Are you being evicted? Are you behind in paying rent? Apply to see if you Qualify!

If you or someone in your household have experienced a financial hardship due to COVID-19 and are behind on your rent, the Emergency Rental Assistance Program, recently established by the U.S. Treasury, may be able to help.

To Be Eligible
You must be renting in Carroll County.
You must have lost income or experienced a financial hardship due to or indirectly related to COVID-19.
Household income must be at or below 80% of area median income.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% Median Income</td>
<td>$55,950</td>
<td>$63,950</td>
<td>$71,950</td>
<td>$79,900</td>
<td>$86,300</td>
<td>$92,700</td>
<td>$99,100</td>
<td>$105,500</td>
</tr>
</tbody>
</table>

Required Documentation**
Copy of your current lease or rental agreement signed by your landlord
Proof of household income
Proof of COVID related hardship
  - Proof of unemployment claim or award letter
  - Letter from employer( furlough letter, details of reduction in hours etc.)
  - Proof of reduction in childcare due to COVID from daycare provider or children’s school
  - Proof of positive illness or quarantine or isolation order due to COVID (ex. discharge note from hospital, doctor’s confirmation)
  - Paystubs showing reduction in hours/pay (multiple paystubs required including a pre-COVID paystub)
  - If you incurred a significant cost related to COVID
Letter of delinquency or rental ledger which details the month and amounts behind on rent

** Written attestation may be accepted in lieu of documentation.

COVID-19 Emergency Rental Assistance Program (ERAP)
The ERAP program is administered by Human Services Programs of Carroll County. For additional information: 410-386-6620—renthelp@hspinc.org—www.hspinc.org.
WHO CAN APPLY FOR CCERP FUNDING?

Carroll County residents who were impacted by the COVID-19 pandemic and have a household income below 80% of the Area Median Income (see table).

At least one member of the household qualified for Unemployment Insurance benefits after March 16, 2020 or experienced a reduction in income or other financial hardship due to the COVID-19 pandemic.

<table>
<thead>
<tr>
<th>Number of Household Members</th>
<th>Gross Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$35,950.00</td>
</tr>
<tr>
<td>2</td>
<td>$53,950.00</td>
</tr>
<tr>
<td>3</td>
<td>$71,950.00</td>
</tr>
<tr>
<td>4</td>
<td>$79,990.00</td>
</tr>
<tr>
<td>5</td>
<td>$86,300.00</td>
</tr>
<tr>
<td>6</td>
<td>$92,700.00</td>
</tr>
<tr>
<td>7</td>
<td>$99,100.00</td>
</tr>
<tr>
<td>8</td>
<td>$105,500.00</td>
</tr>
</tbody>
</table>

WHAT CAN CCERP HELP WITH?

- Back Rent Assistance (12 months maximum)
- Rent Assistance (3 months at a time)
- Back Utility Assistance (12 months maximum)
- Utility Assistance (3 months at a time)

Total combined amount of assistance per household cannot exceed 15 months.

CCERP can only cover past due rent or utility bills that were due April 2020 or later.

WHAT NEEDS TO BE SUBMITTED WITH THE APPLICATION?

- Proof of income for all adults in the household
- 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 COVID related hardship (written attestation/self-certification may be accepted in-lieu of documentation)
  - Proof of unemployment claim or award letter
  - Letter from employer (furlough letter, details of reduction in hours etc.)
  - Proof of reduction in childcare due to COVID-19 from daycare provider or children’s school
  - Proof of positive illness or quarantine or isolation order due to COVID-19 (ex. discharge note from hospital, doctor’s confirmation)
- 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 CCERP 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 CCERP Application Packet and email to renthelp@hspinc.org
- Mail the complete CCERP Application Packet to Human Services Programs of Carroll County, Inc. at P.O Box 489 Westminster, MD 21158
### Part 1. Client Information

**Client Name**

<table>
<thead>
<tr>
<th>First</th>
<th>MI</th>
<th>Last</th>
</tr>
</thead>
</table>

**Gender**

- M (1)
- Transfemale (3)
- F (2)
- Transmale (4)
- Gender Non-conforming (5)

**Marital Status**

- Married (1)
- Separated (4)
- Single (2)
- Widowed (5)
- Divorced (3)

**Social Security Number**

**Home Address**

City/State/Zip

**Mailing Address**

City/State/Zip

**Phone #**

**Email**

**Homeless**

- Yes (Y)
- No (N)

