

## Emergency Rental Assistance Program Initial Application for Assistance

### Section 1: Tenant Information

Head of Household Name:	
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"/> Mixed-Race <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?	

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

☐ Yes ☐ No ☐ Don't Know

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)

**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)

**Does anyone in the household 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.*



## 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:

Home Phone:

Work Phone:

Cell Phone:

Email:

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

Name of Utility Company:

How are the utilities currently billed?

☐ To the tenant directly

☐ To the landlord – utilities are part of tenant rent

## 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 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.