



Dorchester County Emergency Rental Assistance Program Application for Assistance

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.

| Dorchester 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 | 51,850 | 57,600 | 62,250 | 66,850 | 71,450 | 76,050 |

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)

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.

Completed Applications can be submitted one of the following ways:

Mail/drop off: ERAP Assistance Program, 501 Court Lane, Room 108, Cambridge, MD 21613 or
 Email: landlordassistanceapplication@gmail.com

Questions: For quickest response please send questions to landlordassistanceapplication@gmail.com
 Call 410-228-0281 ext. 1103

Acceptable Documentation Types

******MUST BE COVID RELATED******

- **Documentation of Covid Related:**
 - Statement from your physician that you or someone in your household was diagnosed with Covid and were treated or quarantined.
 - Statement from employer that separation from employment due to parent leaving employment to care for a child impacted by school or daycare issues
 - Documentation of workplace closure or loss of self-employment
 - Reduction or loss of cash benefits because can't recertify
 - Increase in household expenses or living costs (written description)
- **Copy of Lease that includes tenant's names and address of property and amount of rent.**
- **Documentation of Household Income (REQUIRED for every adult in the household) ONE OR MORE OF THE FOLLOWING:**
 - paystubs
 - W-2's or other wage statements
 - Statement of Unemployment Benefits
 - 2020 tax returns
 - Bank statements documenting regular income
 - Statement from employer documenting income
- **Please attach a copy of the most recent determination letter for ANYONE in the household receiving any of the following:**
 - Head Start
 - Low Income Home Energy Assistance (LIHEAP or MEAP) Maryland Energy Assistance
 - 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
 - Veterans Affairs Disability Pension, Survivor Pension, Enhanced Survivor Benefits or Section 306 disability pension
 - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) for household with 3 or fewer members
 - Other Income based program.
- **Loss of Income/other Financial Hardship**
 - Documentation of application/receipt of unemployment benefits even if denied
 - Statement from employer documenting reduction in hours worked

NOTE: All documents must include the name of the recipient. Originals are not required

Section 1: Landlord Information

Note: Information in this section will be used for payments directly to landlords. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain and provide date of scheduled hearing: | | |
| Name of Utility Company: | | |
| How are the utilities currently billed? <input type="checkbox"/> To the tenant directly <input type="checkbox"/> To the landlord – utilities are part of tenant rent | | |

Section 2: Rental Unit

| | |
|--|--|
| Property Type: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Trailer/RV <input type="checkbox"/> 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? <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 |

Section 3: Tenant Information

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:

Head of Household

Head of Household Name:

Mailing Address:

City, State, Zip:

Home Phone:

Work Phone:

Cell Phone:

Email:

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

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

Ethnicity (check one)

- Hispanic/Latin
- Non-Hispanic/Non-Latino
- Don't Know
- Decline to Answer

Other (check all that apply)

- Elderly (62+)
- Disabled
- Currently Homeless
- Veteran
- Youth (under 25)

| 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:

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?

****Please provide any documentation you have that will certify your hardship.***

Section 5: 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 | Utility | Other Housing-Related Costs* |
|----------------------|------------|------------|------------------------------|
| | Assistance | Assistance | |
| 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

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

Emergency Rental Assistance Program Application Checklist

Name of Tenant: _____

Last Four of SSN: _____

Completed by: _____

Date: _____

| Yes | No | |
|--|----|--|
| | | Application on file |
| | | Application completed and signed by the head of household |
| | | Applicant is a renter and obligated to pay rent/paid rent |
| Financial Hardship (one of following) | | |
| | | Has one or more individuals in the household qualified for unemployment benefits or experienced a reduction in household income |
| | | Incurred significant costs |
| | | Other financial hardship |
| Eligibility | | |
| | | One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability |
| | | Client at 50% or below of area median income (AMI) |
| | | Client between 50-80% of AMI |
| | | Appropriate verification of income (tax return, pay stubs, unemployment) or self-attestation |
| | | If monthly income was used, was income recalculated every three months to determine eligibility |
| | | Lease on file signed by the applicant and the landlord that identified the unit where the applicant resides and established the rental payment amount? Or other acceptable verification. |
| Payments | | |
| | | Documentation of the past due and/or prospective rent owed |
| | | Documentation of past due and/or prospective utility payments owed |
| | | Documentation in file matches payment request |
| | | Documentation of landlord or utility provider outreach when tenant is paid directly |