15 months of assistance under ERAP. One or more of the following may be provided through the Maryland Emergency Rental Assistance Program (ERAP):

- 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

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 an application and provide 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 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)

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

Application Assistance

If assistance is needed completing this application, please contact HRDC's Office of Housing Opportunities at 301-777-8286 or email housing@gmail.com.

Emergency Rental Assistance Program Initial Application for Assistance

SECTION 1: Tenant Information

Head of Household Name:	
Street Address:	
City, State, Zip:	
Mailing Address (if different from Street Address):	
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:	
Do you need help 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 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"/> 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?	

SECTION 2: Residence and Housing Instability Information

Housing Type: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Trailer/RV <input type="checkbox"/> Other: _____	
Monthly Rent:	Lease Expiration Date:
Total Rental Debt Owed:	
Total Utility Debt Owed:	
Are you living in rent-to-own housing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Have you received help with paying your rent or utilities since March 2020? This includes housing programs like <i>Section 8 Rental Assistance, Public Housing, assistance from charitable organizations or government programs?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
If yes, when? From who? For what? How much? For what time period?	
<p>Do you have a copy of any of the following documents? Check all that apply and attach each one checked to the application</p> <input type="checkbox"/> Lease or written rental agreement that shows your monthly rent, your address and is signed by you and your landlord <input type="checkbox"/> Letter from landlord verifying your monthly rent and address <input type="checkbox"/> Utility bill that shows your name and address <input type="checkbox"/> Other documents that show your past rent payments like bank statements, check stubs or screenshots of electronic payments <input type="checkbox"/> I do not have documentation that verifies my monthly rent or address	
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attached a copy of at least one of these notices to your application. If an eviction notice has been received, what is the Eviction Court Hearing date: If a utility termination notice has been received, what is the termination date:</p>	
<p>Have you or a member of your household experience any of the following housing risks?</p> <input type="checkbox"/> Slept in an overcrowded residence and therefore are at an increased risk of exposure to COVID-19 <input type="checkbox"/> Have unsafe or unsanitary housing conditions, or have significant housing code violations <input type="checkbox"/> Feared or felt unsafe due to domestic violence, sexual assault, or stalking <input type="checkbox"/> Paid rent instead of meeting essential household needs (ex: purchasing food, prescriptions, transportation) <input type="checkbox"/> Used credit cards or high-interest lenders to pay for rent or utilities <input type="checkbox"/> Slept overnight in a place not meant for human habitation or in a temporary shelter or temporary residence <input type="checkbox"/> Do not have utilities turned on to your residence <input type="checkbox"/> Other (please describe)	
<p>Does anyone in the household currently receive benefits or services from one of the following programs? If so, check which programs apply (and attach your most recent determination approving your enrollment or eligibility for benefits for one of the programs). This can help expedite your application:</p> <input type="checkbox"/> Head Start <input type="checkbox"/> Energy Assistance through the Maryland Energy Assistance Program (MEAP) and/or Electric Universal Services Program (EUSP) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Supplemental Security Income (SSI), for head or co-head of household <input type="checkbox"/> Temporary Cash Assistance (TCA); Temporary Assistance for Needy Families (TANF) or Tribal TANF, for head or co-head of household <input type="checkbox"/> Veterans Affairs Disability Pension, Survivor Pension, Enhanced Survivor Benefits, or Section 306 disability pension (not standard VA pension) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> Other income-based program:	

SECTION 3: Income Eligibility

Total number of persons in household:

Household Member Name	Relationship to Head of Household			Gender <small>*see list at bottom of page</small>	Race <small>**see list at bottom of page</small>	Ethnicity <small>(Hispanic or Non-Hispanic)</small>	Disabled <small>(Y or N)</small>	Veteran <small>(Y or N)</small>
1.	Head of Household							
2.								
3.								
4.								
5.								
6.								
7.								
8.								

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)

***Gender Types**

- a. Female
- b. Male
- c. Trans Female
- d. Trans Male
- e. Gender Non-Conforming
- f. Don't Know
- g. Decline to Answer

****Race Types**

- a. Black/African-American
- b. White
- c. Asian
- d. American Indian/Alaskan Native
- e. Native Hawaiian/Other Pacific Islander
- f. Multiracial: American Indian/Alaskan Native & White
- g. Multiracial: Asian & White
- h. Multiracial: Black/African-American & White
- i. Multiracial: American Indian/Alaskan Native & Black/African American
- j. Other Multiracial: _____
- k. Don't Know
- l. Decline to Answer

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

SECTION 5: 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:

Phone #: Home Cell Work Message

Alternate Phone #: Home Cell Work Message

Phone #: Home Cell Work Message

Alternate Phone #: Home Cell Work Message

Email:

Landlord Social Security Number, Tax ID Number or DUNS Number:

UTILITY INFORMATION

Electric (Potomac Edison) Information

How is the electricity currently billed? To the tenant directly (enter Account Name and Account # below)
 To the landlord – as part of tenant rent

Account Name: _____ Account #: _____

Gas (Columbia Gas) Information

How is the gas currently billed? To the tenant directly (enter Account Name and Account # below)
 To the landlord – as part of tenant rent
 Not applicable; no gas service

Account Name: _____ Account #: _____

Water/Sewer Information

Name of Water/Sewer Company:

How is water/sewer currently billed? To the tenant directly (enter Account Name and Account # below)
 To the landlord – as part of tenant rent

Account Name: _____ Account #: _____

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 this 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 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 and obtaining information with/from 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 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. 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.

_____ **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.

Landlord Certification		
Landlord Name	Signature	Date

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

Note: Digital or typed signatures are acceptable.

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