



**Maryland Association of Social Services Boards Foundation
(MASSB)
Charles County Department of Social Services**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
EMERGENCY RENTAL ASSISTANCE APPLICATION**

Application # _____

Applicant Name:		
Co-Applicant Name:		
Property Address:		
Mailing Address:		
City:		Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Email:		
Section 2 - Rental Information		
Check applicable unit: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Trailer <input type="checkbox"/> Other		
How long have you lived in this rental unit:		
Do you live in housing owned and managed by a public housing authority:		
Is the lease current:	When does the lease end:	
What is the monthly rent:		
Do you receive federal funds for rental assistance:		
When was your last rent payment paid:		How much is owed:
Section 2 – Landlord Information		
Name:		
Address:		
Contact Person:		Phone:
Has the landlord started evictions proceedings against you: If yes, explain:		
If yes, did you receive an eviction notice prior to March 16, 2020:		



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Section 3 – Household Information				
How many persons live in your household?				
What is the marital status of applicant(s)?				
List the Head of Household and all other persons living in the household. Indicate relationship to Head of Household.				
Household Member Name	Relationship to Head of Household	Gender	Date of Birth	Social Security Numbers
1.	<i>Head of Household</i>			
2.				
3.				
4.				
5.				
6.				
7.				
Race of Head of Household:				
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> American Indian/Alaskan Native and Black/African American and White				
Ethnicity of Head of Household:				
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino				
Section 4 – Income Information				
List the <i>current</i> income of applicant(s) and 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, TANF, Social Security, pensions, and other government benefits including unemployment payments.				



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Household Member Name	Sources of Income (include employer name)	Rate of Pay	Payment Basis (hourly, weekly, monthly, etc.)
1.			
2.			
3.			
4.			
5.			
6.			

What was your total household income prior to loss of job(s) or hours due to the COVID crisis:

Provide information on Savings and Checking 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.			



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3.			
4.			
5.			
6.			
7.			
Section 5 – Other Assistance - Duplication of Benefits			
<p>Have you received funds to be used for rental assistance since March 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? From who? How much?</p>			

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 the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of household assistance and is punishable under federal law. I/We authorize _____ 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 is approved that this information will be shared with _____ County, the State of Maryland and the U.S. Department of Housing and Urban Development.



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Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Internal Use

Date Application Submitted: _____ Date Application Determined Complete: _____

APPLICATION CHECKLIST

All applicable information must be submitted for an application to be determined to be complete.
Attach all relevant documents:

- Valid photograph identification for applicant(s)
- Copy of the Lease which includes tenants names which must match applicant(s)
- Letter from landlord identifying delinquency, if any
- Copy of landlord W-9 Form
- Copy of landlord's rental license
- Copy of last tax return filed for applicant(s)



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- Documentation from former or 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 last two months of checking and saving bank statements or 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 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 if applicable
- Copies of unemployment benefits for each affected member of the household

APPLICANT APPROVAL FORM

1. Annual HH Income Prior to March 1, 2020 :
2. Annual HH Income Determination at time of application:
3. Is HH income listed in Question 2 higher than HH income listed in Question 1? If yes, there is no unmet need and application must be denied. If no, then proceed to Question 4.



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4. Does the applicant(s) owe more than three months of rent? If no, proceed to Question 6.	
5. If answer to Question 4 is yes, will landlord accept payment and agree not to evict applicant(s)? If yes, proceed to Question 6. If no, application must be denied.	
6. Was unit inspected and found to be safe and habitable?* If yes, applicant(s) may be approved. If no, application must be denied.	
7. Application: ___ Approved OR ___ Denied	Date:
8. Date Payment Made to Landlord:	
Household Income Information: ___ Below 30% AMI ___ Between 31-50% AMI ___ Between 51-80% AMI	

Determination Prepared by: _____

Date: _____

***Required question if County does not have a rental license inspection requirement**