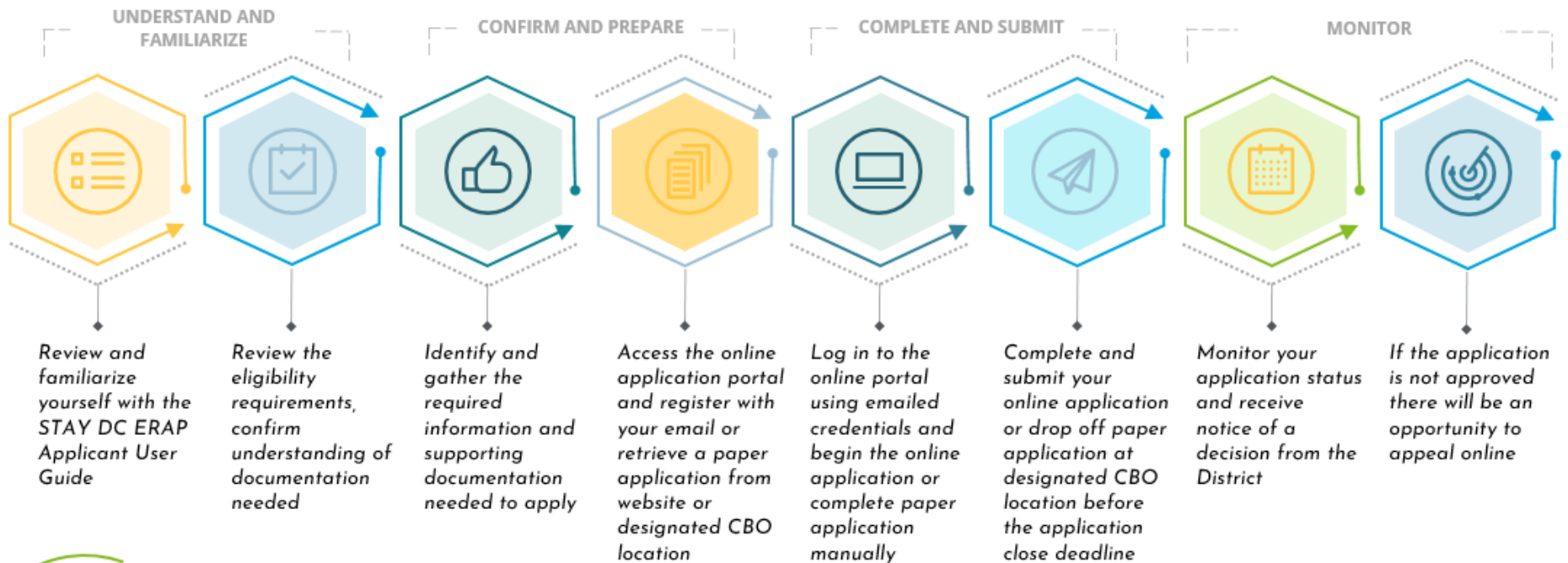


STAY DC EMERGENCY RENTAL ASSISTANCE PROGRAM HOUSING PROVIDER APPLICATION USER GUIDE

MAIN WEBSITE:

stay.dc.gov

**CONTACT CENTER: 1 (833) 4-STAYDC
(833-478-2932)**



TECHNICAL ASSISTANCE

NEED HELP? Access the Contact Center at (833)-4-STAYDC (833-478-2932) beginning Monday, April 12th at 7am EST and continuing Monday through Friday, 7am to 7pm EST to receive assistance on program guidelines and eligibility for application opening on April 12th, 2021.

CONSIDERATIONS FOR YOUR ONLINE APPLICATION EXPERIENCE



INTERNET CONNECTIVITY

- Please ensure that you have a **stable internet connection** that will allow you to complete the application with minimal interruptions. While other browsers can be available, **Google Chrome** is the preferred browser.

PLEASE NOTE: The online application portal supports the use of mobile and tablet-based browsers. We recommend that you have all required supporting documentation loaded on your mobile or tablet device before you begin your application.



DOCUMENT UPLOAD

As part of the application, you will be required to upload supporting documentation. Documentation will be accepted in any of the following file types: **doc, docx, pdf, xls, xlsx, jpg, or png**. **Individual file uploads will be limited to a size limit of 20MB.**



APPLICATION SIGNATURE

After completing the application, you will be asked to **read, acknowledge, and agree to compliance and release statements** related to acceptance and use of federal funds.



APPLICATION DOWNLOAD

Upon completion of your online application, you will be provided with the option to **save your completed application to PDF.**



USER RESPONSIBILITY

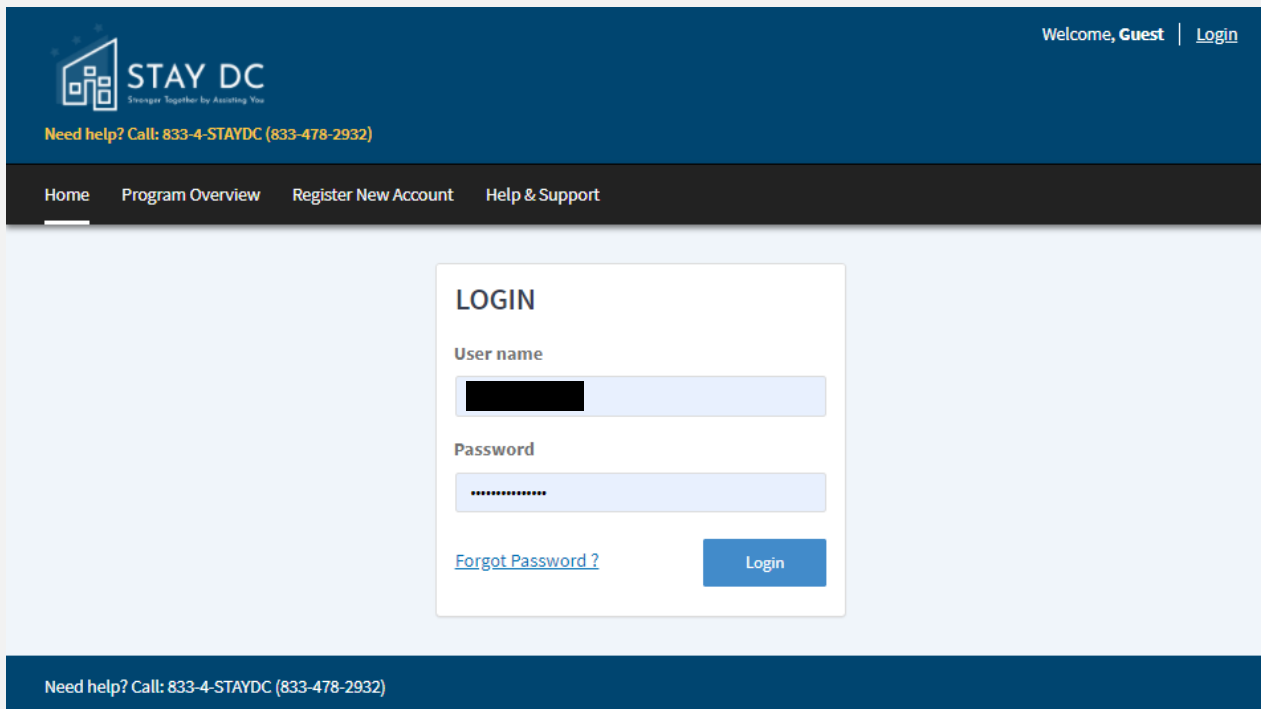
As with all official District of Columbia forms and documents, **you are responsible for the completeness and accuracy of all information that you provide on the application portal.** The portal provides limited computation, validation or verification of the information you enter on the form, and **you are responsible for entering all required information. Failure to do so may result in your application being delayed or disapproved.**

