



HOUSING SERVICES

Carroll County Emergency Rental Assistance Program

Application for Assistance

WHO CAN APPLY FOR ASSISTANCE?

Carroll County renters who experienced a financial hardship and have a household income below 80% of the Area Median Income (see table below). Additional funding may be available for households with income below 200% of the Federal Poverty Level.

Examples of financial hardships are listed below:

- Wages or hours reduced
- Currently am or have been unemployed
- Sick and unable to work
- Loss of child or spousal support
- Caring for children home from school or daycare
- New or increased healthcare costs
- Remote or at-home work expenses
- Childcare expenses
- Increased food or delivery expenses
- Penalties, fees, or legal costs due to rental or utility arrears
- At home care for a household member ill from COVID-19
- Purchasing personal protective equipment (PPE) including masks

Income Limit	
Number of Household Members	Gross Annual Income
1	\$55,950.00
2	\$63,950.00
3	\$71,950.00
4	\$79,990.00
5	\$86,300.00
6	\$92,700.00
7	\$99,100.00
8	\$105,500.00

- Air quality (filters, ventilation) expenses
- Payments made by credit card or payroll loan to avoid homelessness
- Transportation expenses

WHAT CAN THE PROGRAM HELP WITH?

- Back Rent Assistance
- Rent Assistance**
- Back Utility Assistance*
- Utility Assistance*

*All households requesting Utility Assistance must first apply to the Office of Home Energy Programs (OHEP). You can apply to OHEP online by visiting <https://myohepstatus.org/>.

**Households receiving assistance through the Housing Choice Voucher (HCV) program are not eligible for future rent assistance.

WHAT NEEDS TO BE SUBMITTED WITH THE APPLICATION?

- Proof of all gross (pre-tax) income for all adults in the household for the last 30 days. Any adults who received no income in the 30 days prior to application submission must sign a Declaration of Zero Income form.
- Rental/Lease agreement – must be current and signed by Landlord and Applicant
- Unpaid utility bill or utility shut-off notice (only required if applying for utility payment assistance)
- Proof of a financial hardship (written attestation/self-certification may be accepted in-lieu of documentation)
- Verification of Rental/Utility Arrears and W-9 Tax Form to be completed by the landlord (included in packet)

HOW TO TURN IN YOUR APPLICATION

- Drop off a complete application at HSP at 10 Distillery Drive, Suite G-1, Westminster, MD between the hours of 9 am and 4 pm Monday – Friday.
- Scan in the complete Application Packet and email to renthelp@hspinc.org
- Mail the complete Application Packet to Human Services Programs of Carroll County, Inc. at P.O. Box 489 Westminster, MD 21158



Universal Data Elements Intake Form

Staff	
Need	
Verified	

Client Information

Client Name	First	MI	Last
Gender Box A	<input type="checkbox"/> M (1) <input type="checkbox"/> Transfemale (3) <input type="checkbox"/> F (2) <input type="checkbox"/> Transmale (4) <input type="checkbox"/> Gender Non-conforming (5) <input type="checkbox"/> Questioning (6)		Marital Status Box B <input type="checkbox"/> Married (1) <input type="checkbox"/> Separated (4) <input type="checkbox"/> Single (2) <input type="checkbox"/> Widowed (5) <input type="checkbox"/> Divorced (3)
Social Security Number			Date of Birth MM / DD / YYYY
Home Address	City/State/Zip		
Mailing Address	City/State/Zip		
Phone #			Email
Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No	Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Insurance Box C	<input type="checkbox"/> None(1) <input type="checkbox"/> Medical Assistance(2) <input type="checkbox"/> Private(3) <input type="checkbox"/> PAC(4) <input type="checkbox"/> Medicare(5) <input type="checkbox"/> VA(6) <input type="checkbox"/> Indian(7) <input type="checkbox"/> Other(8)		Transportation Problem Box E <input type="checkbox"/> Frequently <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Unknown
Ethnicity Box D	Are you Hispanic/Latino? <input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N)	Race(s) Box E <input type="checkbox"/> White (1) <input type="checkbox"/> Black, African-American, African (2) <input type="checkbox"/> Asian or Asian American (3) <input type="checkbox"/> American Indian/Alaska Native (4) <input type="checkbox"/> Native Hawaiian/Pacific Islander (5)	

