

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 15-18 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

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.

Washington County Area Median Income

Persons in Household	1	2	3	4	5	6	7	8
30% AMI	16,250	18,550	21,960	26,500	31,040	35,580	40,120	44,660
50% AMI	27,050	30,900	34,750	38,600	41,700	44,800	47,900	51,000
80% AMI	43,250	49,400	55,600	61,750	66,700	71,650	76,600	81,550

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.

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 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Black or African-American</td> <td style="width: 50%; border: none;"><input type="checkbox"/> White</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Asian</td> <td style="border: none;"><input type="checkbox"/> American Indian or Alaska Native</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td> <td style="border: none;"><input type="checkbox"/> Mixed-Race</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Decline to Answer</td> <td style="border: none;"></td> </tr> </table>		<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	
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<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.

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

Tenant name: _____

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.