

# 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 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, both tenants and landlords, 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 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

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 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.

Supporting documentation for the application can be accepted in multiple formats – digital copy, photo, email, etc. Original documents are never required. When copies of third-party source documentation are not available, attestations from caseworkers or other service providers/community organizations may be accepted to document household eligibility.

If the applicant is unable to provide required documentation, the tenant must self-certify that they are eligible to receive assistance. A staff person will follow up with the tenant to determine whether they meet the program requirements.

# Emergency Rental Assistance Program Application for Assistance

## Section 1: Applicant Information

Applicant Type:     Rental Tenant         Landlord/Property Manager Applying on Behalf of Tenant

Applicant Name:

Mailing Address:

City, State, Zip:

Home Phone:

Work Phone:

Cell Phone:

Email:

Reason for Applying  
(check all that apply)

- Need help paying overdue rent
- Need help paying rent for current or future months
- Need help paying overdue utility bill or turning utilities back on
- Need help paying utilities for current or future months
- Need to relocate to a new unit due to eviction order or unsafe, unsanitary, or overcrowded living conditions (more than 2 people per bedroom)
- 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?     Yes     No  
If yes, what language do you need communications and/or forms translated into?

Do you need reasonable accommodations for a disability?     Yes     No  
If yes, please list accommodations needed here:

## Section 2: Rental Unit

Property Type:     House     Apartment     Trailer/RV     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?     Yes     No

Does the household currently live in income-based housing or receive assistance with paying rent every month?

*Examples: Public Housing, Housing Choice Voucher (Section 8), Continuum of Care  
Permanent Supportive Housing, Rapid Re-Housing, Project-Based Rental Assistance, LIHTC*

- Yes
- No
- Don't Know

If yes, has household requested an income recertification due to loss of income?

- Yes
- No

### Section 3: Landlord and Utility Company Information

*Note: 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 Name:

Mailing Address:

City, State, Zip:

Home Phone:

Work Phone:

Cell Phone:

Email:

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

Total Number of Rental Units Owned:

Has the landlord started filed an eviction or Failure to Pay Rent case with the court?  Yes  No  
If yes, explain and provide date of scheduled hearing:

Name of Utility Company:

How are the utilities currently billed?  To the tenant directly  
 To the landlord – utilities are part of tenant rent

### Section 4: Tenant Information

#### Head of Household

Head of Household Name:

Mailing Address:

City, State, Zip:

Home Phone:

Work Phone:

Cell Phone:

Email:

Gender (check one)  Female  Gender Non-Conforming  
 Male  Don't Know  
 Trans Female  Decline to Answer  
 Trans Male

Race (check one)  Black/African-American  
 White  
 Asian  
 American Indian/Alaskan Native  
 Native Hawaiian/Other Pacific Islander  
 Multiracial: American Indian/Alaskan Native & White  
 Multiracial: Asian & White  
 Multiracial: Black/African-American & White  
 Multiracial: American Indian/Alaskan Native & Black/African American  
 Other Multiracial: \_\_\_\_\_  
 Don't Know  
 Decline to Answer



**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: 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, how long has the person been unemployed?

Have any adults in the household had a loss of income or reduction in work hours since March 2020?  
If so, describe changes to income:

Has the household had any financial hardship or increase in costs related (directly or indirectly) to COVID19?  
If so, describe hardship here:

Have you received funds to be used for rental assistance since March 2020?  Yes  No  
If yes, when? From who? 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			
<b>Total Request</b>			

\*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)
- Other housing costs may be considered with prior approval of 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. 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, my landlord, 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

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. 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