This document provides an overview of the online application portal and the steps to be completed, as well as information and supporting documentation to be provided. Please review this user guide in its entirety before you begin your online application. You will want to confirm your program eligibility (see Section 1 Pre-Eligibility of the application) and prepare the required documentation before you begin the online application. Required Documentation for the application includes the following:

- Proof of identity (A valid (or expired eight years or less) photo driver license or photo identification card issued by the District of Columbia or another State jurisdiction, International Passport or Passport Card valid or expired 5 years or less, U.S. Permanent Resident Card or Alien Registration Receipt Card, U.S. government and military dependent identification card, etc.) Please see Required Documentation file for more information.
- Signed copy of the lease or rental agreement(s) that covers all months you are seeking assistance.
- For past due rental claims, proof of payment delinquency, whether financial ledger, eviction notice or suit, or statement/letter of past-due rent.
- Rental Assistance documentation for tenant from a Federal or State program (if applicable)

HOME TAB

- Visiting the online portal will take you to the homepage where you will be presented with a LOGIN page where you will be able to enter a User name and Password (once you have registered for an account) to start new applications. You will also be presented with options to navigate to the **Program Overview** for access to other support and information regarding the program, ability to **Register New Account**, and access to **Help & Support** for the STAY DC Emergency Rental Assistance (ERA) Program.



Welcome, Guest | [Login](#)

Need help? Call: 833-4-STAYDC (833-478-2932)

Home Program Overview Register New Account Help & Support

LOGIN

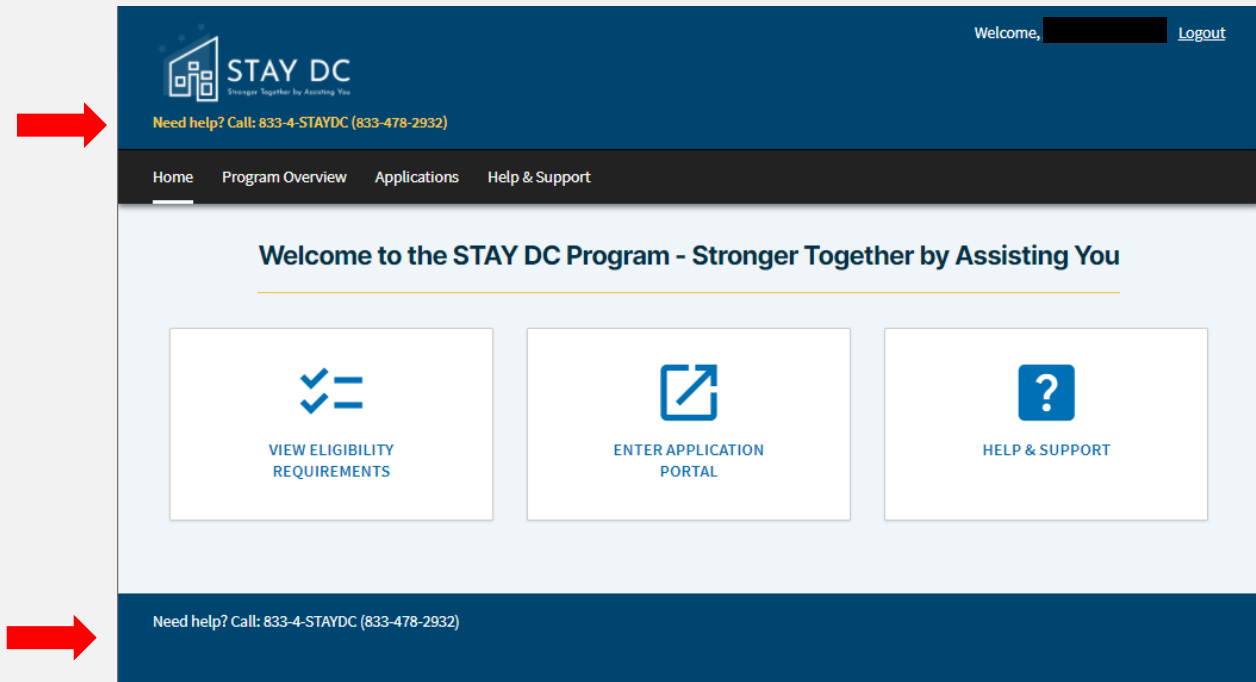
User name
[Redacted]

Password
[Redacted]

[Forgot Password?](#) [Login](#)

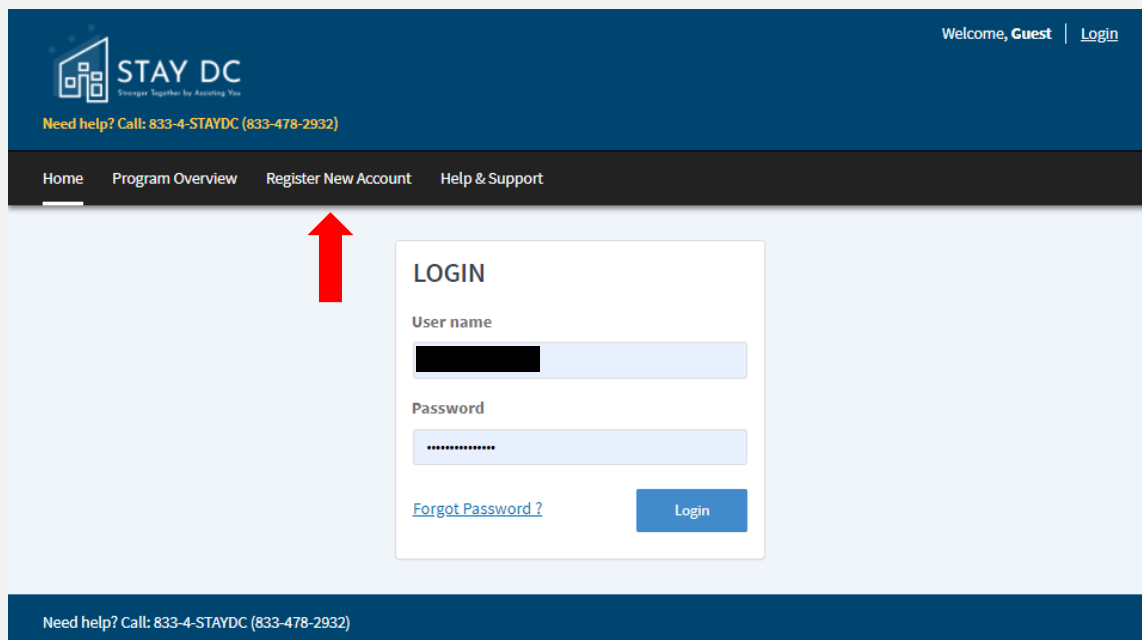
Need help? Call: 833-4-STAYDC (833-478-2932)

- Once logged into the portal, you will be presented with a Welcome to the STAY DC Program – Stronger Together by Assisting You page where you will be able to navigate to **View Eligibility Requirements, Enter Application Portal, and access Help & Support.**
- **NOTE:** STAY DC ERAP Customer Care center number located at the top and bottom of application portal **(833)-4-STAYDC (833-478-2932)**



REGISTER NEW ACCOUNT (FIRST TIME LOGGING IN)

- From the home page navigate to the **Register New Account** tab located at the top of the page.



