



## Community Development Block Grant Program Emergency Rental Assistance Program (ERAP)

### KENT COUNTY

The Emergency Rental Assistance Program (ERAP) provides rental payment assistance to avoid eviction for up to three months to families experiencing financial hardship as a result of the COVID-19 pandemic.

#### Eligibility and Requirement

- You must be a Kent County Resident
- You are unable to pay your full rent as a result of a COVID-19 caused financial hardship and are in danger of losing your housing due to eviction.
- Utilities (unless part of your monthly rent payment), late fees and other expenses, including court costs, are not eligible.
- Rental Payments can be provided from May 2020 and forward.
- Valid identification is required from applicants that matches the name(s) on the lease.
- There must be an executed lease between you and the property owner or landlord.
- Each household must provide documentation that they have lost their job or their work hours were reduced **as a result of the coronavirus crisis.**
- Each household will sign an affidavit as to the information they provided.
- Payments are made directly to landlords.
- An inspection affidavit is completed by the tenant and landlord to determine if the unit/house is safe and habitable. Assistance cannot be provided to units that are not safe and habitable.
- **Public Housing authority residents or households receiving federal assistance are not eligible.**
- **Households in Low Income Housing Tax Credit funded housing developments or other state financially assisted housing developments are not eligible for assistance as another source of funding will be made available by DHCD. Please speak to your property manager about other funding sources.**
- Households that had received an eviction notice prior to March 16, 2020 are not eligible.
- Unemployment benefits are to be counted as income.
- If three months of assistance do not prevent the household from being evicted, application will not be approved.



- Federal Stimulus checks are not considered income.
- Each household must be income qualified based on their income at the time of their application using the HUD Part 5 calculation. Note that savings are included in the determination.
- Your current household income must not exceed 80 percent of annual Area Median Income (AMI) for Kent County
  - One person in household: maximum AMI is \$44,100
  - Two people in household: maximum AMI is \$50,400
  - Three people in household: maximum AMI is \$56,700
  - Four people in household: maximum AMI is \$62,950
  - Five people in household: maximum AMI is \$68,000
  - Six people in household: maximum AMI is \$73,050
  - Seven people in household: maximum AMI is \$78,100
  - Eight people in household: maximum AMI is \$83,100



### Tenant Documentation

- Valid Photograph identification for applicant/co-applicant
- Copy of last tax return filed for applicant/co-applicant
- Documentation from former/current employer regarding loss of job or hours **for each affected member of the household.**
- Copy of last paycheck earnings information from employer for **each member of the household** who is over the age of 18 and not a full-time college student **who lost their job.**
- Copy of last paycheck earnings information from employer for **each member of the household** who is over the age of 18 and not a full-time college student **who is working at the time of the application.**
- Copies of the last two months of checking account statement for **each member of the household** who is over the age of 18 and not a full-time college student.
- Copies of the last two months of savings bank statements for **each member of the household** who is over the age of 18 and not a full-time college student.
- Copies of the last two months of other savings accounts for **each member of the household** who is over the age of 18 and not a full-time college student.
- Current copy of Social Security, Disability statement or other monthly government income/benefits if applicable to **any member of the household.**
- Current copy of pension statement if applicable to **any member of the household.**
- Current copies of alimony or child support payments of applicable.
- Copies of unemployment benefits for **each affected member of the household.**
- Veterans Benefit statement - **if applicable**
- Individual Development Account statement - **if applicable**
- Information on any funds received since May 1, 2020 that were awarded/provided to assist with rent payments. This applies to public and private sources. Additionally, there must be documentation that those funds were used for rent payments.
- Inspection Waiver

### Owner/Landlord Documentation

- Current lease showing tenant name(s), address of home, amount of lease rent, term of lease or if your lease is on a month-to-month basis, and signature of tenant and landlord. Name(s) on lease must match applicant name(s).
- Letter from landlord identifying delinquency
- Owner W-9 form
- Inspection Waiver



Applications can be returned to Maryland Rural Development Corporation via email to [tduff@mrdc.net](mailto:tduff@mrdc.net), please include Rental Application in the subject line. The completed application can also be mailed to:

Maryland Rural Development Corporation  
PO Box 739  
Greensboro, MD 21639  
Attention: Tammy Duff



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**(Please print clearly and legibly on each page)**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender (Optional): \_\_\_\_\_ Female \_\_\_\_\_ Male

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Race (Optional): \_\_\_\_\_

Ethnicity (Optional): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_



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Please complete the following questions

(Please print clearly and legibly on each page)

How many family members (NOT including yourself) will be on this application?

