



City of Bowie Covid-19 Emergency Rent Assistance Application

Instructions

1. Read and respond to each question carefully.
2. All fields must be completed or have N/A written in.
3. All Required Documents listed on page 2 must be included with application.
4. Place completed and signed application and required document in a SEALED envelope. On the outside of the sealed envelope, write: ERA Application, your name, your address, date.

Submit application with ALL required documentation to:

City of Bowie
15901 Excalibur Road
Bowie, MD 20716

5. Within 3 (three) business days from the date you drop off your documents to the City of Bowie, the ERA processor will confirm receipt **via email** of your application and required supporting documents via email. If any required documents are missing, you will be notified at that time. Applications are assessed on a first come first served basis, and an application will not be considered complete and ready for review until all documents have been provided.
6. Once your application and all required supporting documents have been received, you will receive a confirmation that your application is complete. It will take up to 15 business days for a determination to be made.
7. It is important that you monitor your email closely for any updates.

Program Summary

The City of Bowie COVID-19 Emergency Rent Assistance Program provides short-term rental assistance to eligible households who have lost income due to the COVID-19 pandemic and caused them to fall behind on their rent. While funds are available, the program will provide up to one month's rent to eligible households to cover the cost for back rent (arrear).

Payments

While funds are available, the program will provide up to one month's rent to eligible households to cover the cost for back rent (arrear). If you are eligible, the rent assistance check will be mailed directly to the property owner as a credit against your rent bill.

Tenant Eligibility

In order to receive financial assistance through the ERAP, tenant households must meet the following requirements:

- Must be a resident of City of Bowie, Maryland;
- Must be experiencing a rental hardship (rent arrears);
- Must be able to document that the hardship is a direct result of COVID-19;
- Must be current on rent as of March 31, 2020, and
- Income must be at or below 80% of the Area Median Income:

Family Size	80% Area Median Income
1	\$55,750
2	\$63,700
3	\$71,650
4	\$79,600
5	\$86,000
6	\$92,350
7	\$98,750
8	\$105,100

Required Documents

A hard copy application will not be considered complete unless it includes:

- **Completed Application** (attached)
- **Photo Identification:** Copy of a Driver's License, Photo ID, or passport for each adult member.
- **Social Security cards:** Copy of SS card for each household member.
- **Lease:** First and signature pages.
- **Rent Ledger:** Obtain up-to-date rent ledger from landlord.
- **Landlord's IRS Tax Form W-9:** Obtain W-9 from landlord.
- **Proof of loss of income due to Covid-19:** Notice or email from employer documenting job loss, furlough, closure, reduction in hours, or other documentation that supports your loss of income due to Covid-19.
- **Proof of income for past 30 days:** Bank statements (ALL PAGES), paystubs, unemployment insurance, and/or SS award letters for each adult member of the household.

Questions:

- Contact: Emergency Rent Assistance Specialist, Paola Villatoro, at era@hiphomes.org
- Refer to www.hiphomes.org/bowieERA for additional information

Applicant's Household Information			
Applicant Full Name:			
Address, include Apt. #:			
Phone Number:		Email:	
Date of Birth:		Gender:	
Ethnicity:	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Decline to Answer
Race:	<input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Asian <input type="checkbox"/> Other Race	<input type="checkbox"/> Black/ African American <input type="checkbox"/> Decline to Answer
Total # people in Household?			
	Name	Date of Birth	Relationship
Household Member #1			
Household Member #2			
Household Member #3			
Household Member #4			
Household Member #5			
Household Member #6			
Household Member #7			
Household Member #8			
Income & Income Loss Self-Certification			
Have you experienced a loss of income related to COVID that has prevented you from paying your rent? (reduction in hours, loss job, etc.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: Explain details of loss of income due to Covid-19			
If yes: What is the name of the employer where income was lost?			

If yes: Include dates income loss/reduction occurred			
If yes: Did the household member who lost income apply for and receive unemployment benefits? Indicate dates and amounts:			
Total income of the household for the past 30 days? Include all sources for each household member - employment, unemployment, child support, temporary cash assistance, social security, etc.			
Rental Information			
Do you have a formal lease with your landlord/property? (A signed document between you and the landlord that clearly states terms and rent.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide the full name of the property where you lease, or landlord's name. If a private landlord, please also provide contact information for the landlord, and note if landlord lives at the same home/apt.			
What is your monthly rent?			
How much do you owe in rent to the property/landlord? If you do not know the exact amount, please estimate as close as possible.			
Do you currently have a summons from the District Court to appear for an eviction hearing? Or have you received a notice from the Sheriff's Office noting an eviction is imminent? This does not include notification from your landlord that they are filing for an eviction.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
For any follow-up, including written requests, do you need information provided in any language besides English?			
Signature			
I hereby certify that the information given is complete and accurate to the best of my knowledge. I understand that I may be required to present records and documents to support the information provided. I understand that the inaccurate or incomplete information reported could affect my rental assistance benefit(s) approval or could cause them to change. By typing my name in the applicant signature field, I indicate that I am the named person, and this entry is the legal equivalent of a manual/handwritten signature. I further understand that I can request a copy of this form to print and sign.			
Signature Household Member #1:		Date:	
Signature Household Member #2:		Date:	