Part 2. Household Information

Please complete information for all Household Members. Use codes from Boxes A, B, C, D, and E above

Name	First	MI	Last	Gender (Box A)	Relationship to you	
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	/ /	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Name	First	MI	Last	Gender (Box A)	Relationship to you	
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	/ /	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Name	First	MI	Last	Gender (Box A)	Relationship to you	
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)	Ethnicity (Box D)	Race(s) (Box E)
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	/ /	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Part 2 Continued							
Name	First	MI	Last	Gender (Box A)		Relationship to you	
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)		Ethnicity (Box D)	Race(s) (Box E)
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	/ /	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Name	First	MI	Last	Gender (Box A)		Relationship to you	
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)		Ethnicity (Box D)	Race(s) (Box E)
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	/ /	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Name	First	MI	Last	Gender (Box A)		Relationship to you	
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Date of Birth	MM / DD / YYYY	SSN		Marital Status (Box B)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Disability	Veteran	Pregnant	Due Date if Yes	Medical Ins. (Box C)		Ethnicity (Box D)	Race(s) (Box E)
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	/ /	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

Client Acknowledgement of Data Entry into Community ServicePoint System

The Community ServicePoint System (CSP) is used by provider agencies to record information about clients that they serve. This information helps the agencies to plan for and provide services to clients. This information also can be shared among agencies, if you, the client, agree in order to improve the coordination and delivery of your services.

By signing this document you are:

- Acknowledging that demographic information about you and your family will be entered into the Community ServicePoint (CSP)
- Allowing basic demographic information and HUD required programmatic data about you/your family to be shared with other CSP participating providers (Human Services Program, Carroll County Health Department, Access Carroll, Carroll County Youth Service Bureau, Carroll County Bureau of Aging, Carroll County Department of Citizen Services, Westminster Rescue Mission).
This information includes your name, ssn, contact information such as phone number, address, and email address, along with, age, race, nationality, disability status, veteran, medical insurance status, and all HUD required client information. Sharing of this information will allow you to be served by other agencies without repeating the same information about yourself/your family. Other information will not be shared without your written approval. Your approval or disapproval does not affect your eligibility status.
- If you do not wish to share information with a particular agency or agencies, please advise who:

Client's Signature

Date Signed

Effective Date

Other Party
(Client is minor or requires guardian)

Relationship to Client

End Date

FOR HSP OFFICE STAFF ONLY:
Client ID: _____
HSP Staff: _____
Date: _____



COMMUNITY SERVICEPOINT UNIVERSAL DATA ELEMENTS
Income Data and Sources for Household

Household Name: _____ Date: _____

ALL ADULTS (18 and over) IN THE HOUSEHOLD MUST COMPLETE INCOME DATA BELOW:

Source of Income (round to nearest dollars)	HoH Name:	Adult 2 Name:	Adult 3 Name:
Earned Income (i.e., employment income)	\$	\$	\$
Unemployment Insurance	\$	\$	\$
Supplemental Security Income (SSI)	\$	\$	\$
Social Security Disability (SSDI)	\$	\$	\$
VA Service-Connected Disability Compensation	\$	\$	\$
VA Non-Service-Connected Disability Pension	\$	\$	\$
Private Disability Insurance	\$	\$	\$
Worker's Compensation	\$	\$	\$
Needy Families (TANF/TCA)	\$	\$	\$
General Assistance (GA/TDAP)	\$	\$	\$
Retirement Income from Social Security	\$	\$	\$
Pension/Retirement Income from a Former Job	\$	\$	\$
Child Support	\$	\$	\$
Alimony or Other Spousal Support	\$	\$	\$
Other Source(s):	\$	\$	\$
Total Monthly Income from All Sources	\$	\$	\$
Supplemental Nutrition Assistance Program (SNAP)	\$	\$	\$
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	\$	\$	\$
TANF or Other Child Care Services	\$	\$	\$
TANF or Other Transportation Services	\$	\$	\$
Other Source(s):	\$	\$	\$

The below signature(s) indicate this information is accurate to the best of my knowledge.

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date



HOUSING SERVICES

Carroll County Emergency Rental Assistance Program Financial Hardship Certification

Participant Name: _____

Date: _____

1. Have you experienced a financial hardship during the COVID-19 pandemic (March 12, 2020 – Present)?

Yes, I experienced a financial hardship during the pandemic.

