

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. Documentation for each household member tied to the award must be provided. **You must be a resident of the City of Hyattsville as of October 15, 2022; regardless to legal status.**

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, or call 301 683-8267; 3-5pm Monday-Friday.

Online Application form: visit www.hycdc.org



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.

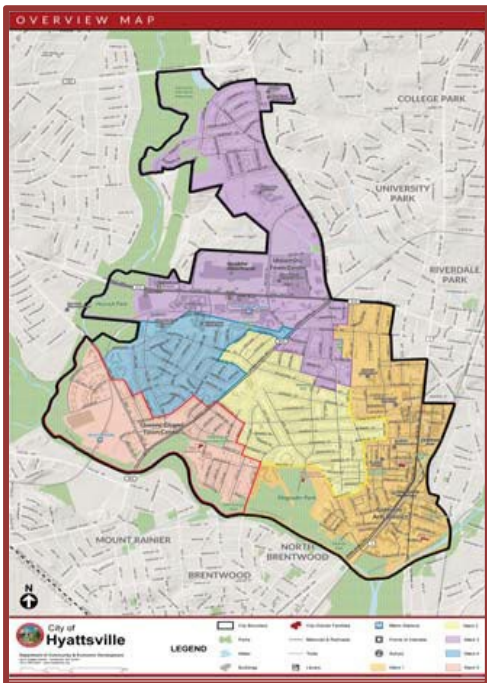
Those *presumed eligible*, subject to program rules and verification:

- 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

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? _____

Write down the full names of your dependent children. Example: Jane Doe, Mark Doe, John Doe

Are you in eminent danger of being evicted from your residence?

Yes No

Have you received a notice of intent to reject/evict or court summons?

Yes No

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? _____

Write down the full names of your dependent children. Example: Jane Doe, Mark Doe, John Doe

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.

- [Children’s Health Insurance Program \(CHIP\)](#)
- [Childcare Subsidies through the Child Care Development Fund \(CCDF\) Program](#)
- [Medicaid](#)
- [Temporary Assistance for Needy Families \(TANF\) or Maryland Temporary Cash Assistance](#)
- [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](#)
- [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.

Locality	Moderate-income threshold by household size							
	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)

How many people live in your household?

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.

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

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

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? _____

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

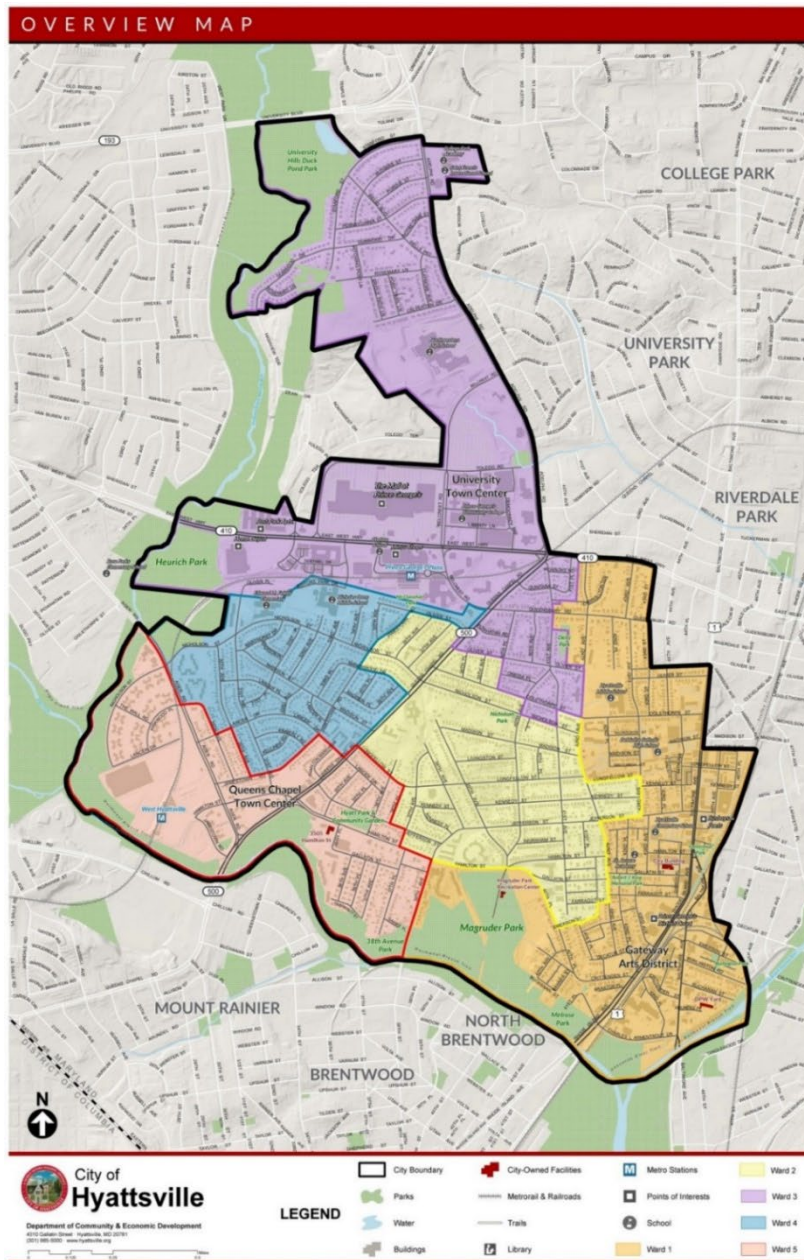
Are you the recipient of any public assistance program? YES NO

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



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.

- 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.

- 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
- Eviction notice, notice of intent to reject/evict or court summons
- 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.