- Enter information about the preparer and provide an **email address to which a system-generated username and temporary password will be sent**

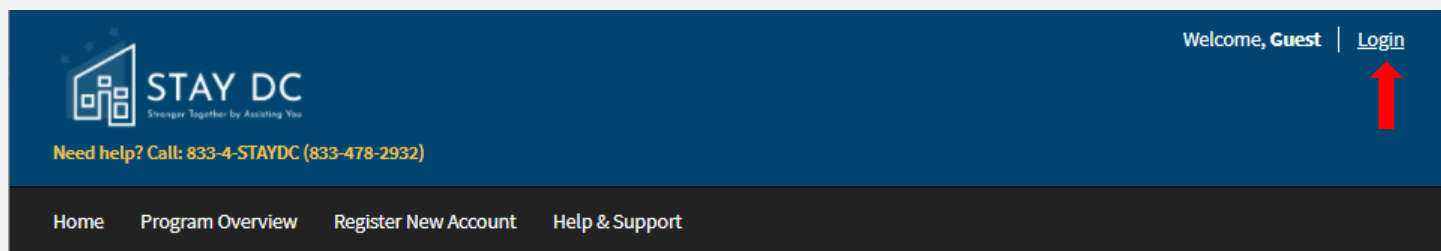
The screenshot shows the 'Account Registration' form on the STAY DC website. The header includes the STAY DC logo, the tagline 'Stronger Together by Assisting You', and contact information: 'Need help? Call: 833-4-STAYDC (833-478-2932)'. The navigation bar contains 'Home', 'Program Overview', 'Register New Account', and 'Help & Support'. The form fields are: 'Preparer First Name' (First Name (Mandatory)), 'Preparer Last Name' (Last Name (Mandatory)), 'Preparer Email' (Username and temporary password will be sent to this address (Mandatory)), and 'Confirm Preparer Email' (Must match email address above (Mandatory)). There is a checkbox for 'I agree to the District of Columbia Privacy Policy' and a 'Submit' button. The footer of the form area repeats the contact information: 'Need help? Call: 833-4-STAYDC (833-478-2932)'.

REGISTRATION EMAIL

- Check the preparer email address provided and access your **username and temporary password**.
 - *Please ensure correct email address is provided as notifications for different steps in the application process will be sent to this address.*

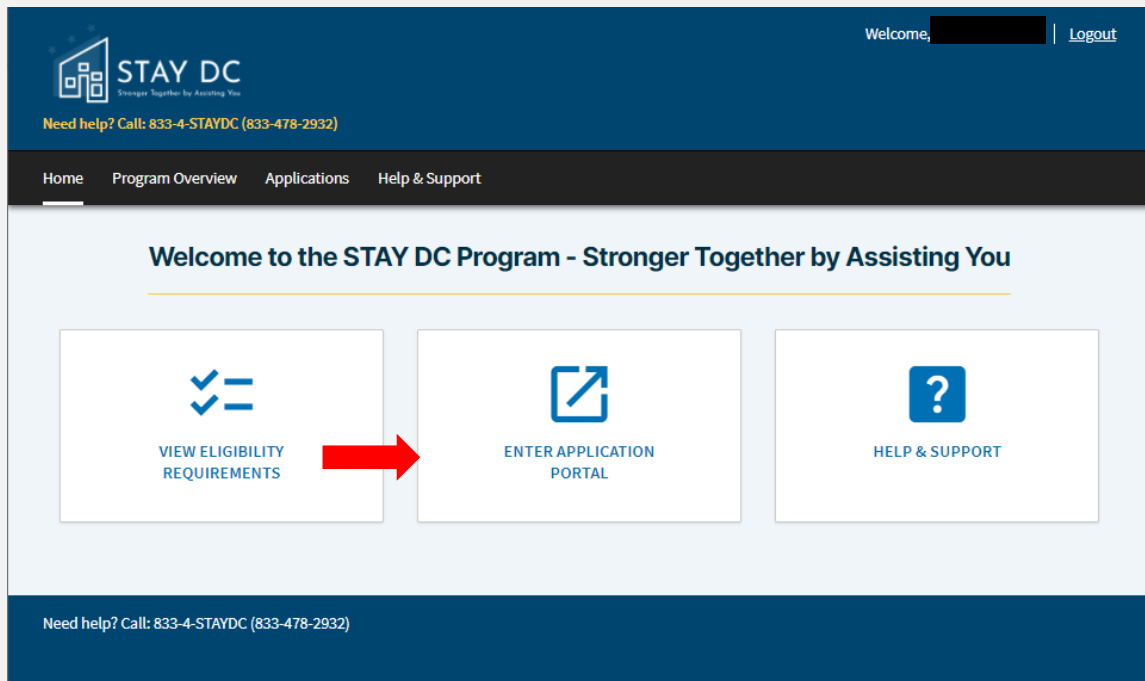
CHANGE PASSWORD

- Log into the online portal and click on the **login** link to change your password

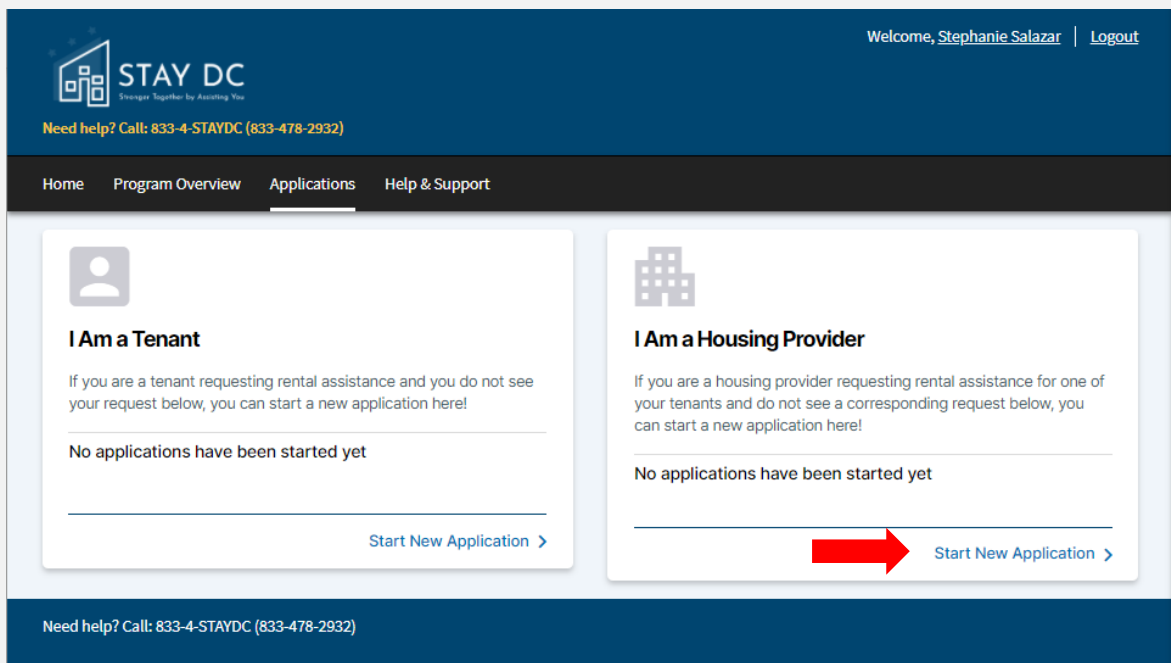


START NEW APPLICATION

- Begin a **new application** by clicking the **Start New Housing Provider Application** button