No, I did not experience a financial hardship during the pandemic.

2. If you answered yes to question 1, was your financial hardship caused by the COVID-19 pandemic?

Yes, my financial hardship was caused by the COVID-19 pandemic.

No, my financial hardship was not caused by the COVID-19 pandemic.

3. If you answered yes to question 1, please describe your financial hardship in the space provided below.
Please attach additional pages if more space is needed.

4. Can you provide supporting documentation that verifies your financial hardship?

Yes, I can provide supporting documentation to the Case Worker.

No, I cannot provide supporting documentation.

My signature below certifies that all information provided above is correct and complete to the best of my knowledge. I understand that providing false statements or information is grounds for termination of assistance and is punishable under federal and state law. I understand services are not guaranteed and are dependent upon whether requirements are met to determine eligibility.

Signature

Date



HOUSING SERVICES

Carroll County Emergency Rental Assistance Program Assistance Agreement

Check each type of assistance requested:

- | | |
|---|--|
| <input type="checkbox"/> Back-Rent Assistance | <input type="checkbox"/> Outstanding Utility Payments |
| <input type="checkbox"/> Current/Future Rent Assistance | <input type="checkbox"/> Current/Future Utility Payments |
| <input type="checkbox"/> Rent Late Fee/Court Fee Assistance | <input type="checkbox"/> Security Deposit Assistance |

Please initial next to each of the following statements:

_____ I certify that all the information provided in the application is correct and complete to the best of my knowledge. This includes information regarding my household, income, rental obligation, housing instability, and financial hardship. I understand that providing false statements or information is grounds for termination of assistance and is punishable under federal and state law.

_____ I certify that my household has not received assistance from another program for the same costs that I am requesting assistance for.

_____ I understand that I need to provide all requested documentation within 30 days of submission or my application for assistance will be denied.

_____ I understand assistance is not guaranteed and is based on the eligibility requirements described on the application cover page.

_____ I acknowledge that the assistance I receive may not cover the entire amount owed and I am responsible for paying what is not covered by the assistance.

_____ I understand that the information in my application will be shared with the Carroll County's Department of Citizen Services, the State of Maryland, and the US Treasury. I consent to the program sharing my information with legal aid providers, the District Court of Maryland, my local Sheriff's Office, and the Carroll County Housing Stability Program to the extent it is needed to postpone or prevent my household's eviction. I consent to the program sharing my information with my landlord, utility company, Carroll County Bureau of Housing, Westminster City Housing, or other payee to confirm amounts owed and process payment of assistance. I consent to the program sharing my information with local community resources to obtain additional assistance if needed.

_____ I certify that any payment of funds made directly to me for will be used for the intended purpose. If I am unable to pay my landlord or utility company with the funds, I will contact the program to seek guidance on alternative uses of funds. I understand that not using funds for the intended purpose may disqualify me from future assistance.

_____ If I receive any assistance, I will have the opportunity to openly discuss my budget and new strategies to manage my income while making appropriate spending choices, and I will have the opportunity to engage with HSP's Financial Education Services.

_____ I agree to apply for Energy Assistance Services if I am seeking assistance with Utility expenses.

By signing this agreement, I acknowledge that I understand how HSP can supply housing assistance and I understand my role in the process.

Participant Signature: _____

Date: _____

Case Worker Signature: _____

Date: _____



NEEDS ASSESSMENT

NAME: _____ STAFF COMPLETING: _____
 DATE: _____

This assessment is used to help us get to know you. This will help us provide services and refer you to community partners.
 Directions: Please mark the statement that best describes your current situation in each column.

