



Wicomico County Emergency Rental Assistance Program Application for Assistance



Section 1: Applicant Information

Applicant Type: <input type="checkbox"/> Rental Tenant <input type="checkbox"/> Landlord/Property Manager Applying on Behalf of Tenant	
Applicant Name:	SSN: - - <i>LEAVE BLANK IF NOT APPLICABLE</i>
Co-Applicant Name:	SSN: - - <i>LEAVE BLANK IF NOT APPLICABLE</i>
Mailing Address:	Census Tract:
City, State, Zip: _____, Maryland	Use this link https://bit.ly/33DsjeX to input address or leave blank if unsure
Home Phone:	Work Phone:
Cell Phone:	Email:

Reason for Applying (Check all that Apply)	<input type="checkbox"/> Need help paying overdue rent
	<input type="checkbox"/> Need help paying rent for current month
	<input type="checkbox"/> Need help paying rent for future/prospective months
	<input type="checkbox"/> Need help paying overdue utility bill or turning utilities back on
	<input type="checkbox"/> Need help paying utilities for current or future months
	<input type="checkbox"/> Need to relocate to a new unit due to eviction order or unsafe, unsanitary, or overcrowded living conditions (more than 2 people per bedroom)
	<input type="checkbox"/> 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:

PRIORITY APPLICATION INFORMATION:

Priority Census Tract (1, 2, 3, 4, & 102) Verify your address using this link: <https://bit.ly/33DsjeX>

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 **AND** have not been employed for the last 90 days

To be eligible for ERAP assistance, a household must meet all four eligibility criteria:

Rent Status	Income	Financial Hardship	Housing Instability
Tenant obligated to pay rent on a residential dwelling	Household income at or below 80% of Area Median Income as defined by HUD	1 or more individuals qualified for unemployment assistance OR experienced a reduction in household income, incurred significant costs, or other financial hardship due, directly or indirectly, 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 • any other evidence of such risk, as determined by DHCD



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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) 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

Ethnicity (check one) Hispanic/Latino Don't Know
 Non-Hispanic/Non- Latino Decline to Answer

Other (check all that apply) Elderly (62+)
 Disabled Veteran
 Currently Homeless 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)

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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

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.

Household Member	Source of Income (including employer name)	Amount	Frequency (hourly, weekly, monthly, etc)

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?



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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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Section 7: Landlord Information (TO BE COMPLETED BY LANDLORD)

Note: Information in this section will be used for payments directly to landlords.

If tenant is the applicant and not able to provide landlord information when application is submitted, the program may follow up with the landlord directly to obtain additional documentation. If additional documentation is needed; file will be put aside until full documentation is received prior to processing and payment.

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 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:

Section 7: Landlord Information (TO BE COMPLETED BY LANDLORD)	
<i>Note: Information in this section will be used for payments directly to landlords.</i>	
<i>If tenant is the applicant and not able to provide landlord information when application is submitted, the program may follow up with the landlord directly to obtain additional documentation. If additional documentation is needed; file will be put aside until full documentation is received prior to processing and payment.</i>	
<i>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.</i>	
Applicant Name:	
Co-Applicant Name:	
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:	



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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