

Angela D. Alsobrooks
County Executive

Prince George's County

Emergency Rental Assistance Program (ERAP)

DOCUMENTATION GUIDE | HOW TO SUBMIT A SUCCESSFUL APPLICATION

Submitting a Successful Application: The Right Documents

Documents verify four criteria:

- Income Eligibility
- Rental Status
- Financial Hardship Due to COVID
- Housing Instability

Tenant Documents

Income Eligibility

For all household members age 18 and older that are not full-time college students provide these documents for **CALENDAR YEAR 2020**

1040 Tax Form

Form **1040** U.S. Individual Income Tax Return **2020**

Department of the Treasury—Internal Revenue Service (99) OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.

Your first name and middle initial: _____ Last name: _____ Your social security number: _____

If joint return, spouse's first name and middle initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. _____ Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. State: _____ ZIP code: _____ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____ You Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind

Dependents (see instructions): (1) First name: _____ Last name: _____ (2) Social security number: _____ (3) Relationship to you: _____ (4) if qualifies for (see instructions): Child tax credit: _____ Credit for other dependents: _____

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1
2a	Tax-exempt interest	2a
2b	Taxable interest	2b
3a	Qualified dividends	3a
3b	Ordinary dividends	3b
4a	IRA distributions	4a
4b	Taxable amount	4b
5a	Pensions and annuities	5a
5b	Taxable amount	5b
6a	Social security benefits	6a
6b	Taxable amount	6b
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7
8	Other income from Schedule 1, line 9	8
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9
10	Adjustments to income:	
a	From Schedule 1, line 22	10a
b	Charitable contributions if you take the standard deduction. See instructions	10b
c	Add lines 10a and 10b. These are your total adjustments to income	10c
11	Subtract line 10c from line 9. This is your adjusted gross income	11
12	Standard deduction or itemized deductions (from Schedule A)	12
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13
14	Add lines 12 and 13	14
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15

OR W-2

22222	a Employee's social security number 123-45-6789	OMB No. 1545-0008				
b Employer identification number (EIN) 11-2233444	1 Wages, tips, other compensation \$47,000.00	2 Federal income tax withheld \$4,700.00				
c Employer's name, address, and ZIP code Big Employer 123 Easy Street Washington, DC 12345	3 Social security wages \$50,000.00	4 Social security tax withheld \$3,100.00				
	5 Medicare wages and tips \$50,000.00	6 Medicare tax withheld \$725.00				
	7 Social security tips	8 Allocated tips				
	d Control number	9	10 Dependent care benefits			
e Employee's first name and initial Last name Suff. Ima B. Taxpayer 456 Main Street Philadelphia, PA 12345	11 Nonqualified plans	12a				
	13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	12b				
	14 Other	12c				
		12d				
f Employee's address and ZIP code						
15 State PA	Employer's state ID number 55-22222222	16 State wages, tips, etc. \$50,000.00	17 State income tax \$1,535.00	18 Local wages, tips, etc. \$50,000.00	19 Local income tax \$800.00	20 Locality name TGP

Form **W-2** Wage and Tax Statement
Copy 1—For State, City, or Local Tax Department