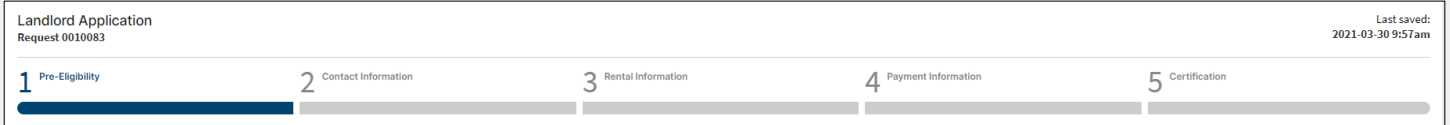


- Once in the application portal click on **Start New Application** button under the **I Am a Housing Provider** option.



PORTAL FUNCTIONALITY

- On any page of the application, you will be able to monitor your progress both on the current page and throughout each phase of the application using the gateway icons at the top of the screen



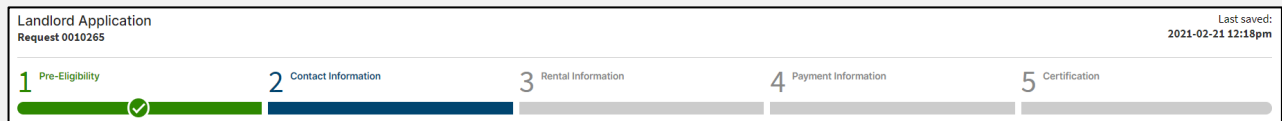
- A number of **validation rules** have been built into the application to let you know if data is missing, has been entered in an incorrect format, or your response indicates that your tenant is not eligible for the program
- Please note that **you are responsible for answering each question completely and accurately**
- Further, if you accurately answer a question and you are provided with an **eligibility error**, please **DO NOT change or override your response** to complete the application
- At any point in the application process, you can click on the **Save Draft** button at the bottom of the screen to save your work before exiting the application and returning at a later time to complete it



- After completing all the mandatory fields on each page, you can proceed to the next by clicking the **Next button**



- On each subsequent page, your progress will be updated, and previously completed pages will be highlighted with a **green check mark**





- **Mandatory fields** are indicated with a red asterisk (*)

As a landlord do you operate as an individual or company? * ?

Individual Company


- A **tool-tip function** is available on some questions by clicking on the blue question mark icon. Clicking this icon will either provide additional information about the field or display an illustrative sample of the document from which the information can be obtained.

As a landlord do you operate as an individual or company? *  

Individual Company

- Click the Add Document button to upload any required supporting documentation

Please upload a copy of your identification: *

- A successful upload will result in the file name displaying


Please upload a copy of your identification: *



- [Sampe Documentation.pdf](#)  

- Be sure to **save your progress often** so that your online session is not timed out. Expired sessions will require that you re-enter your log-in credentials to continue with your application


Login




Your session has expired. Please login to pickup where you left off.

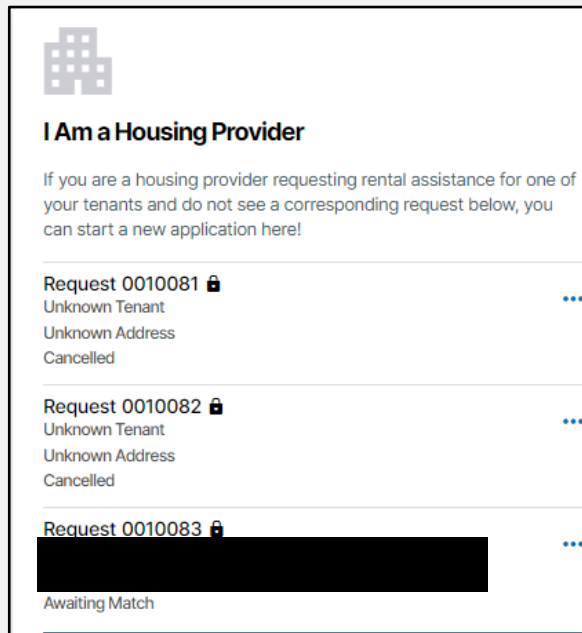
User name

Password

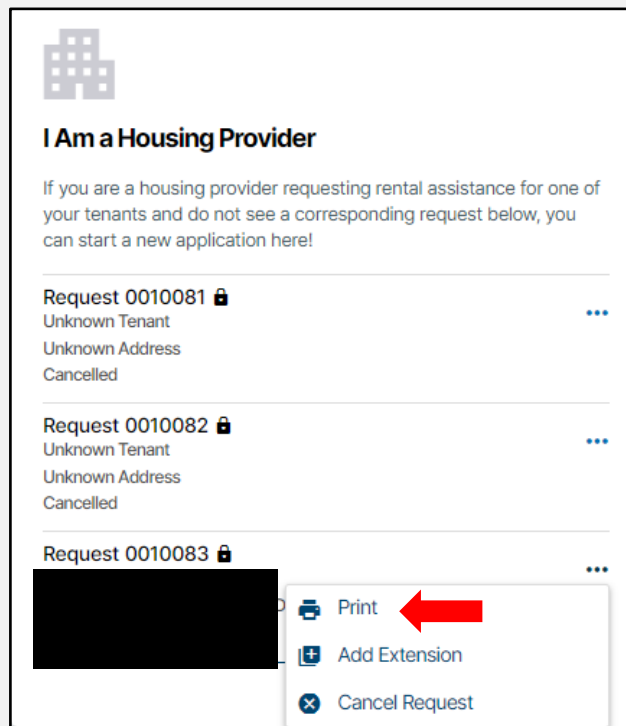
Language
English 

[Forgot Password ?](#) 

- **Previously saved applications** (i.e., in draft form) can be retrieved by going to the **Applications** tab



- Previously submitted applications** will be available in read-only mode and cannot be modified
- In-progress and submitted applications can be **printed** by clicking the **print icon**

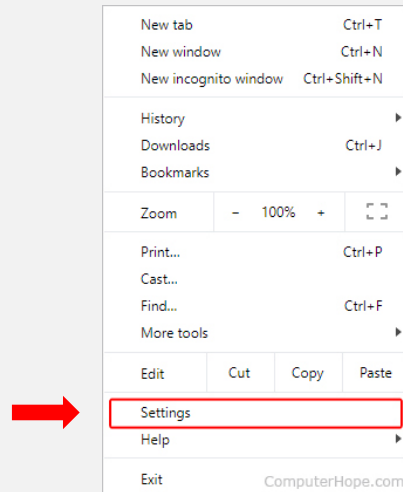


- In order to save time while filling out these applications you may use the **Auto-Fill** function