*(please check one)*

\_\_\_\_\_ 0 Family Members \_\_\_\_\_ 1 Family Member \_\_\_\_\_ 2 Family Members

\_\_\_\_\_ 3 Family Members \_\_\_\_\_ 4 Family Members \_\_\_\_\_ 5 Family Members

\_\_\_\_\_ 6 Family Members \_\_\_\_\_ 7 Family Members

Street Address:

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Suite/Apartment:

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City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_



**Household Information:** Include all household members (please print clearly and legibly on each page)

Member	Full Name	Gender (optional)	Relationship to Head	Social Security Number	Date of Birth	Race (Optional)	Ethnicity (Optional)
1	HEAD						
2							
3							
4							
5							
6							
7							
8							

**Relationship Codes:**

- H = Head of household
- S = Spouse
- Y = Youth under 18
- F = Foster child/foster adult
- E = Full-time student 18+
- O = Other adult

**Race codes:**

- 1 = White
- 2 = Black/African American
- 3 = American Indian/Alaska Native
- 4 = Asian
- 5 = Native Hawaiian/Other Pacific Islander

**Ethnicity codes:**

- 1 = Hispanic or Latino
- 2 = Not Hispanic or Latino



# Maryland Rural Development Corporation

**Income and Asset Information** (Please print clearly and legibly on each page)

<b>Member</b>	<b>Full Name</b>	<b>Type of Income or Asset</b>	<b>Source of Income (Who do you receive it from?)</b>	<b>Amount of Monthly Income</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				

**Income Codes:**

**Wages**

- B = Own Business
- F – Federal Wages
- M – Military pay
- W – Wages

**SS/SSI/Pension**

- P = Pension
- S = SSI
- SS = Social Security

**Welfare Assistance**

- TANF = Temp. assistance
- GA = Generals Assistance

**Other Income Sources:**

- C = Child Support
- E = Medical Reimbursement
- N = Nonwage sources
- U = Unemployment benefits
- O = Other





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What was your total household income prior to loss of job or hours due to the COVID crisis? \_\_\_\_\_

**Provide information on Checking and Savings Accounts held by each member of household over the age of 18 who are not full-time college students:**

Household Member Name	Type of Account	Bank	Current Balance
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Have you received funds to be used for rental assistance since March 2020? ( ) Yes ( ) No If yes, when? From who? How much?

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Additional information you think we need to know regarding the above information? \_\_\_\_\_

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Landlord Information **(Please print clearly and legibly on each page)**

The following questions are about your landlord. This information is necessary so that the Emergency Rental Assistance Payment can be made directly to your landlord to be applied to your past due rent balance. As the applicant, you will need to contact your landlord to let them know that you are working with Maryland Rural Development Corporation.

What is your landlord's name? \_\_\_\_\_

What is your landlord's phone number? \_\_\_\_\_

What is your landlord's email address? (optional) \_\_\_\_\_

What is your landlord's address? \_\_\_\_\_  
\_\_\_\_\_

What is your current monthly rent? \_\_\_\_\_

How many months are you currently past due? \_\_\_\_\_

What is the amount of your past due rent? \_\_\_\_\_



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**Program Certification Questions**

**Please complete each question and initial each response**

- I certify that I have a current rental lease in Kent County, MD  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- I certify that I am not able to pay my full rent due to a reduction in income resulting from my employer or source of income reducing my hours, laying off staff, making a reduction in the business's workforce, or other actions due to COVID-19.  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- I certify that I currently DO NOT receive government assistance to help pay my rent. (Example: Section 8, Continuum of Care, Public Housing, etc.)  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- I understand that I am applying for Emergency Rental Assistance from Maryland Rural Development Corporation. I certify to Kent County that I am qualified to receive Emergency Rental Assistance Program funds and I understand the guidelines for the program. I further understand that Kent County will seek to prosecute me to the fullest extent of the law and take other actions to recover all funds and penalties should I misrepresent any information on my application, knowingly accept funds for which I am not entitled, or otherwise attempt to defraud or abuse the Emergency Rental Assistance Program.  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- I understand that I must provide all verification documents when turning in the completed application to be considered for assistance.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (Print): \_\_\_\_\_



**Applicant Affidavit**

I/We understand that the information provided above is collected to determine if I/we are eligible to receive assistance provided through the federally funded Community Development Block Grant Program. I/We hereby certify that all information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of rental assistance and is punishable under federal law. I/We authorize MRDC and any duly authorized representatives to verify all information provided in this application. I/We understand that additional information will likely be required to move forward with this application for funding.

I/We acknowledge and understand that Title 18, Section 1001 of the U.S. Code (1) makes it a violation of Federal Law for a person to knowingly and willfully (a) falsify, conceal or cover up a material fact; (b) make any materially false, fictitious or fraudulent statement or representation; or (c) make or use any false writing or document knowing it contains a materially false, fictitious or fraudulent statement or representation, to any branch of the United States Government including recipients who distribute federal funds, and (2) requires a fine, imprisonment for not more than five years or both, which may be ruled a felony, for any violation of such section.

I/We also understand that if my request for assistance of approved that this information will be shared with Kent County, the State of Maryland and the U.S. Department of Housing and Urban Development.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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Internal Use Only

Date Application Submitted: \_\_\_\_\_ Date Application Determined Complete: \_\_\_\_\_