2020

Department of the Treasury—Internal Revenue Service



CALENDAR YEAR 2020 CONTINUED

Income Eligibility

OR

SAMPLE ACCOUNT STATEMENT AND BALANCING

Exercise

1 THIS FIRST BANK		
FIRST CHOICE ACCOUNT		
MANDARIN BRANCH 4444 THIS STREET ANYTOWN, STATE 00000-0000		
CUSTOMER SERVICE 24 HOURS A DAY, 888-000-0000		
JOHN Q. CUSTOMER 1234 MAIN STREET ANYTOWN, STATE 00000-0000		ACCOUNT 12345-678910 STATEMENT PERIOD 1-1-2000 TO 2-1-2000
THANK YOU FOR BANKING WITH THISFIRST		
SUMMARY OF YOUR ACCOUNTS		
CHECKING		SAVINGS
BEGINNING BALANCE	500.000	
DEPOSITS	538.68	
WITHDRAWALS	629.73	
SERVICE CHARGES/FEES	6.00	
ENDING BALANCE	794.57	
MIN BAL ON 2-1-00	54.87	
CHECKING ACTIVITY		
DEPOSITS		
POSTED	AMOUNT	DESCRIPTION
1-05	230.66	DEPOSIT
1-15	765.50	DEPOSIT
WITHDRAWALS		
CKNO	PAID	AMOUNT
106	1-16	632.75
107	1-24	35.98
108	1-26	72.43
POSTED	AMOUNT	DESCRIPTION
1-21	40.00	ATM WITHDRAWAL
1-22	20.00	ATM WITHDRAWAL
CHECKING SERVICES CHARGE AND FEE SUMMARY		
AMOUNT	DESCRIPTION	
6.00	MONTHLY SERVICE CHARGE	

OR 1099*

CORRECTED (if checked)

OMB No. 1545-0118
2020
Form 1099-NEC

Nonemployee Compensation

Copy B For Recipient

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1 Nonemployee compensation
\$

2 PAYER'S TIN RECIPIENT'S TIN

3 RECIPIENT'S name

4 Federal income tax withheld
\$

5 State tax withheld \$ 6 State/Payer's state no. 7 State income \$

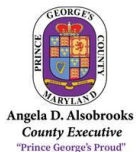
Form 1099-NEC (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

***Submit W-2 and Form 1099 as evidence of unemployment**

OR Last December paystub in 2020

My Company 123 Anystreet, Gainesville, FL 02020				Earnings Statement		
Employee Name						
Social Security No.	Pay Period	Pay Date	Employee #			
XXXX-XX-1234	1/1/2016 - 1/15/2016	1/22/2016	A1233			
Income	Rate	Hours	Current Total	Deductions	Total	YTD Total
Gross Earnings	\$14.50	40	\$580.00	FICA - Medicare	\$3.71	\$18.56
				FICA - Social Security	\$7.54	\$37.70
				Federal Tax	\$87.00	\$435.00
				State Tax	\$23.20	\$116.00
YTD Gross	YTD Deductions	YTD Net Pay	Total	Deductions	Net Pay	
\$2,900.00	\$607.26	\$2,292.74	\$580.00	\$121.45	\$458.55	

Bank statements-12 months



Income Eligibility

For all household members age 18 and older that are not full-time college students provide these documents for **CURRENT MONTH 2021**

OR Minimum 1 month of paystubs 2021

My Company		123 Anystreet, Gainesville, FL 02020		Earnings Statement		
Employee Name						
Social Security No.	Pay Period	Pay Date	Employee #			
XXXX-XX-1234	1/1/2016 - 1/15/2016	1/22/2016	A1233			
Income	Rate	Hours	Current Total	Deductions	Total	YTD Total
Gross Earnings	\$14.50	40	\$580.00	FICA - Medicare	\$3.71	\$18.56
				FICA - Social Security	\$7.54	\$37.70
				Federal Tax	\$87.00	\$435.00
				State Tax	\$23.20	\$116.00
YTD Gross	YTD Deductions	YTD Net Pay	Total	Deductions	Net Pay	
\$2,900.00	\$607.26	\$2,292.74	\$580.00	\$121.45	\$458.55	

OR Bank statements-1 month

SAMPLE ACCOUNT STATEMENT AND BALANCING
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Income Eligibility

When no documentation on income is available, provide a letter as **LAST RESORT**

DHCD will accept a letter as a self-certification of income when a household's income, or a portion thereof, is not verifiable due to the impact of COVID-19 (for example, because a place of employment has closed) or has been received in cash, or if the household has no qualifying income.

The letter must:

- Provide as much detailed explanation of income
- Be signed by the adult head of household
- Be signed by every person age 18 and older in the household

Rental Status

Current signed lease first and last page

State of _____ Rev. 133C5EE

RESIDENTIAL RENTAL LEASE AGREEMENT

This Lease Agreement (this "Agreement") is made as of this _____, by and between _____ ("Landlord") and _____ ("Tenant"). Each Landlord and Tenant may be referred to individually as a "Party" and collectively as the "Parties."

