



# LifeStyles, Inc.

## Emergency Rental Assistance Program (ERAP) 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. (see below)

Calvert County								
Persons in Household	1	2	3	4	5	6	7	8
30% AMI	27,100	31,000	34,850	38,700	41,800	44,900	48,000	51,100
50% AMI	45,150	51,600	58,050	64,500	69,700	74,850	80,000	85,150
80% AMI	57,650	65,850	74,100	82,300	88,900	95,500	102,100	108,650
Charles County								
Persons in Household	1	2	3	4	5	6	7	8
30% AMI	27,100	31,000	34,850	38,700	41,800	44,900	48,000	51,100
50% AMI	45,150	51,600	58,050	64,500	69,700	74,850	80,000	85,150
80% AMI	57,650	65,850	74,100	82,300	88,900	95,500	102,100	108,650

## 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



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)
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:		



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 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 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