

# APPLICATION

## Household Emergency Relief Program

Opening Date: October 31, 2022

The Hyattsville Community Development Corporation (CDC) is accepting applications for the City of Hyattsville Household Emergency Relief Program (HER). This is a program created using \$1,000,000 allocated by the city from their American Rescue Plan Act (ARPA) of 2021 funding.

**The intent of this program is to assist low-to-moderate income households in the City of Hyattsville who are presumed to be harmed by the effects of the Covid-19 Pandemic.**

Eligible households will receive up to \$2,500 per adult with an additional \$1,250 for each dependent child, not to exceed \$5,000 per household. The assistance is exclusively for City of Hyattsville residents\* who are suffering financial hardship due to COVID-19.

The application takes around 20 minutes to complete.

Please read the information carefully and answer the questions on the next page.

To be eligible for assistance, you must declare under penalty of perjury, that you **are a City of Hyattsville resident, your household is within the City of Hyattsville, and are able to provide verifiable documentation of program eligibility.**

By submitting an application, you are authorizing the Hyattsville CDC and City of Hyattsville to verify all the information you provide and to request documentation to determine your program eligibility. If you provide false statements, it is an act of fraud and a violation of federal and state laws which may carry criminal or civil penalties or both.

### **Privacy Act Statement:**

The Hyattsville CDC is required by law to provide you with a copy of the Privacy Act Statement. The Privacy Act of 1974 protects your rights as to how Hyattsville CDC uses and shares your information with entities such as states, tribes, local government, and other organizations. ARPA and other laws allow Hyattsville CDC to collect information to determine eligibility and assistance.

**NOTE:** The funds for the HER program will be received on a first-come, first-served basis.

Questions: [cafagrant@hyattsvillecdc.org](mailto:cafagrant@hyattsvillecdc.org), or call 301 683-8267; 3-5pm Monday-Friday.

Online Application form: visit [www.hycdc.org](http://www.hycdc.org)



# HYATTSVILLE

Community Development Corp



Hyattsville CDC: 4314 Farragut Street Hyattsville, MD 20781

## Eligible Applicants

- Low to moderate income households within **municipal Hyattsville**; regardless of legal status (*Proof of income status will be required*); Please Note: Households with a “Hyattsville” zip code outside of the City limits are ineligible and applications from those households will not be considered.

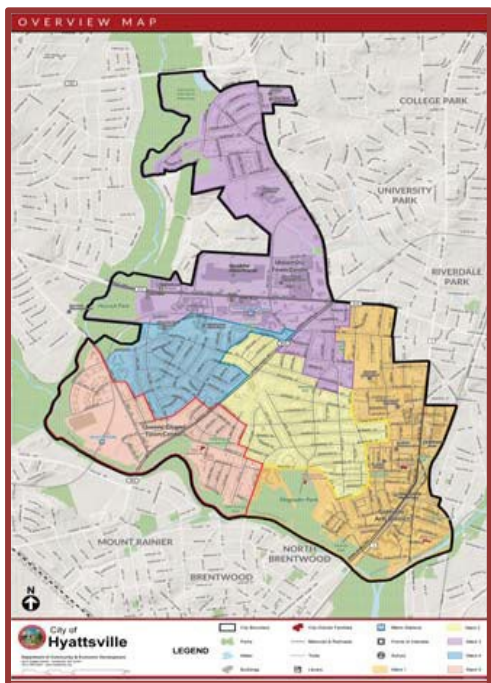
Those *presumed eligible*, subject to program rules and verification:

- Households that qualify for any of the following programs:
  - Children’s Health Insurance Program,
  - Childcare Subsidies through the Child Care Development Fund (CCDF) Program,
  - Medicaid,
  - Temporary Assistance for Needy Families (TANF)
  - Supplemental Nutrition Assistance Program (SNAP)
  - Free and Reduced-Price Lunch (NSLP) and/or School Breakfast (SBP) programs
  - Medicare Part D Low-income Subsidies
  - Supplemental Security Income (SSI)
  - Head Start and/or Early Head Start
  - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
  - Section 8 Vouchers
  - Low-Income Home Energy Assistance Program (LIHEAP)
  - Pell Grants
  - Households located inside a Qualified Census Tract
- Households that experienced hardship from:
  - Unemployment
  - Food or housing insecurity

\*If hardship-based, the applicant must provide verifiable proof of hardship: i.e. confirmation of rent, utility or mortgage arrears status from the interested party, childcare, medical, etc.

## Application Requirements

- Submit online, by mail, e-mail, call-in or appointment with the HCDC office;
- Provide proof of City residency; and
- Provide:
  - proof of participation in any of the previously listed programs; or
  - Proof of low to moderate income; or
  - a statement of hardship and documentation of need
- Submit only one application per household.
- All requested information must be provided for program consideration.





## Household Emergency Relief Program Application

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### Section 1 - APPLICANT INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Household Size: \_\_\_\_\_

How many dependent children are in your household? \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

What is your annual household income?

