

**LIGHT Intake and Assessment Unit**

417 East Fayette Street, Suite 1125

Baltimore, MD 21202

Phone: (410) 396-3023


 BALTIMORE CITY  
 DEPARTMENT OF HOUSING &  
 COMMUNITY DEVELOPMENT

## Emergency Mortgage & Housing Assistance (EMHAP) Application

*This application may be submitted online at <https://portal.neighborlysoftware.com/BALTIMOREMD/participant>*

<b>Applicant Information</b>													
Name:	Primary Phone:												
Address:	Secondary Phone:												
City/State/ZIP Code:	Email:												
Birthdate:	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No												
Race: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> American Indian/Alaskan Native</td> <td style="width: 50%; border: none;"><input type="checkbox"/> American Indian/Alaskan Native AND Black/African American</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Asian</td> <td style="border: none;"><input type="checkbox"/> American Indian/Alaskan Native AND White</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Black/African American</td> <td style="border: none;"><input type="checkbox"/> Asian AND White</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</td> <td style="border: none;"><input type="checkbox"/> Black/African American AND White</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> White</td> <td style="border: none;"><input type="checkbox"/> Other Multiracial</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Prefer Not to Say/Don't Know</td> </tr> </table>		<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native AND Black/African American	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native AND White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian AND White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Black/African American AND White	<input type="checkbox"/> White	<input type="checkbox"/> Other Multiracial		<input type="checkbox"/> Prefer Not to Say/Don't Know
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	<input type="checkbox"/> Prefer Not to Say/Don't Know												
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Gender: <input type="checkbox"/> Female</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Male   <input type="checkbox"/> Other</td> </tr> </table>		Gender: <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Other										
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<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Dom. Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer Not to Say													
<b>Co-Applicant Information</b>													
Name:	Primary Phone:												
Address:	Secondary Phone:												
City/State/ZIP Code:	Email:												
Birthdate:													
<b>Other Household Members Information</b>													
Name:	Birthdate:												
Name:	Birthdate:												
Name:	Birthdate:												
Name:	Birthdate:												
Name:	Birthdate:												

Does any member of your household have a disability?    Yes    No

Is any member of your household age 62 years or older?    Yes    No

Are you currently seeking or have you been approved for forbearance for your mortgage?    Yes    No

## Household Assets

List all household member assets. In the “Asset Type” column, list the type of asset. Examples of common assets include: Checking accounts, savings accounts, bonds, certificates of deposit, stocks, etc. Then fill in the bank or financial institution at which the asset is held, the account number, the current market value, and the interest rate.

Asset Type	Bank/Institution	Account #	Market Value	Interest Rate
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

## Household Income

In the “Name” column, list the names of all household members 18 years of age or older.

In the “Source” column, list the type of income each member receives. Examples of common income sources include: Gross pay (amount before taxes and other deductions) from employment, alimony, child support, investment income, pension, retirement, Social Security, self-employment income, unemployment compensation, etc. If the member receives more than one source of income, list each source on a separate line. If the member receives no income, write “No Income” in the Source column.

In the “Amount” column, list the annual amount of income for the member and the source listed. Annual income is the amount of income received in one full year.

Name	Source	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	Total	\$

## COVID-19 IMPACT

Has the applicant or other members of the household lost income or incurred significant costs due to the COVID-19 pandemic? Yes No

Please check each condition that applies to the applicant or other members of the household who have lost income due to the COVID-19 pandemic (check all that apply):

- Laid off temporarily or permanently
  - Place of employment closed
  - Work hours reduced
  - Was an independent contractor or gig worker who was not able to earn income, or whose income was reduced
  - Was not able to work and/or missed hours due to contracting COVID-19, or was advised by a governmental or medical professional to self-quarantine
  - Had to leave a job or reduce hours in order to care for a person who contracted COVID-19
  - Had to leave a job or reduce hours to care for a child/children due to closure of daycare, or because children were required to quarantine due to an exposure at school
  - Was self-employed, and business is no longer supplying income, or income was reduced
  - Had reasonable concern over the risk of infection at work for themselves or someone in their household (examples include individuals who have underlying conditions that make them more vulnerable to COVID-19, or whose household consists of such an individual)
  - Had other conditions resulting in loss of household income. Please describe: \_\_\_\_\_
- 

## MORTGAGE INFORMATION (complete if applying for past due mortgage payments)

1. Mortgage Company Name: \_\_\_\_\_
  2. Mortgage Company Address: \_\_\_\_\_
  3. Mortgage Company Phone Number: \_\_\_\_\_ 4. Email: \_\_\_\_\_
  5. Mortgage Account Number: \_\_\_\_\_ 6. Monthly Payment Amount: \_\_\_\_\_
  7. Payment Remittance Address (if different from #2 above): \_\_\_\_\_
- 

## HOMEOWNER'S INSURANCE INFORMATION (complete if applying for past due homeowner's insurance)

1. Homeowner's Insurance Company Name: \_\_\_\_\_
  2. Homeowner's Ins. Co. Address: \_\_\_\_\_
  3. Homeowner's Ins. Co. Phone Number: \_\_\_\_\_ 4. Email: \_\_\_\_\_
  5. Homeowner's Insurance Account or Policy Number: \_\_\_\_\_
  6. Payment Remittance Address (if different from # 2 above): \_\_\_\_\_
-

## MORTGAGE/HOUSING ASSISTANCE REQUESTED

Enter the amount of assistance you are requesting for each month of mortgage payments or of other housing-related payments (homeowner's insurance, property taxes, water bill) that are past due.

