



Application for Emergency Rental Assistance

Must be A Resident of Harford County

*Harford County Department of Housing & Community Development
Applications can be dropped off at our office 15 S. Main St. Bel Air, Md
21014 Or emailed to commdev@harfordcountymd.gov*

TENANT INFORMATION			
Last Name	First Name	Birthdate	Social Security Number
Street Address	City	Zip	County
Phone	Email Address (if available)		Date
HOUSEHOLD			
Number of Adults	Number of Children under 18	Length at Current Address ____ Years ____ Months	
1. Are you a current resident of Harford County			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do we have permission to communicate with your landlord			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has anyone in your household experienced financial hardship which may include, but not limited to, a period of unemployment, a decrease in household income, or had increased household costs?			
4. Was this financial hardship due, directly or indirectly, to COVID-19? 5. Please provide details below:			
6. Did the financial hardship occur during a time of COVID (after 3/13/2020) and up to today?			<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is anyone in your household at risk of homelessness or housing instability (if you were evicted for past due rent would you be at risk of homelessness?)			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you a current Section-8 voucher client or the client of any other subsidized housing program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please consult your housing analyst or program administrator.</i>			
9. Has any household member received any federal or help from any source including Non-profits for rental assistance in the past year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please complete the table below			
	PROGRAM NAME	# MONTHS RECEIVED	\$ AMOUNT RECEIVED

Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you elderly or disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has anyone in the household been a victim of domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Citizenship	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Temporary Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Other: _____	
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Race (check all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	
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Ethnicity	Gender
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Source Of Income

FOR ANY INDIVIDUAL IN YOUR HOUSEHOLD WHO IS 18 OR OLDER. Does anyone in your household have any income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, check all that apply, list income you received in the last 30 days, and provide copies with this application.

<input type="checkbox"/> Commissions	<input type="checkbox"/> Money paid to you for rent	<input type="checkbox"/> Social Security
<input type="checkbox"/> Dividends	<input type="checkbox"/> Money paid to you for room or board	<input type="checkbox"/> Support
<input type="checkbox"/> Gambling/Lottery	<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Unemployment
<input type="checkbox"/> Guardian Fees	<input type="checkbox"/> Sick Benefits	<input type="checkbox"/> Union Pay
<input type="checkbox"/> Money earned from babysitting	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Veteran Benefit
<input type="checkbox"/> Money for training	<input type="checkbox"/> Wages from employment	<input type="checkbox"/> Pensions
<input type="checkbox"/> Money paid to you for loans	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Other: _____

List all Household Members	Income Type/Source /Name of Employer	Income/Pay/ How much?	How often paid	Date of most recent payment

TENANT HOUSEHOLD EXPENSES

Rent	Monthly \$ _____	Arrears \$ _____
Electric	Monthly \$ _____	Arrears \$ _____
Gas	Monthly \$ _____	Arrears \$ _____
Oil	Monthly \$ _____	Arrears \$ _____
Propane	Monthly \$ _____	Arrears \$ _____
Coal/Wood/ Other	Monthly \$ _____	Arrears \$ _____

Trash	Monthly \$ _____	Arrears \$ _____
Water/Sewer	Monthly \$ _____	Arrears \$ _____

NOTES:

INCOME LIMITS – EFFECTIVE October 1, 2022

Persons in Family	<i>Extremely Low Income 30% of Median</i>	<i>Very Low Income 50% of Median</i>	<i>Low Income 80% of Median</i>
1 Person	\$24,400	\$40,650	\$62,600
2 Person	\$27,900	\$46,450	\$71,550
3 Person	\$31,400	\$52,250	\$80,500
4 Person	\$34,850	\$58,050	\$89,400
5 Person	\$37,650	\$62,700	\$96,600
6 Person	\$40,450	\$67,350	\$103,750
7 Person	\$43,250	\$72,000	\$110,900
8 Person	\$46,630	\$76,650	\$118,050

REQUIRED VERIFICATION

Please provide the following documents and sign attached release of information for ALL household members 18 years and older, so that we can continue to process your application:

- Proof of termination/furlough of employment and explain how the COVID-19 pandemic has impacted your household income.
- Last three pay stubs prior to job loss or decrease in employment
- Most recent bank statement (all pages) for all asset accounts
- Verification of benefits within the last 30 days (Unemployment, SNAP, TCA, SSI, Social Security, Child Support, etc...) – approval or denial letter from MD Unemployment
- W-2/1099 tax forms for 2022
- Eviction notices or correspondence from Landlord indicating the tenant is in arrears and amount owed
- Fully executed rental/lease agreement and rental addendums
- Most recent utility bills
- Photo ID/identifications for all adult members of household

ACKNOWLEDGEMENT

I hereby certify that the information provided on the attached Harford County Emergency Rental Assistance Application is true, accurate, and complete, including the reporting and documentation of any previous rental assistance I have received. I hereby acknowledge that knowingly providing false statements, misrepresentations, or fraudulent documents will result in the automatic denial of my application for rental assistance and the denial of any future rental assistance programs administered by Harford County, Maryland.

Signature of Applicant

Date

<i>HARFORD COUNTY HOUSING & COMMUNITY DEVELOPMENT USE ONLY</i>		
Authorization Information	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: _____
Amount of Assistance Provided		
Rental Assistance: \$ _____ Rental Arrears: \$ _____		
TOTAL: \$ _____		
Number of months covered with: Rental Assistance _____		
Household Income Level:		
<input type="checkbox"/> Does not exceed 30% of the area median income for the HH		
<input type="checkbox"/> Exceeds 30% but does not exceed 50% of the area median income for the HH		
<input type="checkbox"/> Exceeds 50% but does not exceed 80% of the area median income for the HH		
Notes: <input type="checkbox"/> Used 2022 annual calculation for eligibility <input type="checkbox"/> Used monthly income at the time of application		