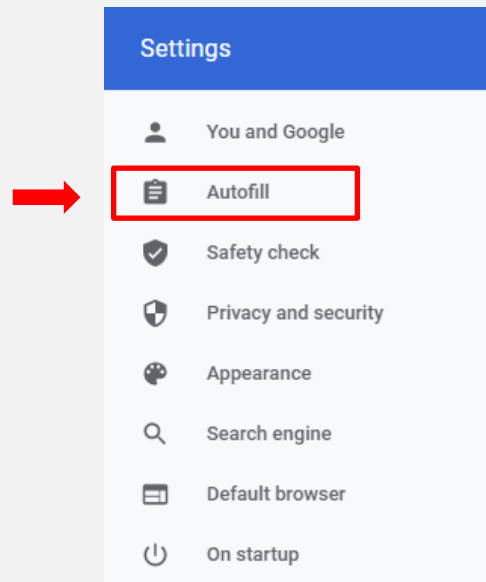
- Autofill remembers and fills in specific information and form fields as part of the web browser on your computer. In a perfect world, autofill should save time in a variety of situations, and in most cases, that's exactly how it works.
- Autofill is great when you need to fill out an address for online shopping or filing paperwork. It's also useful when you're frequently searching for similar things, and when you want to save non-sensitive login or payment information.

How to manage your full autofill features with Chrome

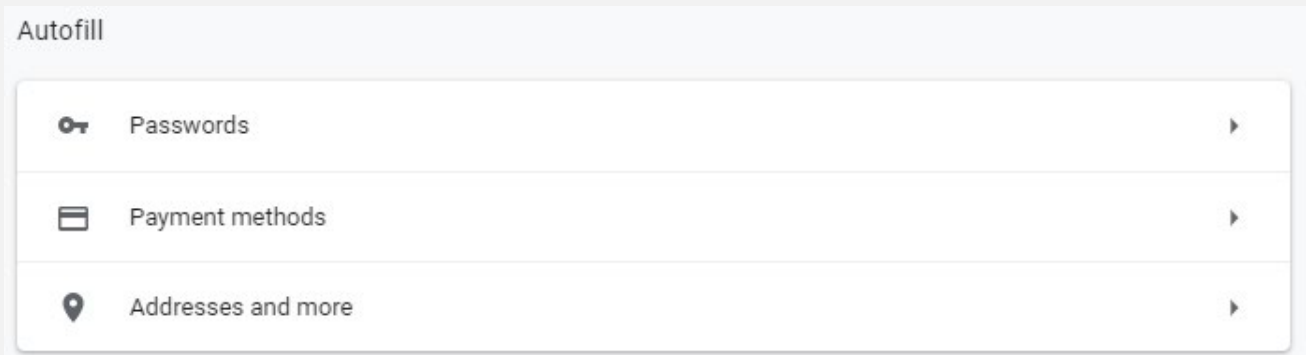
1. Open the Google Chrome browser.
2. Click the Chrome settings icon in the upper-right corner of the browser window.
3. In the drop-down menu that appears, select Settings.




4. On the left side of the screen, click the Autofill selector.




5. In the middle of the screen, under the *Autofill* section, you are presented with three choices: **Passwords**, **Payment methods**, and **Addresses and more**.

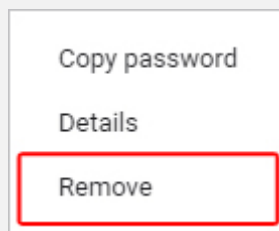


- **Passwords**

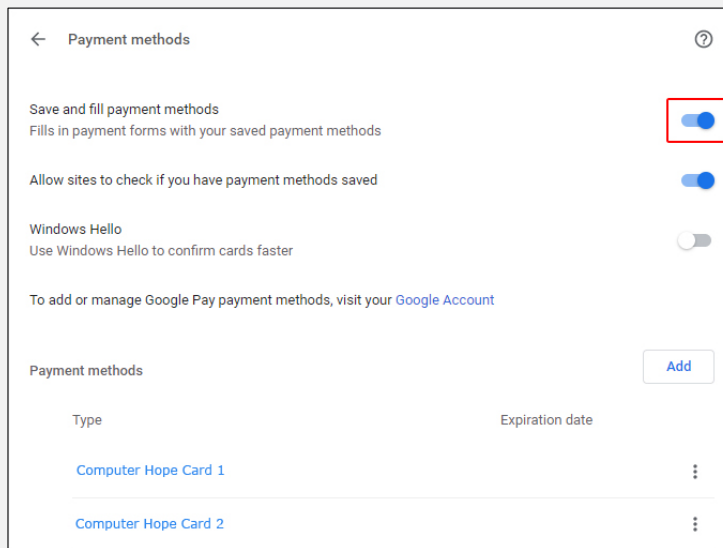
View a password: To view a password, on the right side of the entry, click the  icon. If the password is not revealed right away, enter your Windows or Microsoft account password, then click the icon again.



Remove a password: To remove a password, on the right side of the entry, click the  icon and select **Remove** from the drop-down list.

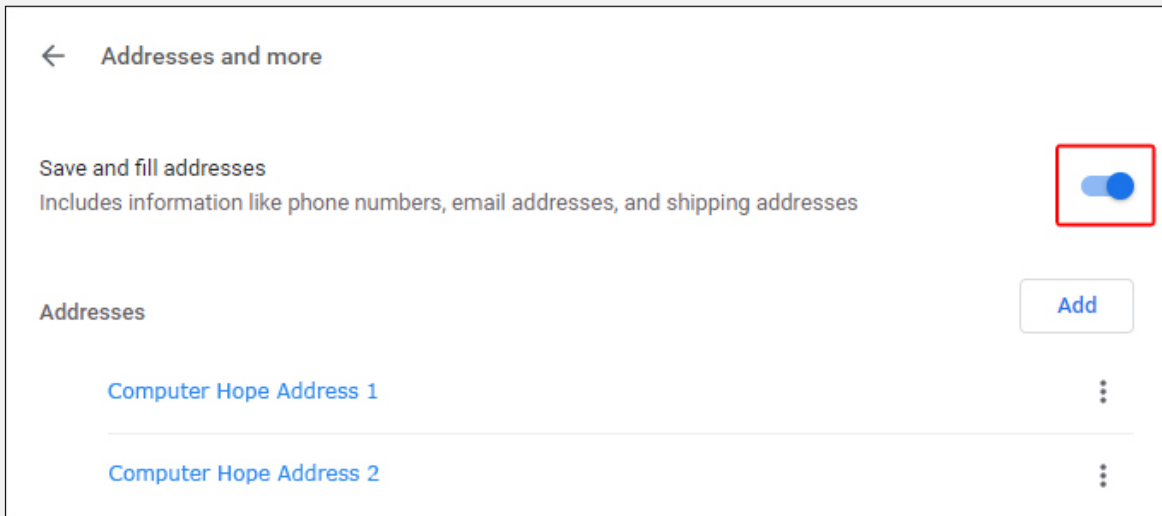


- **Payment methods:** To enable or disable autofill for payment methods in Chrome, click the toggle switch next to Save and fill payment methods.