Month	Past Due Mortgage Payment	Past Due Homeowner's Insurance	Past Due Property Taxes	Past Due Water Bill
March 2020	\$	\$	\$	\$
April 2020	\$	\$	\$	\$
May 2020	\$	\$	\$	\$
June 2020	\$	\$	\$	\$
July 2020	\$	\$	\$	\$
August 2020	\$	\$	\$	\$
September 2020	\$	\$	\$	\$
October 2020	\$	\$	\$	\$
November 2020	\$	\$	\$	\$
December 2020	\$	\$	\$	\$
January 2021	\$	\$	\$	\$
February 2021	\$	\$	\$	\$
March 2021	\$	\$	\$	\$
April 2021	\$	\$	\$	\$
May 2021	\$	\$	\$	\$
June 2021	\$	\$	\$	\$
July 2021	\$	\$	\$	\$
August 2021	\$	\$	\$	\$
September 2021	\$	\$	\$	\$
October 2021	\$	\$	\$	\$
November 2021	\$	\$	\$	\$
December 2021	\$	\$	\$	\$
January 2022	\$	\$	\$	\$
February 2022	\$	\$	\$	\$
March 2022	\$	\$	\$	\$
April 2022	\$	\$	\$	\$
May 2022	\$	\$	\$	\$
June 2022	\$	\$	\$	\$
July 2022	\$	\$	\$	\$
August 2022	\$	\$	\$	\$
Total Late Fees	\$	\$	\$	\$
<b>Total Amount</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

## PRIOR ASSISTANCE RECEIVED

Assistance provided under the Emergency Mortgage & Housing Assistance Program for households economically impacted by COVID-19 may not exceed a household's monthly unmet housing cost needs.

Has anyone in your household applied for, or received any mortgage/housing payment assistance from any source (local, state, federal, private)?  Yes  No

If Yes, list the mortgage/housing assistance that you have already received each month, where applicable. List all of the sources of financial assistance (the name of the local, state, federal or private organization).

Month	Amount of Assistance Received	Source of Assistance
March 2020		
April 2020		
May 2020		
June 2020		
July 2020		
August 2020		
September 2020		
October 2020		
November 2020		
December 2020		
January 2021		
February 2021		
March 2021		
April 2021		
May 2021		
June 2021		
July 2021		
August 2021		
September 2021		
October 2021		
November 2021		
December 2021		
January 2022		
February 2022		
March 2022		
April 2022		
May 2022		
June 2022		
July 2022		
August 2022		

## **DUPLICATION OF BENEFITS CERTIFICATION**

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to a person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

The CARES Act requires HUD to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

HUD requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with CDBG-CV funds. Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

This certification must be completed by any subrecipient, individual or family, business, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

I hereby certify that:

- A. The Community Development Block Grant-CV Funds, awarded through the Coronavirus Aid, Relief and Economic Security Act (CARES Act) does not duplicate/replace any other funds, and/or any funds from the following sources:
  1. The Paycheck Protection Program
  2. Unemployment compensation benefits
  3. Insurance claims/proceeds
  4. Federal Emergency Management Agency (FEMA) funds
  5. Small Business Administration funds
  6. Other Federal, State or local funding
  7. Other nonprofit, private sector, or charitable funding.
  
- B. Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.

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Applicant

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Date

## REQUIRED DOCUMENTS

Please provide the following supporting documents. Please submit photocopies, not originals.

- Photo identification for Applicant and Co-Applicant (Drivers License, State ID, etc.)
- Documentation of last 30 days of income for all income sources
- For any household member age 18 years or older who is a full-time student AND receives income – Most recent documentation from school that shows full-time student status
- Most recent statement for all bank accounts and any other assets
- If your property is located in a floodplain – Flood insurance policy declarations page
- Documentation showing loss of income or addition of significant costs as a result of COVID-19, if available
- Most recent mortgage statement (if applying for past due mortgage payments)
- Most recent homeowner's insurance bill (if applying for past due homeowner's insurance)
- Most recent property tax bill (if applying for past due property taxes)
- Most recent water bill (if applying for past due water bills)
- If you have received previous assistance for mortgage/housing payments – Award letters/checks for assistance

## SUBMISSION

I certify that the information provided in this application is true and complete to the best of my knowledge. I agree to provide any documentation needed to assist in determining eligibility and am aware that all information and documents provided, except as exempted pursuant to law, are a matter of public record. I grant permission and any authorize any bank, employer, or other public or private agency to disclose information deemed necessary to complete this application.

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Applicant

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Date