- Premises.** The premises leased is _____ located at _____ (the "Premises").
- Agreement to Lease.** Landlord agrees to lease to Tenant and Tenant agrees to lease from Landlord, according to the terms and conditions set forth herein, the Premises.
- Term.** This Agreement will be for a term beginning on _____ and ending on _____ (the "Term").
- Rent.** Tenant will pay Landlord a monthly rent of _____ for the Term. Rent will be payable in advance and due on the _____ day of each month during the Term. The first rent payment is payable to Landlord when Tenant signs this Agreement. Rent for any period during the Term which is for less than one month will be a pro rata portion of the monthly installment. Rent will be paid to Landlord at Landlord's address provided herein (or to such other places as directed by Landlord) by mail or in person by one of the following methods: and will be payable in U.S. Dollars.
- Guaranty.** _____ located at _____ ("Guarantor") promises to unconditionally guarantee to Landlord, the full payment and performance by Tenant of all financial duties and obligations arising out of this Agreement. Guarantor agrees to joint and several liability with Tenant for Tenant's financial duties and obligations under this Agreement including rent, damages, fees and costs. Guarantor further agrees that this guaranty shall remain in full force and effect and be binding on Guarantor until this Agreement is terminated.
- Late Fee.** Rent paid after the _____ day of each month will be deemed as late; and if rent is not paid within _____ days after such due date, Tenant agrees to pay a late charge of _____.
- Additional Rent.** There may be instances under this Agreement where Tenant may be required to pay additional charges to Landlord. All such charges are considered additional rent under this Agreement and will be paid with the next regularly scheduled rent payment. Landlord has the same rights and Tenant has the same obligations with respect to additional rent as they do with rent.
- Utilities.** Tenant is responsible for payment of all utility and other services for the Premises.
- Security Deposit.** Upon signing this Agreement, Tenant will pay a security deposit in the amount of _____ to Landlord. The security deposit will be retained by Landlord as security for Tenant's performance of its obligations under this Agreement. The security deposit may not be used or deducted by Tenant as the last month's rent of the Term. Tenant will be entitled to a full refund of the security deposit.

Lease Agreement (Rev. 133C5EE) 1 / 6



OR Evidence of paying utility bills

OR Bank statements and check stubs

SAMPLE ACCOUNT STATEMENT AND BALANCING
Exercise

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AMOUNT	DESCRIPTION	
6.00	MONTHLY SERVICE CHARGE	

Financial Hardships

Written documentation regarding the qualification for unemployment benefits; could include unemployment insurance approval letter or unemployment weekly benefit history

OR

Detailed explanation in Written Attestation of:

- Financial hardship
- Reduced income
- Significant costs incurred

Due directly or indirectly to COVID-19

Must be signed by adult head of household and every adult* member of the household

*Person 18 years of age and older



PRINCE GEORGE'S COUNTY COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

TENANT WRITTEN ATTESTATION OF ELIGIBILITY

INSTRUCTIONS:

Please complete one form and include the requested information for all persons in the household. Complete an additional form if the applicant needs more space. The adult head of household must sign and date the form.

PART I: ELIGIBILITY

The eligibility requirements of the Rental Assistance Program are limited to income eligible families whose annual income does not exceed 80% of the area median income, as determined by HUD. In addition to the income eligibility requirement, assistance is limited to applicants:

- Where one or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due to the COVID-19 outbreak.

Area Median Income Chart:

FY 2020 Income Limit Area	Median Family Income	FY 2020 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Washington-Arlington-Alexandria, DC-VA-MD HUD Metro FMR Area	\$126,000	Low (80%) Income Limits (\$)	55,750	63,700	71,650	79,600	86,000	92,350	98,750	105,100

To comply with program guidelines, the applicant must indicate which eligibility category applies to their household. **Do not complete the rest of this form if the household does not meet the program's income limits and one of the categories below.**

Experiencing financial hardship

I hereby certify that I have been negatively impacted by the COVID-19 pandemic and am underemployed or unemployed.