(1) Housing Status	(2) Health Status	(3) Income Status	(4) Substance Abuse Status	(5) Mental Health Status
<input type="checkbox"/> Residence with safe, acceptable housing and without financial aid/support <input type="checkbox"/> Safe, acceptable, funded housing (ex. Section 8/HUD) <input type="checkbox"/> Behind on rent (but no official notice) <input type="checkbox"/> Couch surfing	<input type="checkbox"/> Health is excellent; no chronic disease, no pain, easy access to healthcare <input type="checkbox"/> Health insurance/provider meets all of health needs <input type="checkbox"/> Health is good, some health conditions, but receiving healthcare <input type="checkbox"/> Health insurance/provider meets most of health needs <input type="checkbox"/> Health is stable, several health conditions, but receiving care from multiple doctors, mostly able to manage care <input type="checkbox"/> Health insurance/provider meets some health needs	<input type="checkbox"/> Permanent full-time employment with livable wage and full benefits/retirement/disability <input type="checkbox"/> Employment with Livable wage without full benefits and paying bills on time <input type="checkbox"/> Employment w/some outside financial support services (i.e. government assistance, social security, food stamps, food pantry, etc.) <input type="checkbox"/> Not enough employment income to meet basic needs; Outside financial support services necessary (i.e. government assistance, social security, food stamps, food pantry, etc.)	<input type="checkbox"/> No history of substance abuse <input type="checkbox"/> No substance abuse in the past 5 years or more <input type="checkbox"/> No substance abuse in the past 1-5 years and engaged in sobriety support <input type="checkbox"/> No substance abuse in the past 6 months -- 1 year and engaged in sobriety support <input type="checkbox"/> Substance abuse in the past 6 months <input type="checkbox"/> Relapse in the past 6 months <input type="checkbox"/> Actively seeking treatment or substance abuse support services	<input type="checkbox"/> No history of mental health issues <input type="checkbox"/> Some history of mental health issues <input type="checkbox"/> Long history of mental health issues; currently does not impact everyday life <input type="checkbox"/> Frequent mental health issues; currently makes everyday life difficult to manage <input type="checkbox"/> Actively seeking treatment or mental health support services
<input type="checkbox"/> Facing eviction/ set out from home within 14 days <input type="checkbox"/> Currently residing in a shelter <input type="checkbox"/> Released from jail/prison/institution within the last 90 days <input type="checkbox"/> Sleeping in a car <input type="checkbox"/> Sleeping in the woods <input type="checkbox"/> Sleeping in an area not meant for human beings	<input type="checkbox"/> Receiving treatment for an ongoing illness/diagnosis by a medical specialist <input type="checkbox"/> Used the ER more than 1 time in the past 90 days <input type="checkbox"/> Not taking medication as prescribed/ doesn't have medication <input type="checkbox"/> Has a chronic and severe health diagnosis with liver, kidneys, stomach, lungs, heart, or HIV/AIDS <input type="checkbox"/> Stayed overnight in the hospital within the last 90 days <input type="checkbox"/> Unable to meet medical needs without help	<input type="checkbox"/> No employment or income	<input type="checkbox"/> Currently abusing alcohol <input type="checkbox"/> Currently abusing drug(s) <input type="checkbox"/> Recent substance use, but not seeking or participating in treatment	<input type="checkbox"/> Feeling pressure to harm self or others <input type="checkbox"/> Current mental health diagnosis or symptoms, but not seeking or participating in treatment