**Disability**

- Yes (Y)
- No (N)

**Veteran**

- Yes (Y)
- No (N)

**Pregnant**

- Yes (Y)
- No (N)

**Due Date if Yes**

**Medical Insurance**

- None (1)
- Medical Assistance (2)
- Private (3)
- PAC (4)
- Medicare (5)
- VA (6)
- Indian (7)
- Other (8)

**Transportation Problem**

- Frequently
- Sometimes
- Never
- Unknown

**Ethnicity**

- Are you Hispanic/Latino?
  - Yes (Y)
  - No (N)

**Race(s)**

- White (1)
- Black or African-American (2)
- Asian (3)
- American Indian/Alaska Native (4)
- Native Hawaiian/Pacific Islander (5)

### Part 2. Household Information

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

**Name**

<table>
<thead>
<tr>
<th>First</th>
<th>MI</th>
<th>Last</th>
</tr>
</thead>
</table>

**Gender (Box A)**

- 1
- 2
- 3
- 4
- 5

**Marital Status (Box B)**

- 1
- 2
- 3
- 4
- 5

**Medical Ins. (Box C)**

- 1
- 2
- 3
- 4
- 5

**Ethnicity (Box D)**

- 1
- 2
- 3
- 4
- 5

**Race(s) (Box E)**

- 1
- 2
- 3
- 4
- 5

**Date of Birth**

MM / DD / YYYY

**SSN**

<table>
<thead>
<tr>
<th>Disability</th>
<th>Veteran</th>
<th>Pregnant</th>
<th>Due Date if Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>/</td>
</tr>
</tbody>
</table>

---

**Name**

<table>
<thead>
<tr>
<th>First</th>
<th>MI</th>
<th>Last</th>
</tr>
</thead>
</table>

**Gender (Box A)**

- 1
- 2
- 3
- 4
- 5

**Marital Status (Box B)**

- 1
- 2
- 3
- 4
- 5

**Medical Ins. (Box C)**

- 1
- 2
- 3
- 4
- 5

**Ethnicity (Box D)**

- 1
- 2
- 3
- 4
- 5

**Race(s) (Box E)**

- 1
- 2
- 3
- 4
- 5

**Date of Birth**

MM / DD / YYYY

**SSN**

<table>
<thead>
<tr>
<th>Disability</th>
<th>Veteran</th>
<th>Pregnant</th>
<th>Due Date if Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>/</td>
</tr>
</tbody>
</table>

---

**Name**

<table>
<thead>
<tr>
<th>First</th>
<th>MI</th>
<th>Last</th>
</tr>
</thead>
</table>

**Gender (Box A)**

- 1
- 2
- 3
- 4
- 5

**Marital Status (Box B)**

- 1
- 2
- 3
- 4
- 5

**Medical Ins. (Box C)**

- 1
- 2
- 3
- 4
- 5

**Ethnicity (Box D)**

- 1
- 2
- 3
- 4
- 5

**Race(s) (Box E)**

- 1
- 2
- 3
- 4
- 5

**Date of Birth**

MM / DD / YYYY

**SSN**

<table>
<thead>
<tr>
<th>Disability</th>
<th>Veteran</th>
<th>Pregnant</th>
<th>Due Date if Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>/</td>
</tr>
<tr>
<td>Part 2 Continued</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Name</strong></td>
<td>First</td>
<td>MI</td>
<td>Last</td>
</tr>
<tr>
<td><strong>Date of Birth</strong></td>
<td>MM / DD / YYYY</td>
<td><strong>SSN</strong></td>
<td><strong>Disability</strong></td>
</tr>
<tr>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
</tr>
<tr>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
</tr>
</tbody>
</table>

**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 about you / your family to be viewed by our partner providers. (See List)
  
  "This information includes your name and last 4 digits of your social security number, address, and email address along with age, race, nationality, disability status, veteran, and medical insurance status. Sharing of this information will allow it to be shared by other agencies without repeating basic 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."