- **Addresses and more**

- To enable or disable autofill for addresses in Chrome, click the toggle switch next to Save and fill addresses.



PRE-ELIGIBILITY

The [Pre-Eligibility page](#) presents key questions that can help determine eligibility.

- Enter the physical **address** (number, street, city, zip and state) of the rental unit for which assistance is requested
 - Once the address is entered click the “Validate Address” button and confirm the address by clicking the “Accept Formatted Address” button


Provide the physical address of the rental property/unit for which assistance is being requested: *

Address line 2:

City: *


State: *

Zip code: *



Ward (will autopopulate upon address validation): *

- Please note **Ward** information (will autopopulate upon address validation)

 **Ward (will autopopulate upon address validation): ***
Ward 1

- Indicate whether your tenant is an immediate family member by selecting either the “Yes” or “No” button. Examples of immediate family members include, but are not limited to, parents, children or siblings
 - Tenants and Housing Provider’s that are immediate family members are not eligible for this program

Is your tenant an immediate family member? *

Yes No

- Identify what type of assistance you are seeking by checking the box(es) that apply.

What type of assistance are you seeking (check all that apply)?

Past due rent

Current or future rent

- Indicate whether you are applying because of a request from your tenant by selecting either the “Yes” or “No” button
 - If “Yes”, enter the application request number provided by your tenant in the open field

Have you received an email confirmation from the STAY DC Program that your tenant submitted an application? *

Yes No

Please enter the 7-digit number from the email notification. You may still proceed with the application without the 7-digit number, however it may cause delays in processing your application

Based on responses to the questions, an applicant will be notified if they may be eligible to apply.

- Carefully **read and understand the eligibility requirements** as outlined in the Frequently Asked Questions to confirm that you are eligible for the program
- Answer each question honestly and do not override accurate responses in order to participate in this program** if you are otherwise ineligible
- Note that your responses to other questions within the application may lead to a determination of ineligibility

CONTACT INFORMATION

The Contact Information page captures basic information about you as the Housing Provider or Housing Provider representative

- Indicate whether the Housing Provider on the lease document is a person or a company by selecting either the “Individual” or “Company” button

Contact Information

As a housing provider do you operate as an individual or company? * ?

Individual Company

- If “Individual”, enter your information as noted in the lease:
 - Name (first, middle, last)
 - Mailing address (number, street, city, zip and state)
 - Contact information (phone number and email address)
 - Social Security Number or Tax Identification Number
 - Indicate whether you have a valid driver's license by selecting either the “Yes” or “No” button.

- If “Yes”, enter your driver’s license number, driver’s license state, and upload a copy of your driver’s license

Do you have a valid driver's license? *

Yes No

Driver's license number: *

Driver's license state: *

-Select- ▼

Please upload a copy of your identification: *

Add Document ←

- If “No”, upload a copy of an alternative Government Issued Identification (e.g. Passport, Military ID, U.S. Permanent Resident Card, etc.)

Do you have a valid driver's license? *

Yes No

Do you have a valid State ID, US Passport, Military ID or Military Dependent ID? *

-Select- ▼

Please upload a copy of your identification: *

Add Document ←

- Indicate your business classification by selecting an option in the drop-down box

Business classification (select appropriate option for federal tax classification of the business or person applying for assistance): *

-Select- ▼

- Indicate whether as the housing provider, are you also the property owner.
 - If **Yes**, no further information required for this section.

As the housing provider, are you also the property owner? *

Yes No

- If **No**, indicate whether the property owner is an **individual** or **business**.

As the housing provider, are you also the property owner? *

Yes No

Is the property owner an individual or business? *

Individual Business

- For when either **individual or business** indication is chosen enter:
 - Property Owner Address
 - (Ensure to **Validate Address** as well)

Property Owner Address: *

Address line 2:

City: *

State: *

-Select- ▼

Zip code: *

- Enter Property Owner phone number & Property Owner email

Property Owner phone number: *

Re-enter Property Owner phone number: *

Property Owner email: *

Re-enter Property Owner email: *

- If **“Company”**, enter the information as noted in the lease:

As a housing provider do you operate as an individual or company? * ?

Individual
 Company

- Legal Name
- Mailing address (number, street, city, state and zip code)
- Company phone number and email address
- Company Contact Information (first, middle and last name)
- First, middle and last name
- Date of Birth
- Phone Number
- Email Address

- Indicate whether the company contact has a valid driver's license by selecting either the "Yes" or "No" button
 - If "Yes", enter your driver's license number, driver's license state, and upload a copy of your driver's license

Does the company contact have a driver's license? *

Yes No

Company contact driver's license number: *

Company contact driver's license state: *

Please upload a copy of the company contact's identification: *

Add Document

- If "No", upload a copy of an alternative Government Issued Identification (e.g. Passport, Military ID, U.S. Permanent Resident Card, etc.)

Does the company contact have a driver's license? *

Yes No

Does the company contact have a valid State ID, US Passport, Military ID or Military Dependent ID? *

Please upload a copy of the company contact's identification: *

Add Document

- Company Tax Identification Number
- Company DUNS number (Data Universal Numbering System)

Company TIN: *

Re-enter Company TIN: *

Company DUNS:

- Indicate your business classification by selecting an option in the drop-down box

Business classification (select appropriate option for federal tax classification of the business or person applying for assistance): *

-Select- ▾

- Indicate the number of rental units in your property

Please Indicate the number of rental units in your property: *

1-2 rental units 3 or more rental units

- If **1-2 rental units** chosen, then enter the Basic Business License Number
 - If Basic Business License Number is unavailable, please complete the license application with the DC Department of Consumer and Regulatory Affairs (DCRA).
 - <https://dcra.dc.gov/service/view-business-licenses-offered-get-business-license>

Please Indicate the number of rental units in your property: *

1-2 rental units 3 or more rental units

Basic Business License Number: *

If Basic Business License Number is unavailable, please complete the license application with the DC Department of Consumer and Regulatory Affairs (DCRA).

<https://dcra.dc.gov/service/view-business-licenses-offered-get-business-license>

- If **3 or more rental units** chosen, then enter the Basic Business License Number
 - If Apartment license number is unavailable, please complete the license application with the DC Department of Consumer and Regulatory Affairs (DCRA).
 - <https://dcra.dc.gov/service/view-business-licenses-offered-get-business-license>

Please Indicate the number of rental units in your property: *

1-2 rental units 3 or more rental units

Apartment License Number: *

If Apartment license number is unavailable, please complete the license application with the DC Department of Consumer and Regulatory Affairs (DCRA).

<https://dcra.dc.gov/service/view-business-licenses-offered-get-business-license>

- Indicate whether as the Housing Provider, are you also the property owner.
 - If **yes**, no further information required for this section.

As the landlord, are you also the property owner? *

Yes No

- If **no**, indicate whether the property owner is an **individual** or **business**.