(6) Well-Being Status	(7) Education Status	(8) Basic Needs Status	(9) Financial Status	(10) Family Status
<input type="checkbox"/> Feels safe and secure <input type="checkbox"/> Has ongoing community, family, or friend support	<input type="checkbox"/> Completed post-secondary training or specialized employment training (certificate program, associates, bachelors, etc.) <input type="checkbox"/> Enrolled in post-secondary training, technical or professional training, college/has some college credits	<input type="checkbox"/> I feel in control of my household <input type="checkbox"/> I have daily, planned activities that make me feel happy and fulfilled <input type="checkbox"/> Independently meets basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.) <input type="checkbox"/> Independently maintains daily schedule	<input type="checkbox"/> Excellent credit/ Saving for Retirement/ has emergency saving <input type="checkbox"/> Moderate credit rating/Maintaining a budget/Has some savings	<input type="checkbox"/> No dependent child <input type="checkbox"/> Independently provides consistent education, support, and structure to child(ren) <input type="checkbox"/> Currently working with agency or group to provide consistent education, support, and structure to child(ren)/has some support from family/friends
<input type="checkbox"/> Little or no community, friends, or family support <input type="checkbox"/> Used crisis service (i.e. Mobile Treatment, hospital, hotline, etc.) within the last 6 months <input type="checkbox"/> Sometimes I feel unsafe	<input type="checkbox"/> Has a GED/diploma and has basic reading, writing, and math skills	<input type="checkbox"/> Meets most basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.)/needs support to meet basic needs <input type="checkbox"/> Maintains daily schedule with support (i.e. friends, family, agency)	<input type="checkbox"/> Some debt, but able to make regular payments/Meeting current needs but not able to save	<input type="checkbox"/> Unsure if child is receiving the best services and support/would like additional resources, information, and/or support for child(ren)
<input type="checkbox"/> In the last 90 days: <input type="checkbox"/> Forced to do something for money or things? <input type="checkbox"/> Abused by someone in home or family unit <input type="checkbox"/> Victim of a crime	<input type="checkbox"/> No GED/diploma, but has some reading, writing, math skills and/or currently enrolled in literacy or diploma program	<input type="checkbox"/> Can meet a few basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.) <input type="checkbox"/> Sometimes able to maintain daily schedule	<input type="checkbox"/> Poor/No credit history <input type="checkbox"/> Owes IRS, HUD, or other government agency <input type="checkbox"/> Several unpaid bills within the last 6 months <input type="checkbox"/> No Bank Account	<input type="checkbox"/> Child experienced trauma in the last 90 days <input type="checkbox"/> Child is missing a lot of school, failing, and/or struggling to do well in school? <input type="checkbox"/> Child needs reliable daycare so parents can work
<input type="checkbox"/> I fear for my safety daily <input type="checkbox"/> I am being abused	<input type="checkbox"/> No GED/diploma and does not have reading, writing, math skills	<input type="checkbox"/> Unable to meet any basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.) <input type="checkbox"/> Unable to maintain daily schedule	<input type="checkbox"/> Unable to pay bills or make money decisions on my own	<input type="checkbox"/> Fears for child's safety <input type="checkbox"/> Child is being abused

Notes:



HOUSING SERVICES

To be completed by Landlord

Carroll County Emergency Rental Assistance Program Landlord Agreement

As the landlord for this rental unit and household, I:

- Agree to participate in the program
- Decline to participate in the program

Landlords who agree to participate in the program and receive payment directly from the Emergency Rental Assistance Program are required to meet the following terms and conditions. Please initial next to each statement:

_____ I certify that all the information provided in the application regarding my ownership of the rental property, the tenant's rental obligation, and total amount of rent owed provided in the application are correct and complete to the best of my knowledge. I understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law.

_____ I agree to cancel/rescind all eviction filings currently pending against this tenant.

_____ I agree not to file any new eviction cases for failure to pay rent for the duration of prospective rental assistance being provided through ERAP, or a minimum period of 30 days, whichever is longer.

_____ I agree to extend the tenant's lease or renew the lease if it has or is scheduled to expire prior to the end of rental assistance being provided for a period no less than the duration of prospective rental assistance.

_____ I agree to immediately stop all debt collection efforts against the tenant for arrears that will be paid off by the Emergency Rental Assistance Program, and not pursue debt collection in the future for the debt covered by the Emergency Rental Assistance Program.

_____ I certify that any payment of Emergency Rental Assistance Program funds made directly to me for the purpose of paying rent on the household's behalf will only be used for the intended purpose. If the tenant moves out prior to the end of the term of assistance, I agree to return the portion of the payment tied to the months the tenant will no longer reside in the unit.

_____ I acknowledge that the assistance I receive for the tenant may not cover the entire amount owed, and the tenant is responsible for any costs not covered by the Emergency Rental Assistance Program.

_____ I understand assistance for my tenant is not guaranteed and is based on the Emergency Rental Assistance Program eligibility requirements. If the applicant is determined to be eligible for assistance, I will receive a letter pending approval of funds letter from the Case Worker.

By signing this agreement, I acknowledge that I understand the above statements, and understand that violation of this agreement may make me ineligible to receive future payments directly from the Emergency Rental Assistance Program.

Landlord Name: _____

Tenant Name: _____

Landlord Signature: _____

Date: _____

*** To be completed by Landlord**

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your Income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

Applies to accounts maintained outside the U.S.

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

--	--	--	--	--	--	--	--	--	--	--	--

or

Employer identification number

--	--	--	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ _____

Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is Backup Withholding*, later.