- Less than \$25,000       \$25,000 - \$50,000       \$50,000 - \$100,000  
 \$100,000 - \$200,000       More than \$200,000

Are you listed as a dependent on anyone else's tax return?

- Yes       No

### CO-APPLICANT INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Household Size: \_\_\_\_\_

How many dependent children are in your household? \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Section 2 – PRESUMED ELIGIBILITY BY FEDERAL AND STATE PROGRAM ENROLLMENT

Households that qualify for any of the following program(s) are presumed eligible, subject to verification. Please circle any of the programs you are the recipient of, or participate in.

- a. [Children’s Health Insurance Program \(CHIP\)](#)
- b. [Childcare Subsidies through the Child Care Development Fund \(CCDF\) Program](#)
- c. [Medicaid](#)
- d. [Temporary Assistance for Needy Families \(TANF\) or Maryland Temporary Cash Assistance](#)
- e. [Supplemental Nutrition Assistance Program \(SNAP\)](#)
- f. [Free and Reduced-Price Lunch \(NSLP\) and/or School Breakfast \(SBP\) programs](#)
- g. [Medicare Part D Low-income Subsidies](#)
- h. [Supplemental Security Income \(SSI\)](#)
- i. [Head Start and/or Early Head Start](#)
- j. [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#)
- k. [Section 8 Vouchers](#)
- l. [Low-Income Home Energy Assistance Program \(LIHEAP\)](#)
- m. [Pell Grants](#)
- n. [Maryland Unemployment Insurance](#)

**Section 3 – ELIGIBILITY BASED ON INCOME (Skip this section if you circled any line in Section 2, the previous application page)**

In Hyattsville "Moderate Income" is defined by household size in the table below. Applicant's total household income should be no greater than in this table to qualify for income-based eligibility in this program.

	Moderate-income threshold by household size							
Locality	1	2	3	4	5	6	7	8
Prince George's County	\$58,695	\$67,080	\$75,465	\$83,850	\$93,120	\$106,740	\$120,360	\$133,980
Source: US Treasury, Low and Moderate Income Data								

What is your household's total annual income, before taxes? (Be sure to include the combined total of all household members' income in your answer)

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How many people live in your household?

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**Section 4 – ELIGIBILITY DUE TO HARDSHIP (Skip this section if you filled out either Section 2 or Section 3)**

The following requested information will help Hyattsville CDC determine applicant's eligibility based upon hardship.

Provide a description of your hardship (Max 500 characters): we ask only for information that supports your request for assistance, so that we can fulfill our funder's intent for this program.

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Gross Income (before taxes) for the last 30 days: \_\_\_\_\_

Date of you last payment to your mortgage lender, landlord, and/or utility company:

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Have you asked for forbearance by your mortgage lender, landlord, and/or utility providers?

YES       NO

Have you been granted forbearance by your mortgage lender, landlord, and/or utility provider?

YES       NO      If yes, under what circumstances? \_\_\_\_\_

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Have you applied for Unemployment benefits within the last year?       YES       NO

Are you receiving Unemployment Insurance payments now?       YES       NO

If yes, from what date? \_\_\_\_\_

Have you received any other financial assistance within the last year?       YES       NO

Please list the type of assistance and amount: \_\_\_\_\_

Have you sought or received food donations from any distribution sites?       YES       NO

