



Applicant Type:   Rental Tenant   Landlord/Property Manager Applying on Behalf of Tenant					
SSN: LEAVE BLANK IF NOT APPLICABLE					
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Census Tract:					
Use this link <a href="https://bit.ly/33DsjeX">https://bit.ly/33DsjeX</a> to input address or leave blank if unsure					
Work Phone:					
Email:					
ent month e/prospective months ty bill or turning utilities back on urrent or future months due to eviction order or unsafe, unsanitary, or overcrowded people per bedroom) ter, motel/hotel, or from an unsheltered location and into rental					
s? ☐ Yes ☐ No forms translated into?					
Do you need reasonable accommodations for a disability? $\square$ Yes $\square$ No If yes, please list accommodations needed here:					
PRIORITY APPLICATION INFORMATION:  ☐ Priority Census Tract (1, 2, 3, 4, & 102) Verify your address using this link: <a href="https://bit.ly/33DsjeX">https://bit.ly/33DsjeX</a> ☐ Household Income below 50% AMI (See income chart in the middle of page 5) ☐ Have one or more individuals within the household who are unemployed as of the date of the application for assistance <a href="https://ann.nih.gov/AND">AND</a> have not been employed for the last 90 days					
To be eligible for ERAP assistance, a household must meet all four eligibility criteria:					
ncial Hardship Housing Instability					
Demonstrated risk of housing instability, which may include:  OR  • a past due utility or rent notice or eviction notice,  enced a reduction in old income, incurred cant costs, or other nardship due, directly or ctly, to the COVID19 outbreak  Demonstrated risk of housing instability, which may include:  • a past due utility or rent notice or eviction notice,  • unsafe or unhealthy living conditions, OR of the covidence of such risk, as determined by DHCD					





Section 2: Rental Unit					
Property Type: ☐ House ☐ Apartment ☐ Ti	railer/RV 🗆 Other				
Applicant Name:					
Co-Applicant Name:					
Rental Property/Complex Name (if applicable):					
Rental Unit Street Address:					
Rental Unit City, State, Zip:	, Maryland				
Rental Unit County: Wicomico	Monthly Rent: \$				
Landlord/Property Manager Name:					
Landlord/Property Manager Address:					
Landlord/Property Manager Phone Number:					
Landlord/Property Manager Email:					
Lease Start Date: / /20	Lease End Date: / /20				
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  Tyes  No  Don't Know					
If yes, has household requested an income recertification d	ue to loss of income?	☐ Yes ☐ No			





#### **Section 3: 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

to obtain additional documentation.		
The landlord must sign the last page of th accepting payment.	he application and provide a copy o	f their W-9 form as a condition of
Applicant Name:		
Co-Applicant Name:		
Property Address:		
UTILITY #1		
Name of Utility Company:		Type of Utility:
Utility Company Mailing Address:		
Utility Company City, State, Zip:		
Utility Company Phone:		
Utility Account Number:		
How is the utilities currently billed?	☐ To the tenant directly☐ To the landlord — utilities are pa	art of tenant rent
UTILITY #2	in the landing a dimines are pa	To rename rem
Name of Utility Company:		Type of Utility:
Utility Company Mailing Address:		
Utility Company City, State, Zip:		
Utility Company Phone:		
Utility Account Number:		
How is the utilities currently billed?	☐ To the tenant directly☐ To the landlord — utilities are pa	art of tonant ront
UTILITY #3	10 the landiord – difficies are pa	it of tenant fent
Name of Utility Company:		Type of Utility:
Utility Company Mailing Address:		
Utility Company City, State, Zip:		
Utility Company Phone:		
Utility Account Number:		
How is the utilities currently billed?	<ul><li>☐ To the tenant directly</li><li>☐ To the landlord – utilities are pa</li></ul>	ort of tenant rent