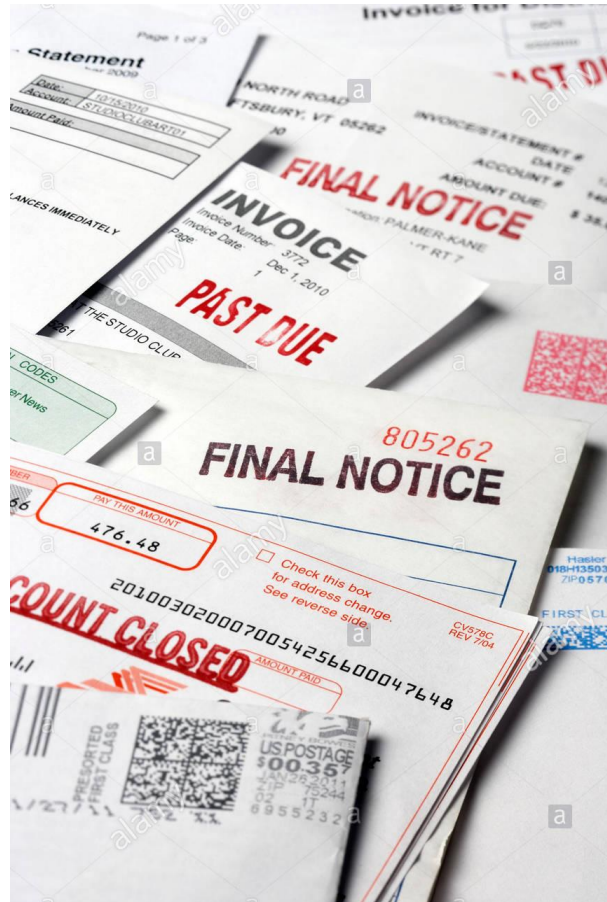
Check all of the below statements apply to you and/or members of your household:

- You have been laid off.
- Your place of employment has closed.
- You have experienced a reduction in hours of work.
- You must stay home to care for children due to closure of day care and/or school.
- You have lost child or spousal support.
- You have been unable to find employment due to COVID-19.
- Your household has qualified for unemployment benefits or experienced a reduction in household income.

Housing Instability

Past due utility bills and/or rent

OR Notice of failure to pay



This form is not printable, and cannot be completed online. This is a complex form with signatures needed on various pages. The Court requires the carbonless multi-part form, which is available from any District Court location (Baltimore City Civil forms can be found at Fayette and Gay Street location only). A sample form is provided here so you may see the information needed to complete the carbonless form.

Address _____ Date _____
 City _____ State _____ Zip _____ Mailed to Tenant
 (1) Tenant _____ (2) Tenant _____
 (3) Tenant _____ (4) Tenant _____ Constable/Sheriff _____
 Address _____ Served on Party: _____
 City _____ State _____ Zip _____

FAILURE TO PAY RENT - LANDLORD'S COMPLAINT FOR REPOSSESSION OF RENTED PROPERTY REAL PROPERTY §8-401

- The property is described as: _____, Maryland.
- Is the Landlord required by law to be licensed/registered in order to operate this premises as a rental property? Yes No. License/Registration number if applicable: _____
- The property: is affected property under §6-801, Environment Article, its registration with the MDE is current and its registration has been renewed as required, and its MDE inspection certificate numbered _____, is valid for the current tenancy; or owner is unable to state Certificate No. because property is exempt tenant refused access or to relocate/vacate during remedial work. The property is not affected.
- The Tenant rents from the Landlord who asks for possession of the property and a judgment for the amount determined to be due. This is is not a government subsidized tenancy. Tenant is responsible to pay the following amount of rent: \$ _____ due on the _____ of the _____ week, _____ month, which has not been paid or reduced to judgment. As of today, rent is due for the _____ weeks _____ months of _____ in the total amount of \$ _____. Less Tenant payments of \$ _____ for utility bills, fees, and security deposits under PU §7-309 \$ _____ Net Rent. Late charges accruing in or prior to the month in which the complaint was filed for the _____ weeks _____ months of _____ are due in the amount of \$ _____. SUBTOTAL \$ _____
- The Landlord requests rent becoming due after the date of filing, but due by the date of trial in the amount of \$ _____ TOTAL \$ _____
- The Landlord requests the Tenant's right of redemption be foreclosed due to prior judgments. List the case numbers and judgment dates within the past 12 months: _____