As the landlord, are you also the property owner? *

Yes No

Is the property owner an individual or business? *

Individual Business

- For when either **individual** or **business** indication is chosen enter:
 - Property Owner Address
 - (Ensure to **Validate Address** as well)

Property Owner Address: *


Address line 2:

City: *

State: *

-Select- ▼

Zip code: *



- Enter Property Owner phone number & Property Owner email

Property Owner phone number: *

Re-enter Property Owner phone number: *

Property Owner email: *

Re-enter Property Owner email: *

RENTAL INFORMATION

- Enter Property Name (if applicable)
- Upload proof of ownership of the property (e.g., mortgage statement)
- Indicate whether the tenant receives any rental assistance from a Federal or State program by selecting either the “Yes” or “No” button
 - If “Yes”
 - Select the name of the organization that pays the rental assistance from the drop-down box
 - Upload documentation of the rental assistance

The screenshot shows a form titled "Rental Information". It contains the following fields and controls:

- Property name (if applicable):** A text input field.
- Please upload proof of ownership of the property (e.g., mortgage statement) ***: A label above a dark blue "Add Document" button. A red arrow points to this button.
- Does the tenant in this rental unit receive rental assistance from a Federal, State, or Local program? ***: Radio buttons for "Yes" (selected) and "No".
- What type of rental assistance does your tenant receive? ***: A dropdown menu with "-Select-" and a downward arrow.
- Please upload documentation of rental assistance: ***: A label above another dark blue "Add Document" button. A red arrow points to this button.

- Enter Tenant’s name (first, middle and last) and email address

The screenshot shows a form titled "Tenant Information" with the following fields:


- Tenant first name: ***: Text input field.
- Tenant middle name:**: Text input field.
- Tenant last name: ***: Text input field.
- Tenant email address: ***: Text input field.
- Re-enter Tenant email address: ***: Text input field.

- Indicate whether an eviction notice has been issued to the tenant by selecting either the “Yes” or “No” button
 - If “Yes”, attach the eviction notice or statement/letter of past-due rent

Has an eviction notice been issued to the tenant? *

Yes No

Please attach a copy of the eviction notice or statement/letter of past-due rent: *

Add Document 

- Enter the following lease information and attach a signed copy of the lease or rental agreement(s) that covers all months you are seeking assistance
 - Date original lease agreement was signed
 - Date current lease agreement was signed
 - Date current lease ends, or date lease became month to month

Date original lease agreement was signed: *

Select date


Date current lease agreement was signed: *

Select date

Date your current lease ends: *

Select date


Please attach a signed copy of the lease or rental agreement(s) that covers all months you are seeking assistance: *

Add Document 

- You will need to add each month for which you are seeking payment by clicking the “Add Month” Button and entering the following information:
 - Month and Year
 - Total monthly rent amount
 - Unpaid rent due
 - Indicate if this amount is past due
 - If “Yes”, enter any applicable late fees
 - Amount provided by another Federal, State, or Local program

Applicants are eligible for up to 12 months of past due rent (no earlier than April 1, 2020) and up to 3 months into the future from application submission date. If utilities are included in your monthly amount collected from tenant, then all amounts are considered as rent. If utilities are NOT included in amount collected from tenant, and the tenant pays utilities on their own, then only include rent in this section. Select “Add Month” below to enter the amount of assistance requested by month.

No months have been added

Add Month 

(NOTE: Assistance requested from this program will be automatically calculated from the provided information)

(NOTE: You will need to click the “Add Month” Button and enter the above information individually for each month of assistance)

HOUSING PROVIDER PAYMENT INFORMATION

This program is designed to make payments directly to housing and utility providers. Accordingly, please provide:

- Remittance address for Housing Provider (street or post office box, city, state, and zip code)
 - If remittance address is the same as your mailing address no further steps needed
 - If remittance address is different than your mailing address see below:
 - Once the address is entered click the “Validate Address” button and confirm the address by clicking the “Accept Formatted Address” button

Payment Information

Is your remittance address the same as your mailing address? *

Yes No

Remittance address for landlord: *

Address line 2:

City: *

State: *

-Select-

Zip code: *

Validate Address

CERTIFICATION

- You must indicate that you have agreed to, read, and understand these statements of attestations, acknowledgements, conditions and authorizations
 - STATEMENTS OF ATTESTATION
 - I/We attest that all information provided in this application for the STAY DC is correct and complete to the best of my/our knowledge.*
 - I/We attest that there is a current lease or rental obligation for the rental unit and periods submitted in this application for the STAY DC program.*
 - I/We attest that I have a current rental obligation for the rental unit and over the monthly period(s) for which assistance is sought under this application.*

Certification * denotes required field

STATEMENTS OF ATTESTATION

Please read the following statements carefully and only attest to those statements that relate to you and your application:

I/We attest that all information provided in this application for the STAY DC is correct and complete to the best of my/our knowledge. *

I/We attest that there is a current lease or rental obligation for the rental unit and periods submitted in this application for the STAY DC program. *

I/We attest that I have a current rental obligation for the rental unit and over the monthly period(s) for which assistance is sought under this application. *

Electronically Sign

○ ACKNOWLEDGEMENTS

- I/We understand that electronic submission of my/our application and electronic signature serves as written and signed attestations for the purpose of the STAY DC program.
- I/We declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. I/we agree to provide, upon request, additional information or documentation upon request to the Program Administrator.
- I/We also understand that false statements or information will be grounds for denial of our application, termination of rental or utility assistance, recoupment of any funds disbursed and/or debarment from participating in other current or future assistance programs administered by DHS.
- I/We understand that this is an application for assistance and signing this application does not bind the STAY DC program to offer rental or utility assistance nor does it bind me/us to accept any assistance offered.
- I/We understand that reasonable efforts will be made to make payments directly to my/our housing provider or utility provider. In the event that payments are made directly to me/us (e.g., due to the household provider declining to participate in the program), any funds issued to me/us under the STAY DC program must be paid toward any applicable outstanding rental and utility obligation.
- I/We have no objection to inquiries from the District, the U.S. Department of Treasury or designees, for the purpose of verifying the facts herein stated.
- I/We have received, read and understand the STAY DC program eligibility requirements, program guidelines and compliance requirements and hereby agree to abide by them for the duration in which they are enforced.
- I/We understand that electronic submission of my application and electronic signature serves as written and signed attestations for the STAY DC program.
- I/We declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. I/we agree to provide, upon request, additional information or documentation upon request to the Program Administrator.
- I/We also understand that false statements or information will be grounds for denial of our application, termination of rental or utility assistance, recoupment of any funds disbursed and/or debarment from participating in other current or future assistance programs.
- I/We understand that this is an application for assistance and signing this application does not bind the STAY DC program to offer rental or utility assistance nor does it bind me/us to accept any assistance offered.
- I/We agree that any funds issued to me/us under the STAY DC program will be applied towards the retirement of any rental obligation from tenant household referenced in this application.
- I/We have no objection to inquiries for the purpose of verifying the facts herein stated.

- I/We have received, read and understand the STAY DC program eligibility requirements, program guidelines and compliance requirements.