Please select the agencies your information may be shared with:

- [ ] Access Carroll
- [ ] Carroll County Bureau of Aging
- [ ] Carroll County Department of Citizen Services
- [ ] Carroll County Department of Social Services
- [ ] Carroll County Health Department
  
- [ ] Carroll County Youth Services Bureau
- [ ] Human Services Program
- [ ] Recovery Support Services
- [ ] Westminster Rescue Mission
- [ ] I request my information Not BeShared

---

**FOR HSP OFFICE STAFF ONLY:**

- Client ID: __________
- HSP Staff: __________
- Date: __________

---

Client's Signature: ____________________________________________

Date Signed: __________

Effective Date: __________
**Income Data and Sources for Household**

10 Distillery Drive, Westminster, MD 21157  
P. O. Box 489, Westminster, MD 21158

www.hspinc.org
410-857-2999  
410-876-5407  
FAX 410-857-8793

---

**Household Name:** ____________________________  **Date:** ______________

**ALL ADULTS IN HOUSEHOLD OVER THE AGE OF 18 MUST COMPLETE INCOME DATA BELOW**

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>HoH Name:</th>
<th>Adult 2 Name:</th>
<th>Adult 3 Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Income (i.e., employment income)</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Social Security Disability (SSDI)</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>VA Service-Connected Disability Compensation</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>VA Non-Service-Connected Disability Pension</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Private Disability Insurance</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Worker's Compensation</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Needy Families (TANF/TCA)</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>General Assistance (GA)</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Retirement Income from Social Security</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Pension or Retirement Income from a Former Job</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Child Support</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Alimony or Other Spousal Support</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Other Sources</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>If yes, specify source:</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

**Total Monthly Income From All Sources**

$_________ $_________ $_________
**Source of Non-Cash Benefits** | **HoH Name:** | **Adult 2 Name:** | **Adult 3 Name:**
--- | --- | --- | ---
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 Sources | $___________ | $___________ | $___________

ALL ADULTS OVER THE AGE OF 18 THAT LISTED INCOME AND/OR NON-CASH BENEFITS MUST SIGN

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised 12.12.2018
Page 2 of 2
HOUSING SERVICES
Carroll County Emergency Rental Assistance Program
COVID-19 Financial Hardship & Unemployment Assistance

Participant Name: ___________________________ Date: ___________________________

To determine the eligibility of financial assistance, please assist us by answering the questions below:

1. What was the primary COVID-19 related financial hardship experienced in your household?
   - [ ] A member of my household qualifies/qualified for Unemployment Assistance (see question 3)
   - [ ] My household experienced a reduction in household income
   - [ ] My household incurred significant costs
   - [ ] Other (Explain)

2. What was the secondary COVID-19 related financial hardship experienced in your household? (if applicable)
   - [ ] A member of my household qualifies/qualified for Unemployment Assistance
   - [ ] My household experienced a reduction in household income
   - [ ] My household incurred significant costs
   - [ ] Other (Explain)

If applicable, you must provide supporting documentation that verifies your COVID-19 related financial hardship.

**Written attestation/Self-Certification may be accepted in lieu of documentation**

3. If you indicated above that a member of your household qualifies/qualified for Unemployment Assistance, please answer the following questions:

   When did you apply and/or start receiving unemployment? ___________________________

   Are you currently receiving unemployment payments? [ ] Yes [ ] No

   If “No,” when did you stop receiving unemployment? ___________________________

   How much do you receive each week in unemployment? $_______________

If applicable, you must provide supporting documentation that verifies you are receiving or had received Unemployment Assistance. Please provide a statement of your unemployment benefits or relevant information obtained from your unemployment account.

My signature below certifies that all information provided above is true and accurate. I understand services are not guaranteed and dependent upon whether documentation/verification requirements are met to determine eligibility.

_________________________________________ ___________________________
Signature Date
HOUSING SERVICES
Carroll County Emergency Rental Assistance Program
Request for Rent and Utility Cost Assistance

Complete the table below with each month's rent and utility costs you are requesting assistance for. You can request assistance with up to 12 months of arrears (debt) and up to 3 months of prospective assistance in each column.

The amounts must be documented with a bill, invoice, or notice to pay.

**Landlord will provide documentation for unpaid rent and/or utilities in their name**

<table>
<thead>
<tr>
<th>Month</th>
<th>Rental Assistance</th>
<th>Utility Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 13-31, 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>June 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 2020</td>
<td></td>
<td></td>
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<tr>
<td>August 2020</td>
<td></td>
<td></td>
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<tr>
<td>September 2020</td>
<td></td>
<td></td>
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<tr>
<td>October 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>November 2020</td>
<td></td>
<td></td>
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<tr>
<td>December 2020</td>
<td></td>
<td></td>
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<tr>
<td>January 2021</td>
<td></td>
<td></td>
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<tr>
<td>February 2021</td>
<td></td>
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<tr>
<td>March 2021</td>
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<tr>
<td>April 2021</td>
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<td>May 2021</td>
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<td>June 2021</td>
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<td>July 2021</td>
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<tr>
<td>August 2021</td>
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<td></td>
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<td>September 2021</td>
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<td>October 2021</td>
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<tr>
<td>November 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>December 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Request</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My signature below certifies that all information provided above, to the best of my knowledge is true and accurate. I understand services are not guaranteed and dependent upon whether documentation/verification requirements are met to determine eligibility.