Are you the recipient of any public assistance program?  YES       NO

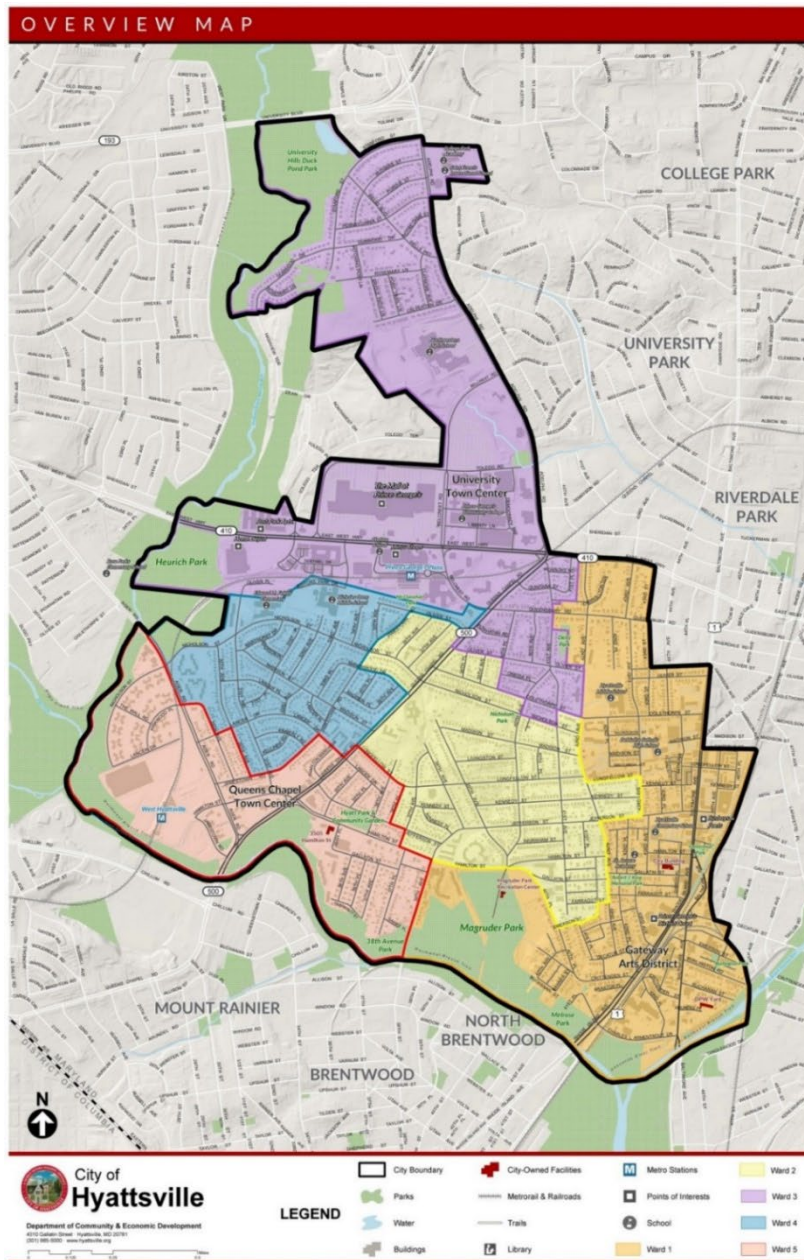


**SECTION 6: HOUSEHOLDS MUST BE LOCATED IN THE CITY AS DEPICTED BELOW.**

Please confirm your address by visiting the [linked City of Hyattsville Boundary Map](https://www.hyattsville.org/isithyattsville) on the City’s website. <https://www.hyattsville.org/isithyattsville>

Based upon the map below or the City of Hyattsville web tool, my residence is in the City of Hyattsville\*

\_\_\_\_\_ Yes  
 \_\_\_\_\_ No





## Section 7 – DEMOGRAPHIC INFORMATION

To ensure that participation in our programs are delivered equitably, City of Hyattsville has asked the Hyattsville Community Development Corporation to collect certain demographic data from program applicants. Personal and personalized information collected will not be shared outside of administering this program: and no personal information will be attached to demographic information that is reported in aggregate form.

**How many people in your household identify as:**

\_\_\_\_\_ Male

\_\_\_\_\_ Non-Binary

\_\_\_\_\_ Female

\_\_\_\_\_ Other

\_\_\_\_\_ Prefer not to answer

**How many people in your household are in each age group?**

\_\_\_\_\_ 18-30

\_\_\_\_\_ 61-75

\_\_\_\_\_ 31-45

\_\_\_\_\_ 76 or older

\_\_\_\_\_ 46-60

**How many people in your household identify as members of each ethnicity:**

\_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ Black/African American

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Native American/American Indian

\_\_\_\_\_ White

\_\_\_\_\_ Other

**Are you a Veteran?**

Yes

No

Prefer not to answer

## ELIGIBILITY & APPLICATION CHECKLIST

All applicants must provide

### **A. Proof of Residency** (Check One):

Use the following link to verify City of Hyattsville residency:

<https://www.hyattsville.org/isithyattsville>

- Signed copy of a deed, mortgage, or lease agreement; or
- Utility bill with applicant's name & address, issued within the last 60 days; or
- Recent bank statement; or
- Current, valid insurance policy; or
- Valid driver's license; or
- Recent voter registration card; or
- Government benefits statement

All applicants must provide

### **B. Evidence of Program Eligibility.**

There are three ways you can show eligibility for this program. Select the easiest way for you.

1. Prior Program Eligibility
2. Income Eligibility
3. Hardship Eligibility

B.1. Proof of Prior Program Participation

Based on the programs you circled, please send your Prior Program documentation to: [cafagrant@hyattsvillecdc.org](mailto:cafagrant@hyattsvillecdc.org).

- Statement of Benefits
- Program Acceptance Letter or other Correspondence
- Copy of a program payment

B.2. Proof of Income Eligibility

Please send Income documentation to: [cafagrant@hyattsvillecdc.org](mailto:cafagrant@hyattsvillecdc.org).

- copy of most recent household W-2s
- copy of most recent household tax returns

B. 3. Proof of Hardship

Please select any of the following documentation you will provide to verify your proof of hardship. All documents that help establish hardship are helpful to reviewing your application.

- Confirmation of rent, utility, or mortgage arrears on letterhead from the interested party, such as an outstanding bill; if applicable
- Letter from (former) employer
- Signed statement pertaining to Covid-19 impact or *non-essential* status for 1099 workers, and self-employed individuals
- Other (please describe): \_\_\_\_\_

**The Hyattsville Community Development Corporation is proud to declare that it does not, and will not; discriminate in any manner on the basis of race, color, religious creed, ancestry, national origin, age, sex, marital status, disability, the presence of children, source of income, sexual orientation or gender identity.**