All the Tenants on the lease are listed above. At least one Tenant is in the military service. Verified through DOD at: _____
 No Tenant is in the military service and the facts supporting this statement are: _____
 I am unable to determine whether or not any Tenant is in the military service. <https://scra.dmdc.osd.mil/>

10. The Tenant is deceased, intestate (not having made a legal will), and without next of kin. I do solemnly affirm under the penalty of perjury that the matters and facts set forth above are true to the best of my knowledge, information, and belief.

Print Name of Signer (Landlord/Attorney/Agent) _____ Signature of Landlord/Attorney/Agent _____ Attorney Bar # / Party # _____ Date _____
 Address _____ Telephone _____
 Fax _____ Request of _____ E-mail _____ Reason _____

DISPOSITION
 The following parties appeared on final trial date: Landlord Landlord's Agent/Attorney
 Tenant 1 Tenant 2 Tenant 3 Tenant 4 Tenant's Attorney
 Judgment in favor of Landlord for possession of the premises and costs
 Rent due and unpaid: \$ _____; minus utility credits of \$ _____ under PU §7-309
 Net due and unpaid: \$ _____ by: Default Trial Consent Without the right of redemption
 Money judgment for \$ _____ plus costs against Tenant #1 #2 #3 #4
 Voluntary dismissal by: Landlord Stipulation of parties
 Case dismissed Landlord FTA No party appeared Other _____
 Judgment for Tenant
 If applicable: Landlord has violated Real Prop. §8-216(b)
 Recovery of Possession of the Property
 Actual Damages of \$ _____
 Reasonable Attorney's Fees of \$ _____ and costs _____

SUMMONS
 TO the Sheriff of this County/Constable of this Court: You are ordered to notify the tenant, assignee, or subtenant, or their known or authorized agent, by personal service, if such service is requested by the landlord, to appear in the District Court at the trial of this matter to show cause why the demand of the landlord should not be granted. Personal service is to be performed at the property subject to this complaint or at any other known address. If personal service is not requested, or if no person to be served is found on the property or at another known address, you shall affix an attested copy of the summons and complaint conspicuously on the property that is the subject of this suit and mail a copy of the summons and complaint to the tenant, assignee, or subtenant by first class mail to the address specified by the landlord. In the case of a deceased tenant, you are ordered to notify the occupant or next of kin of the deceased tenant by the same procedure, if known.

Execution stayed until _____
 Execution stayed by filing an approved appeal bond in the amount of \$ _____



Landlord Documents

Landlord Documents

Property Deed

MARYLAND SPECIAL GENERAL WARRANTY DEED

I/We _____ with a street address of _____ in the City of _____ State of _____ (the "Grantor(s)") being Married Unmarried.

For consideration paid in the amount of _____ Dollars (\$ _____), grant, convey, and remises to _____ with a street address of _____ in the City of _____ State of _____ (the "Grantee(s)") as:

Husband and wife, tenants by the entirety Joint tenants Tenants in common

A certain parcel of land with the buildings thereon situated with a street address of _____ in the City of _____ State of _____ being shown as _____ and recorded with _____ (Name of deed registry location with original description) in Book _____ and Page _____ and being bounded and described as follows:

containing _____ square feet of land, more or less.

