



Wicomico County Emergency Rental Assistance Program Application for Assistance



Section 2: Rental Unit

Property Type: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Trailer/RV <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the household currently live in income-based housing or receive assistance with paying rent every month? <i>Examples: Public Housing, Housing Choice Voucher (Section 8), Continuum of Care Permanent Supportive Housing, Rapid Re-Housing, Project-Based Rental Assistance, LIHTC</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
If yes, has household requested an income recertification due to loss of income?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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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.

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.

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 part of tenant rent

UTILITY #2

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 part of tenant rent

UTILITY #3

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 part of tenant rent



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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)	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to Answer
Race (check one)	<input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multiracial: American Indian/Alaskan Native & White <input type="checkbox"/> Multiracial: Asian & White <input type="checkbox"/> Multiracial: Black/African-American & White <input type="checkbox"/> Multiracial: American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other Multiracial: _____ <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to Answer
Ethnicity (check one)	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non- Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Decline to Answer
Other (check all that apply)	<input type="checkbox"/> Elderly (62+) <input type="checkbox"/> Disabled <input type="checkbox"/> Currently Homeless <input type="checkbox"/> Veteran <input type="checkbox"/> Youth (under 25)



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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



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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?

Large empty text area for providing detailed information.



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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	\$	\$	\$
TOTAL REQUEST:	\$	\$	\$

*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



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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, 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:

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

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.



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WICOMICO ERAP REQUIRED DOCUMENTATION:

Rent Status / Obligation	Income	Financial Hardship	Housing Instability
Households must be able to document the following three criteria:	Households must have an annual income at or below 80% Area Median Income	Households must meet <u>one</u> of the following:	Households must meet <u>one or more</u> of the following:
<ul style="list-style-type: none"> • They have a rent obligation for a residential dwelling • <i>The location of the unit where the household resides</i> • <i>The amount of the monthly rental payment</i> <p><i>Self-certification of rent obligation is not permitted for Maryland ERAP funds.</i></p>	<p>To verify applicant income eligibility, one of the four methods listed below must be utilized:</p> <ul style="list-style-type: none"> - Categorical Eligibility - Annual Income for 2020 - Monthly Income at Time of Application - Other Income Proxies <p style="text-align: center;">*** PLEASE REFERENCE THE FOLLOWING 4 PAGES FOR THE REQUIRED DOCUMENTATION NEEDED FOR EACH CATEGORY ***</p>	<ul style="list-style-type: none"> • One or more adult individual in the household qualifies for unemployment assistance OR • One or more adult individuals in the households has experienced a reduction in household income, incurred significant costs, or other financial hardship due, <u>directly or indirectly</u>, to the COVID19 outbreak 	<ul style="list-style-type: none"> • A past due utility or rent notice • Eviction notice or warrant of restitution • Failed habitability inspection or violation of housing code notification • Overcrowding (more than two persons per bedroom), 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 SUBMIT THE FOLLOWING FOR EACH CATEGORY LISTED ABOVE ***

<ul style="list-style-type: none"> • <i>Lease Agreement</i> <p>OR</p> <ul style="list-style-type: none"> • <i>Rental Ledger (Must show previous 6 months OR duration of requested funding)</i> <p style="text-align: center;"><u>IN THE EVENT OF NO LEASE:</u></p> <ul style="list-style-type: none"> • 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 <p>OR</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 • 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 	<p>***</p> <p>PLEASE REFERENCE PAGE 6 OF THIS DOCUMENTATION FOR SPECIFIC FINANCIAL HARDSHIP REQUIREMENTS</p> <p>***</p>	<p>***</p> <p>PLEASE REFERENCE PAGE 7 OF THIS DOCUMENTATION FOR SPECIFIC HOUSING INSTABILITY REQUIREMENTS</p> <p>***</p>
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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
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80% AMI	40,350	46,100	51,580	57,600	62,250	66,850	71,450	76,050