_________________________________________  ______________________
Signature                                           Date
HSP gives HOPE, inspires CHANGE, and provides OPPORTUNITY by mobilizing our community in the fight against poverty. Housing Services helps participants gain and maintain housing. Housing Services work to prevent homelessness by providing referrals to community services, case management, and linking participants to housing opportunities and resources.

Select Housing Services Assistance Need:

☐ Back-Rent Assistance  ☐ Current/Future Rent Assistance
☐ Outstanding Utility Payments  ☐ Current/Future Utility Payments

I understand that:

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

- Assistance is based on the eligibility requirements described on the application cover page.

- A HSP Case Worker will follow up with me within 2-3 business days to coordinate with me and my landlord regarding the status of my application.

- I acknowledge that the assistance I receive may not cover the entire amount owed.

- If I receive any assistance, I will have the opportunity to openly discuss my budget and discuss new strategies to manage my income while making appropriate spending choices.

- I will have the opportunity to engage with HSP’s Financial Education Services.

- I agree to apply for HSP’s 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

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.

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

Approved July 2020
<table>
<thead>
<tr>
<th>(6) Well-Being Status</th>
<th>(7) Education Status</th>
<th>(8) Basic Needs Status</th>
<th>(9) Financial Status</th>
<th>(10) Family Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels safe and secure</td>
<td>□ Completed post-secondary training or specialized employment training (certificate program, associates, bachelors, etc.)</td>
<td>□ I feel in control of my household</td>
<td>□ Excellent credit/ Saving for Retirement/ has emergency saving</td>
<td>□ No dependent child</td>
</tr>
<tr>
<td>□ Has ongoing community, family, or friend support</td>
<td>□ Building some community support, but would like more</td>
<td>□ I have daily, planned activities that make me feel happy and fulfilled</td>
<td>□ Independently meets basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.)</td>
<td>□ Independently provides consistent education, support, and structure to child(ren)</td>
</tr>
<tr>
<td>□ Building some community support, but would like more</td>
<td>□ Enrolled in post-secondary training, technical or professional training, college/has some college credits</td>
<td>□ Independently maintains daily schedule</td>
<td>□ Moderate credit rating/Maintaining a budget/Has some savings</td>
<td>□ Currently working with agency or group to provide consistent education, support, and structure to child(ren)/has some support from family/friends</td>
</tr>
<tr>
<td>□ Little or no community, friends, or family support</td>
<td>□ Little or no community, friends, or family support</td>
<td>□ Has a GED/diploma and has basic reading, writing, and math skills</td>
<td>□ Some debt, but able to make regular payments/Meeting current needs but not able to save</td>
<td>□ Unsere if child is receiving the best services and support/would like additional resources, information, and/or support for child(ren)</td>
</tr>
<tr>
<td>□ Used crisis service (i.e. Mobile Treatment, hospital, hotline, etc.) within the last 6 months</td>
<td>□ In the last 90 days:</td>
<td>□ Meets most basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.)/needs support to meet basic needs</td>
<td>□ Maintains daily schedule with support (i.e. friends, family, agency)</td>
<td>□ Poor/No credit history</td>
</tr>
<tr>
<td>□ Sometimes I feel unsafe</td>
<td>□ Forced to do something for money or things?</td>
<td>□ Can meet a few basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.)</td>
<td>□ Sometimes able to maintain daily schedule</td>
<td>□ Owes IRS, HUD, or other government agency</td>
</tr>
<tr>
<td>□ Abused by someone in home or family unit</td>
<td>□ Abused by someone in home or family unit</td>
<td>□ No GED/diploma, but has some reading, writing, math skills and/or currently enrolled in literacy or diploma program</td>
<td>□ Several unpaid bills within the last 6 months</td>
<td>□ Several unpaid bills within the last 6 months</td>
</tr>
<tr>
<td>□ Victim of a crime</td>
<td>□ Victim of a crime</td>
<td>□ No GED/diploma and does not have reading, writing, math skills</td>
<td>□ No Bank Account</td>
<td>□ No Bank Account</td>
</tr>
<tr>
<td>□ I fear for my safety daily</td>
<td>□ I fear for my safety daily</td>
<td>□ Unable to meet any basic needs (eat, cook, shower, clothing, transportation, phone or internet, etc.)</td>
<td>□ Unable to pay bills or make money decisions on my own</td>
<td>□ Child experienced trauma in the last 90 days</td>
</tr>
<tr>
<td>□ I am being abused</td>
<td>□ I am being abused</td>
<td>□ Unable to maintain daily schedule</td>
<td>□ Unemployed/looking for employment</td>
<td>□ Child is missing a lot of school, failing, and/or struggling to do well in school?</td>
</tr>
<tr>
<td>□ I am being abused</td>
<td>□ I am being abused</td>
<td>□ Unable to maintain daily schedule</td>
<td>□ Child needs reliable daycare so parents can work</td>
<td>□ Child needs reliable daycare so parents can work</td>
</tr>
<tr>
<td>□ I am being abused</td>
<td>□ I am being abused</td>
<td>□ Unable to maintain daily schedule</td>
<td>□ Fears for child's safety</td>
<td>□ Fears for child's safety</td>
</tr>
<tr>
<td>□ Child is being abused</td>
<td>□ Child is being abused</td>
<td>□ Unable to maintain daily schedule</td>
<td>□ Child is being abused</td>
<td>□ Child is being abused</td>
</tr>
</tbody>
</table>

