

TENANT WORKSHEET FOR THE MARYLAND ASSISTED HOUSING RELIEF PROGRAM

The following information must be inputted into the application portal for each household. This worksheet can be used to collect information prior to online submission. It is for property records only and is not required to be submitted with the online application. A copy must be kept on file with the other program documents.

| Property Infori | <u>mation</u> | | | | | | | | | |
|---|---|--------------|-------------------------------|----------------|--|----------------------------|---|-----------------------------------|--|--|
| Property Name | | | | | | | | | | |
| Unit Address | | | | | | MD | | | | |
| Street | | Street | Unit # | <u> </u> | City | | State | MD State Zip | | |
| Primary Tenan | t Informatio | nn | | | | | | • | | |
| Legal Name | <u>t iiiioiiiiatii</u> | <u> </u> | | | | | | | | |
| (must match nam | e on lease) | | | | | | | | | |
| Date of Birth (MM/DD/YYYY) | _ | | | | | | | | | |
| Phone (XXX) XXX- | | | | | | | | | | |
| Email | | | | | | | | | | |
| Gender (Circle One) | Male | Female | Trans Male | Trans Femal | <u> </u> | Gender Non- nforming | Client Doesn't Know | Client Refused | | |
| Ethnicity (Circle One) | Hispanic/Latino | | Non-Hispanic/No Latino | on- | Client Do | esn't Know | Clien | Client Refused | | |
| Race (Circle One) | Black/African- American | | White | | Asian | | | American Indian/Alaskan Native | | |
| | Multiracial: American Indian/Alaskan Native & White | | Multiracial: Asian & White | | Multiracial: Black/African- American & White | | Multiracial: American Indian/Alaskan Native & Black/African American | | | |
| | Other Multiracial | | Client Doesn't Know | | Client Refused | | | | | |
| Subpopulation (Circle All That Apply) | Elderly (62 older) | and | d Disabled Hom | | ess Veterar | | Youth (under 25) | | | |
| Has an unlawful d If yes, Date petition File (MM/DD/YYYY) Next Court Hearin | d | on been file | d for this tenant wi | th in the | past year | ? | Yes | No | | |

Household Information

| Number of Persons in Household | |
|---|----|
| Total Household Income | |
| Note: Income must be below 80% of Statewide AMI based on Household Size | |
| to be eligible for the AHRP | \$ |

| Statewide Income Limits | | | | | | | | | |
|-------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--|
| Household Size | 1 Person | 2 People | 3 People | 4 People | 5 People | 6 People | 7 People | 8+ People | |
| 80% of AMI | \$55,950 | \$63,900 | \$71,900 | \$79,900 | \$86,300 | \$92,700 | \$99,100 | \$105,450 | |

Note: Households that are unable to provide documentation to verify household income for the full previous calendar year must complete this certification every 3 months. Documentation includes paystubs, W-2s or other wage statements, tax filings, bank statements demonstrating regular income, or an attestation from an employer. If the household income has been verified to be at or below 80% of the area median income through a local, state, or federal government assistance program, you may submit a determination letter from the government agency that verified the household income or the Tenant Income Certification if the determination was made withing the last 12 months.

Was household income verified for previous calendar year using paystubs, W-2s, fax filings, bank statements, or attestation from an employer? If the household is in an income restricted unit or voucher and their income was certified within the previous 12 months, then the Tenant Income Certification or letter from the PHA is sufficient documentation for this category.

Yes No

If No.

Was household income verified by confirming the household's current monthly income? Note: If Using Monthly Income you must multiply it to determine annual household income.

For example, if the applicant provides income information for two months, you should multiply it by six to determine the annual amount.

Yes No

If a household qualifies based on monthly income, you must re-determine the household income eligibility every three months for the duration of assistance.

If No,

Was household income verified by self-attestation only because the tenant was unable to provide other documentation?

Note: If a household qualifies based on self-attestation, you must re-determine the household income eligibility every three months for the duration of assistance.

Yes No

Efforts must be made to collect documentation to verify income before self-attestations can be accepted as sole income verification documentation.

Primary COVID-19 Financial Hardship: (Circle One)

Qualifies for Unemployment Reduction in Household Income

Incurred Significant Costs

Was Any Adult in Household Unemployed for Last 90 days?

Yes No

Rent Information

| Monthly Unit Rent \$ | | | | | | | | |
|---|--|-----------------------------|--|-----------|-----|--|--|--|
| Does this household receive a monthly federal subsidy (e.g., a Housing Choice Voucher, Public Housing, or Project-Based Rental Assistance) and the tenant rent is adjusted according to changes in No income? | | | | | | | | |
| If Yes, Has the tenant requested an i | Yes | No | | | | | | |
| Type of federal subsidy (Circle if Applicable) Note: Other Subsidies must b DHCD BEFORE applying | Housing Project- Choice Based Voucher Assistance | Public Housing | Ot | her | | | | |
| Delinquent Rent Requested in | n Application: | | | | | | | |
| January 2021 | \$ | January 2022 | \$ | | | | | |
| February 2021 | \$ | February 2022 | \$ | | | | | |
| March 2021 | \$ | March 2022 | \$ \$ \$ \$ \$ \$ \$ \$ \$ | | | | | |
| April 2021 | \$ | April 2022 | \$ | | | | | |
| May 2021 | \$ \$ \$ \$ \$ \$ \$ | May 2022 | \$ | | | | | |
| June 2021 | \$ | June 2022 | \$ | | | | | |
| July 2021 | \$ | July 2022 | \$ | | | | | |
| August 2021 | \$ | August 2022 | \$ | | | | | |
| September 2021 | \$ | September 2022 | \$ | | | | | |
| October 2021 | \$ | October 2022 | \$ | | | | | |
| November 2021 | \$ | November 2022 | \$ | | | | | |
| December 2021 | \$ | December 2022 | \$ | | | | | |
| Total Request: Total Months Requested: *Note = Households are only | eligible for a maximum of 18 montl | hs of assistance from FRAD | funds This in | cludes F | RAP | | | |
| funds received from county p | _ | iis of assistance from ENAF | iunus. iins iii | iciddes L | NAF | | | |
| Does rent include utilities or h | No |) | | | | | | |
| If yes, break out amounts consisting of utilities and/or home energy costs and state type of evidence of payment to the provider of utility services – bill, invoice, other (list) | | | | | | | | |