ACKNOWLEDGEMENTS

- I/We understand that electronic submission of my/our application and electronic signature serves as written and signed attestations for the purpose of the STAY DC program.
- I/We declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. I/we agree to provide, upon request, additional information or documentation upon request to the Program Administrator.
- I/We also understand that false statements or information will be grounds for denial of our application, termination of rental or utility assistance, recoupment of any funds disbursed and/or debarment from participating in other current or future assistance programs administered by DHS.
- I/We understand that this is an application for assistance and signing this application does not bind the STAY DC program to offer rental or utility assistance nor does it bind me/us to accept any assistance offered.
- I/We understand that reasonable efforts will be made to make payments directly to my/our housing provider or utility provider. In the event that payments are made directly to me/us (e.g., due to the household provider declining to participate in the program), any funds issued to me/us under the STAY DC program must be paid toward any applicable outstanding rental and utility obligation.
- I/We have no objection to inquiries from the District, the U.S. Department of Treasury or designees, for the purpose of verifying the facts herein stated.
- I/We have received, read and understand the STAY DC program eligibility requirements, program guidelines and compliance requirements and hereby agree to abide by them for the duration in which they are enforced.
- I/We understand that electronic submission of my application and electronic signature serves as written and signed attestations for the STAY DC program.
- I/We declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct. I/we agree to provide, upon request, additional information or documentation upon request to the Program Administrator.
- I/We also understand that false statements or information will be grounds for denial of our application, termination of rental or utility assistance, recoupment of any funds disbursed and/or debarment from participating in other current or future assistance programs.
- I/We understand that this is an application for assistance and signing this application does not bind the STAY DC program to offer rental or utility assistance nor does it bind me/us to accept any assistance offered.
- I/We agree that any funds issued to me/us under the STAY DC program will be applied towards the retirement of any rental obligation from tenant household referenced in this application.
- I/We have no objection to inquiries for the purpose of verifying the facts herein stated.
- I/We have received, read and understand the STAY DC program eligibility requirements, program guidelines and compliance requirements.

I have read and understand the acknowledgements above *

Electronically Sign

○ **AUTHORIZATION TO RELEASE INFORMATION**

- Your signature on this form authorizes the STAY DC program to use this authorization and the information obtained with it, to administer the STAY DC program and enforce rules and policies associated with the STAY DC program.
- Any individual or organization, including any governmental agency may be asked to release information. Information may be requested from but is not limited to: courts, law enforcement agencies, and other reasonably deemed commercial, non-profit and governmental third parties.
- By signing this form, I authorize the above persons, agencies, firms or corporations to make available any documents or record related to the STAY DC program for inspection and copying.

I hereby authorize the STAY DC program to publish information regarding me/my business or my organization and any awards which I may receive on a searchable public website as part of its public transparency and accountability efforts. Your signature on this form and the signature of each member of your household who is 18 years of age or older authorizes the Emergency Rental Assistance Program to use this authorization and the information obtained with it, to administer and enforce rules and policies.

AUTHORIZATION TO RELEASE INFORMATION

- Your signature on this form authorizes the STAY DC program to use this authorization and the information obtained with it, to administer the STAY DC program and enforce rules and policies associated with the STAY DC program.
- Any individual or organization, including any governmental agency may be asked to release information. Information may be requested from but is not limited to: courts, law enforcement agencies, and other reasonably deemed commercial, non-profit and governmental third parties.
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I hereby authorize the STAY DC program to publish information regarding me/my business or my organization and any awards which I may receive on a searchable public website as part of its public transparency and accountability efforts.

I have read and understand the authorizations above *

Electronically Sign

- PAYMENT ACCEPTANCE AND ACKNOWLEDGEMENTS FOR HOUSING PROVIDER
 - I/We understand that the Tenant must be still living in the rental property for which assistance is requested.
 - I/We, as applicant, agree to accept the amount paid under the Emergency Rental Assistance program, as payment in full, for all past due rent, including any and all late fees or interest. Housing Provider agrees to dismiss, with prejudice, any eviction lawsuit filed.
 - If I/We as Housing Providers has issued a 7-day notice to Tenant, Housing Provider agrees not to enforce, and to withdraw, the 7-day notice until such time as Tenant's eligibility for this program has been determined. If Tenant is not eligible for assistance, Housing Provider will need to issue an additional notice to proceed with any eviction.
 - I/We as Housing Provider agree that, if being paid for future rent, Housing Provider will allow Tenant to remain in the Property for the duration of time rent is pre-paid.

PAYMENT ACCEPTANCE AND ACKNOWLEDGEMENTS FOR LANDLORD

I/We understand that the Tenant must be still living in the rental property for which assistance is requested. *

I/We, as applicant, agree to accept the amount paid under the STAY DC Program, as payment in full, for all past due rent, including any and all late fees or interest. Landlord agrees to dismiss, with prejudice, any eviction lawsuit filed. *

If I/We as Landlord has issued a 7-day notice to Tenant, Landlord agrees not to enforce, and to withdraw, the 7-day notice until such time as Tenant's eligibility for this program has been determined. If Tenant is not eligible for assistance, Landlord will need to issue an additional notice to proceed with any eviction. *

I/We as Landlord agree that, if being paid for future rent, Landlord will allow Tenant to remain in the Property for the duration of time rent is pre-paid. *

Electronically Sign

- Electronically sign the application each section by clicking the “Electronically Sign” Button



- FAIR CREDIT REPORTING ACT AUTHORIZATION

- You understand that by clicking on the I AGREE button immediately following this notice, you are providing 'written instructions' to District of Columbia ("the District") under the Fair Credit Reporting Act authorizing the District to obtain information from your personal credit profile or other information from Experian. You authorize the District to obtain such information solely to confirm your identity to avoid fraudulent transactions in your name for the STAY DC Emergency Rental Assistance Program.

FAIR CREDIT REPORTING ACT AUTHORIZATION

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I Agree

- Read Applicant Status Monitoring statement and Submit Application by clicking the "Submit" button

APPLICATION STATUS MONITORING

Following this submission, you can monitor the status of your application by logging back into STAY DC Program online portal and navigating to the Applications page.

Back: Payment Information

Save Draft

Submit

- You will receive the below message upon submission

✔ Thank you for your submission! You will receive an email confirmation for your records, but you may also [print your request](#). You may track the status of your request on the [Applications](#) page.

APPENDIX

DOCUMENT / INFORMATION	ILLUSTRATIVE EXAMPLE
	<ul style="list-style-type: none"> <input type="checkbox"/> Proof of Identity <ul style="list-style-type: none"> <input type="radio"/> A valid (or expired eight years or less) photo driver license or photo identification card issued by the District of Columbia or another State jurisdiction <input type="radio"/> International Passport or Passport Card valid or expired 5 years or less <input type="radio"/> U.S. Permanent Resident Card or Alien Registration Receipt Card <input type="radio"/> U.S. government and military dependent identification card <input type="radio"/> A valid photo ID card from any U.S. university, college, technical college or high school. The card must contain your name and photograph <input type="radio"/> Verifiable employer-issued ID card provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address <input type="checkbox"/> Signed copy of the lease or rental agreement(s) that covers all months you are seeking assistance <input type="checkbox"/> Relevant eviction notice or statement/letter of past-due rent (if applicable) <input type="checkbox"/> Rental Assistance documentation for tenant from a Federal or State program (if applicable)
<p>Driver's License and State Identification Card</p>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> </div> <div style="text-align: center;"> </div> </div>