

## Emergency Rental Assistance Program Recertification Form

<b>Tenant Information</b>	
Head of Household Name:	
Street Address:	
City, State, Zip:	
Home Phone:	Work Phone:
Cell Phone:	Email:
<b>Reason for Applying</b> <i>(check all that apply)</i>  <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 conditions <input type="checkbox"/> I am moving out of a homeless setting and into rental housing	
<b>Has your residence changed since your initial application for assistance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, do you have a copy of any of the following documents? Check all that apply and attach at least one to the application. <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 of my monthly rent or address  Provide the name and contact for your new landlord below:	
Monthly Rent: \$	Lease Expiration Date:
Total Rental Debt Owed: \$	
Total Utility Debt Owed: \$	
<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach a copy to your application.</i>  Eviction Court Hearing Date (if known):	

## Income Eligibility

Total number of persons currently in your household, including you:

The program is required to reevaluate your eligibility based on your current income received in the last 30 days. Please select one of the following options as it applies to your household's income:

- My household income has **decreased** since the last time I received ERAP assistance
- My household income has **not changed** since the last time I received ERAP assistance
- My household income has **increased** since the last time I received assistance

Do you have documentation of your household income?     Yes     No

**If your household income has increased, please complete the section below:**

Household Member	Source of Income	Amount	Frequency (hourly, weekly, etc)

### FOR OFFICE USE ONLY:

**PREVIOUS ERAP ASSISTANCE**

TYPE OF ASSISTANCE	MONTHS ASSISTED	# OF MONTHS	TOTAL MONTHS OF ASSISTANCE
RENT			
UTILITIES			

**RECERTIFICATION ASSISTANCE**

TYPE OF ASSISTANCE	MONTHS ASSISTED	# OF MONTHS	TOTAL MONTHS OF ASSISTANCE
RENT			
UTILITIES			

# OF MONTHS ELIGIBLE FOR FUTURE ASSISTANCE: \_\_\_\_\_

# 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, and rental or utility costs.

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 rental 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.