Section 4: Ten	nant Information	
Head of Household		
Head of Household Na	ame:	
Mailing Address:		
City, State, Zip:		
Home Phone:		Work Phone:
Cell Phone:		Email:
Gender (check one)	<ul><li>☐ Female</li><li>☐ Male</li><li>☐ Trans Female</li><li>☐ Trans Male</li></ul>	<ul><li>☐ Gender Non-Conforming</li><li>☐ Don't Know</li><li>☐ Decline to Answer</li></ul>
Race (check one)	<ul> <li>□ Black/African-American</li> <li>□ White</li> <li>□ Asian</li> <li>□ American Indian/Alaskan Nation</li> <li>□ Native Hawaiian/Other Pacif</li> <li>□ Multiracial: American Indian</li> <li>□ Multiracial: Asian &amp; White</li> <li>□ Multiracial: Black/African-An</li> <li>□ Multiracial: American Indian</li> <li>□ Other Multiracial:</li> <li>□ Don't Know</li> <li>□ Decline to Answer</li> </ul>	fic Islander /Alaskan Native & White
Ethnicity (check one)	☐ Hispanic/Latino ☐ Non-Hispanic/Non- Latino	☐ Don't Know ☐ Decline to Answer
Other (check all that apply)	☐ Elderly (62+) ☐ Disabled ☐ Currently Homeless	□ Veteran □ Youth (under 25)





Section 4: Tenant Information (continued)					
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 household:

#### Income Qualification Guidelines (Must be at or below the 80% Area Median Income for number in household)

Wicomico County								
Persons in Household	1	2	3	4	5	6	7	8
30% AMI	15,150	17,420	21,960	26,500	31,040	35,580	40,120	44,660
50% AMI	25,200	28,800	32,400	36,000	38,900	41,800	44,650	47,550
80% AMI	40,350	46,100	51,580	57,600	62,250	66,850	71,450	76,050





#### Section 5: Tenant Income & Financial Hardship

List the current income (last 30 days) of all persons in household over the age of 18 who are not full-time college students.
Income includes wages, salaries and tips, alimony, child support, military income, Social Security, pensions, and other
government benefits including unemployment payments.

government benefits including unemployment payments.					
Household Member	Source of Income (including employer name)	Amount	Frequency (hourly, weekly, monthly, etc)		
Does anyone in the h which programs appl		or services from one of the following progr	ams? If so, check		
<ul> <li>☐ Head Start</li> <li>☐ Low Income Home Energy Assistance Program (LIHEAP) or the Maryland Energy Assistance Program (MEAP)</li> <li>☐ Supplemental Nutrition Assistance Program (SNAP)</li> <li>☐ Supplemental Security Income (SSI), for head or co-head of household</li> <li>☐ Temporary Assistance for Needy Families (TANF) or Tribal TANF, for head or co-head of household</li> <li>☐ Veterans Affairs Disability Pension, Survivor Pension, Enhanced Survivor Benefits, or Section 306 disability pension (not standard VA pension)</li> <li>☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) for households with three of fewer members</li> <li>☐ Other income-based program:</li> </ul>					
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.					
	nousehold currently unemployed? ne person been unemployed?	□ Yes □ No			





Section 5: Tenant Income & Financial Hardship (continued)
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 <u>each column</u>. 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	\$	\$	\$
TOTAL REQUEST:	\$	\$	\$

<sup>\*</sup>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.

ACCUI	ACY	
-	that all the information provided in the application is true and correct. I understand that providing false that or information is grounds for termination of assistance and is punishable under federal law.	se
DUPLI	ATION OF BENEFITS	
	that my household has not received nor will receive assistance from another program for the same costrom ERAP.	sts that will
INFOR	MATION SHARING	
I unders	and my information will be shared with the county I reside in, the State of Maryland and the U.S. Trea	isury.
INCOM	E & HOUSEHOLD SIZE	
	that my income sources and amounts listed in the application accurately reflect the income my housely at 30 days. This includes if I have no reportable income or income from self-employment.	nold received
List any	income documentation you are not able to provide and why:	
FINAN	CIAL HARDSHIP	
	that either myself or another adult in my household (check all that apply):	
	fies for unemployment benefits and a loss of income, increased expenses, or other financial hardship related directly or indirectly to CC	)VID19
I certify	PAYMENT That any payment of ERAP funds made directly to me for the purpose of paying rent or utilities must be purpose.	e used for the
Tenant Certification		
Applicant Name	Signature Date	
Co-Applicant Name	Signature Date	

**Note:** Digital or typed signatures are acceptable. At no time may a landlord sign the tenant's self-certification form.