**Notes:**

Approved July 2020
HOUSING SERVICES
CARROLL COUNTY EMERGENCY RENTAL ASSISTANCE PROGRAM
VERIFICATION OF RENTAL AND UTILITY ARREARS
FAX: 410-857-8793

☐ Past Due Rent  ☐ Past Due Utilities

Date: _______________ Tenant Name(s): ______________________________________

Rental property address: _______________________________________________________

Is this subsidized housing?  ☐ Yes  ☐ No

If yes, what kind?  ☐ LIHTC  ☐ CoC PSH  ☐ Housing Choice Voucher (Sec. 8)  ☐ Public Housing

☐ Project-Based Rental Assistance  ☐ Other (Explain) ________________________________

Amount of Monthly Rent: $ ___________ Average Monthly Utility/Home Energy Cost: $ ___________

<table>
<thead>
<tr>
<th>Month Owed</th>
<th>Rent Amount Owed</th>
<th>Utility Amount Owed</th>
<th>Amount Paid by Tenant</th>
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<tbody>
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<tr>
<td>TOTAL</td>
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</table>

TOTAL AMOUNT OWED: $ ___________

Note: These funds cannot pay late fees or court fees. By signing below, the landlord agrees to waive these fees.

Landlord’s Company Name: _______________________________________________________

Mailing Address: ______________________________________________ Email: ________________

Phone Number: __________________ Fax Number: ________________________________

Landlord’s Signature: ___________________________________________ Date: ________________

* Please attach completed IRS W-9 Form

NOTE: This is not a guarantee of payment, but a request for information. If the applicant is determined eligible for assistance, you will receive a letter pending approval of funds from the case worker.
Request for Taxpayer Identification Number and Certification

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
   - Corporation, Loe Corporation, S Corporation, Partnership, Trust/estate
   - Limited liability company. Enter the tax classification (C or Corporation, S or Corporation, P = Partnership).
   - Note: Check the appropriate box in the line generally for the tax classification of the single-member owner. Do not check LLC if 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 this appropriate box for the tax classification of its owner.

4. Exemptions (codes apply only to certain entities, see instructions on page 5)
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

5. Address (number, street, and apt. or suite no.) See instructions.
   - Requester's name and address (optional)

6. City, state, and ZIP code

7. 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 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.

   Notes: 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.

   Part I

   Taxpayer Identification Number (TIN)

   Social security number

   or

   Employer identification number

   Part II

   Certification

   Under penalties of perjury, I certify that:

   1. 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
   2. 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
   3. I am a U.S. citizen or other U.S. person (defined below); and
   4. 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-DIV (dividends, including those from stocks or mutual funds)
   * Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
   * Form 1099-S (sales or qualified first-time homebuyer sales and certain other transactions by brokers)
   * Form 1099-3 (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 1098-C (canceled debt)
   * Form 1098-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.

Cat. No. 1093X

Form W-9 (Rev. 10-2018)