Said premises are conveyed subject to _____

(insert any easements or restrictions that run with the land)



AND EFT/ACH Form

PRINCE GEORGE'S COUNTY MARYLAND OFFICE OF FINANCE ELECTRONIC DISBURSEMENT NOTICE

Dear County Business Partner:

The County is pleased to announce an initiative to receive future invoice payments electronically through the Automated Clearing House (ACH) Payment System. Payments can be posted directly to your business bank account. Our Accounts Payable Section will e-mail a separate advice to detail the paid invoice(s) information and to confirm the transmission date so that you can update your financial records. The County reserves the right to reverse - without prior notice - any erroneous transmissions.

As mandated by PGC CB-74-2016, effective April 1, 2017, it is required for vendors to enroll in the Automated Clearing House (ACH) or a similar electronic payment system with the County. You must also bank with a financial institution capable of processing these electronic transfers.

To enroll in this new program, please complete the enclosed Authorization for Electronic Funds Disbursement form. After the validation and processing of your form is complete (approximately 60 days after receipt), you can expect electronic payments at the designated bank until you advise us in writing to stop payments. If you are currently enrolled in the ACH Payment System and seek to update your bank information, please complete a form requesting us to "STOP" the use of existing information and a separate form requesting us to "START" the use of updated information.

Keep a copy for your records and forward the original completed form to:

PRINCE GEORGE'S COUNTY, MARYLAND
OFFICE OF FINANCE - ACCOUNTS PAYABLE
1301 MCCORMICK DRIVE, SUITE 1100
LARGO, MD 20774

If you have any questions or concerns, please contact our Accounts Payable Department by email (pgcap@co.pg.md.us) or telephone (301.952.5025). Thank you and we look forward to working with you.

Sincerely,
Robert I. Morgan
Disbursements Manager

USE THIS SAMPLE CHECK FORMAT AS A GUIDE TO DETERMINE THE ACCOUNT NUMBER AND THE NINE-DIGIT ROUTING NUMBER



Provide **IF APPLICABLE:**

- Management Agreement
- Executed Trust Document (if owned by a trust)
- Landlord Attestation in Lieu of Current Lease

Landlord Attestation in Lieu of Current Lease

Use the Landlord Attestation in lieu of current lease for month-to-month leases if the tenant's lease expired. A current signed lease is preferred, but we will accept the Landlord Attestation for a month-to-month lease or for those who sublease.

PRINCE GEORGE'S COUNTY
COVID-19 EMERGENCY RENTAL ASSISTANCE PROGRAM

LANDLORD RENTAL ASSISTANCE AGREEMENT
TENANT-BASED APPLICATION

Prince George's County
Department of Housing and Community Development
9200 Basil Court, Suite 500
Largo, Maryland 20774

Prince George's County has received and processed an application for Emergency Rental Assistance for the tenant listed below. Please complete the questions below, sign waiver and return to the ERAP Portal to complete certification. Alternatively, if applicable, you may return the completed agreement to the address listed above or via email to ERAPTenants@co.pg.md.us.

Tenant(s) Name: _____

Tenant Address: _____

Current monthly rent for address listed above: \$ _____

Is tenant unable to pay for current month rent? YES / NO

Is tenant currently in arrears for rent? YES / NO

If tenant is currently in arrears for rent, by how many months? _____

What is total amount of rent owed? _____

Have late fees or legal fees been charged to tenant to date? YES / NO

If yes, what is total amount owed?: _____

By signing this form and in exchange for the Rental Assistance Payment, as the owner or property manager for the rental unit listed above, I/we agree not to take any self-help measures, declare tenant in breach of lease for non-payment, or file any court, administrative, or other proceeding, to recover rent for (i) tenant default underlying the Owner Losses, as identified at Owner Losses Report, or (ii) any Prior Defaulted Rent, or (iii) Tenant Holdover action for a period of no less than ninety days following receipt of the rental assistance payments. Owner shall withdraw or dismiss any previously-filed proceeding relating thereto.

Additionally, by signing this form, as the owner or property manager for the rental unit listed above, I/we agree to waive late fees and legal fees in the amount of _____ if emergency rental assistance is provided for this tenant.



Angela D. Alsobrooks
County Executive
"Prince George's Proud"