WICOMICO E	RAP REQUIRED	DOCUMEN	TATION:
Rent Status / Obligation	Income	Financial Hardship	Housing Instability
Households must be able to document the following three criteria:  • They have a rent obligation for a residential dwelling	Households must have an annual income at or below 80% Area Median Income To verify applicant income eligibility, one of the four methods listed below must be utilized:	Households must meet one of the following:  One or more adult individual in the household qualifies for	Households must meet one or more of the following:  • A past due utility or rent notice • Eviction notice or warrant of
<ul> <li>The location of the unit where the household resides</li> <li>The amount of the monthly rental payment</li> </ul>	<ul> <li>Categorical Eligibility</li> <li>Annual Income for 2020</li> <li>Monthly Income at Time of Application</li> <li>Other Income Proxies</li> </ul>	unemployment assistance OR One or more adult individuals in the households has	restitution  Failed habitability inspection or violation of housing code notification  Overcrowding (more than two persons per bedroom),
Self-certification of rent obligation is not permitted for Maryland ERAP funds.	*** PLEASE REFERENCE THE FOLLOWING 4 PAGES FOR THE REQUIRED DOCUMENTATION NEEDED FOR EACH CATEGORY ***	experienced a reduction in household income, incurred significant costs, or other financial hardship due, directly or indirectly, to the COVID19 outbreak	documented by a letter from the landlord or third party that can attest to living conditions  Utilities are not in service, as documented either by utility shut off notice/statement
*** PLEASE SUBM	IT THE FOLLOWING FOR EAC	H CATEGORY LISTED A	BOVE ***
<ul> <li>Lease Agreement         OR         <ul> <li>Rental Ledger (Must show previous 6 months OR duration of requested funding)</li> </ul> </li> <li>IN THE EVENT OF NO LEASE:         <ul> <li>Documentation of rental residence may include evidence of paying utilities for the residential unit or an attestation by the landlord who can be identified as the verified owner or management agent of the unit             </li> <li>OR</li> </ul> </li> </ul>	Categorical Eligibility:     Households who receive benefits through other federal, state, or local government programs that have income eligibility at or below 80% AMI can use documentation of their benefits as proof they meet the income requirements for ERAP      Annual Income for 2020:     2020 Tax Returns, 2020 W-2, or other wage statement documentation	***  PLEASE REFERENCE  PAGE 6 OF THIS  DOCUMENTATION FOR  SPECIFIC FINANCIAL  HARDSHIP  REQUIREMENTS	***  PLEASE REFERENCE PAGE 7  OF THIS DOCUMENTATION  FOR SPECIFIC HOUSING  INSTABILITY  REQUIREMENTS  ***
Evidence of the amount of a rental payment may include bank statements, check stubs, receipts, digital payment app records (ex: Venmo, Cashapp), or other financial documentation that reasonably establishes a pattern of paying rent, or a written attestation by a landlord who can be verified as the legitimate owner or management agent of the unit	Monthly Income at Time of Application:     Income reported for the last 30 days will be annualized based upon the provided 30-day documentation  Other Income Proxies	***	

Wicomico County								
Persons in Household	1	2	3	4	5	6	7	8
30% AMI	15,150	17,420	21,960	26,500	31,040	35,580	40,120	44,660
50% AMI	25,200	28,800	32,400	36,000	38,900	41,800	44,650	47,550
80% AMI	40,350	46,100	51,580	57,600	62,250	66,850	71,450	76,050