

OVERVIEW

Under Mayor Muriel Bowser’s leadership, the District government is working to ensure residents have access to resources needed to help them stay in their homes. The District has already launched several programs to support tenants and Housing Providers negatively impacted by the COVID-19 pandemic. STAY DC provides funds to assist households unable to pay rent and utilities due to the COVID-19 pandemic.

The STAY DC program is administered by the Department of Human Services (DHS) in collaboration with the Office of the Deputy Mayor for Planning and Economic Development (DMPED), the Office of the Deputy Mayor for Health and Human Services (DMHHS), and the Department of Housing and Community Development (DHCD).

ELIGIBILITY

You are likely eligible to participate in the STAY DC program if you are able to answer YES to ALL of the following:

- You are a housing provider with a rental unit within the District of Columbia

In addition to answering yes to all of the above, your renter household MUST be eligible if they or any member of the rental household:

- Has qualified for unemployment at any time since January 1, 2020
- Has experienced a reduction in household income
- Has incurred significant increased costs due to COVID-19 or during the public health emergency since April 1, 2020
- Has experienced financial hardship (e.g., qualify for welfare assistance such as Medicare, SNAP or TANF)
- Can demonstrate a risk of experiencing homelessness or housing instability (e.g. past due notice, proof of non-payment of rent, or eviction notice)
- Has total household income less than or equal to 80% of the area median

INSTRUCTIONS

- Prior to beginning your application, confirm that you are eligible
- Review the documentation requirements and gather applicable documents that support your application
- Carefully read each question and provide, to the best of your ability, complete and accurate responses
- To ease readability, please complete application using BLOCK or CAPITAL LETTERS
- Please note that incomplete applications may not be able to be reviewed by Program Case Managers
- Scan and print applicable supporting documentation and include to your submission packet
- Completed applications can be dropped off at one of the following locations no later than September 30, 2021

Organization	Address	Ward	Drop-Off Times
Catholic Charities	2812 Pennsylvania Ave., SE WDC 20020	7	24 hrs a day, 7 days a week at outdoor dropbox
GW Urban League	2901 14 th St., NW, WDC 20009	1	24 hrs a day, 7 days a week at outdoor dropbox
Salvation Army (SE)	2300 Martin Luther King, Jr. Ave., SE, WDC 20032	8	Monday-Friday (8:30AM – 12PM)(1:30PM - 4PM)
Salvation Army (NW)	1434 Harvard St., NW, Suite B, WDC 20009	1	Monday-Friday (8:30AM – 12PM)(1:30PM - 4PM)
Housing Counseling	2410 17 th St., NW, Suite 100, WDC 20009	1	24 hrs a day, 7 days a week at outdoor dropbox
UPO	2907 Martin Luther King Jr., Ave., SE WDC 20032	8	Monday – Thursday (10 AM - 1 PM)

If you have any questions about the application, visit the program website at stay.dc.gov or feel welcome to call the Contact Center at **833-4-STAYDC (833-478-2932) between 7am and 7pm ET, Monday through Friday.**

SECTION I: PRE-ELIGIBILITY

1. Have you received an email confirmation from STAY DC that your tenant submitted an application?
 Yes No

If yes, 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.

2. Provide the physical address of the rental property/unit for which assistance is requested:

Address (Line 2):

City: State: Zip Code (5 digits):

3. How many bedrooms are being rented to the applicant tenant household?

4. Is your tenant an immediate family member? Yes No

5. What type of assistance are you seeking? (Check all that apply)

- Past due rent
 Current or future rent

SECTION II: CONTACT INFORMATION

6. As a Housing Provider do you operate as an individual or a company? Individual Company

If you are an individual Housing Provider, please complete Question #6 and skip Question #7

If you are a Housing Provider company, please skip Question #6 and proceed to Question #7

7. Please provide individual Housing Provider information

Housing Provider Name (First, Middle, Last):

Mailing address (Line 1):

Mailing address (Line 2):

City: State: Zip Code (5 digits):

Individual Housing Provider Phone Number:

Individual Housing Provider Email Address:

Individual Housing Provider SSN or TIN:

Do you have a valid driver's license number? Yes No

Driver's license number: Driver's license number issuing state:

Please attach a copy of your proof of identification

8. Please provide Housing Provider company information

Business Legal Name:

Mailing address (Line 1):

Mailing address (Line 2):

City: **State:** **Zip Code (5 digits):**

Business Phone Number:

Business Email Address:

Business Point of Contact Name:

Business Point of Contact Phone Number:

Business Point of Contact Email Address:

Business DUNS:

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

Individual

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietorship or single member LLC | <input type="checkbox"/> Trust / Estate |
| <input type="checkbox"/> C-Corporation | <input type="checkbox"/> Non-Profit Entity |
| <input type="checkbox"/> S-Corporation | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Partnership | |

10. Please indicate the number of rental units in your property:

- 1-2 rental units 3 or more rental units

11. Basic Business License or Apartment License Number

If you do not have a Basic Business License Number please obtain one by completing a license application with the DC Department of Consumer and Regulatory Affairs (DCRA) at <https://dcra.dc.gov/service/view-business-licenses-offered-get-business-license>

12. As the Housing Provider, are you also the property owner? Yes No

If no, please provide information on the property owner

Property Owner name (individual or legal business name):

Property Owner address (Line 1):

Property Owner address (Line 2):

City: **State:** **Zip Code (5 digits):**

Property Owner Phone Number:

SECTION III: RENTAL INFORMATION

Property Owner Email

13. Property name (if applicable)

Please provide proof of ownership of the property (e.g., mortgage statement)

14. Does the tenant in this rental unit receive rental assistance from a Federal, State, or Local program?

- Yes No

15. What type of rental assistance does your tenant receive?

- Housing Choice Voucher
- Indian Housing Block Grant-Assisted Property
- Project-Based Rental Assistance
- Public Housing
- Regional Behavioral Health Voucher Program
- DC Emergency Rental Assistance Program (Local)

Please provide proof of documentation of rental assistance

16. Tenant Name (First, Middle, Last):

17. Tenant Email Address:

18. Has an eviction notice been issued to the tenant?

- Yes No

If yes, please attach a copy of the eviction notice or statement/letter of past due rent:

Applicants are eligible for up to 18 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. Enter month below with the amount of assistance requested by month.

Month	Year	Past Due Amount	Unpaid Rent	Late Fees	Assistance Received from Other Federal/State Programs	Amount Requested from STAY DC

SECTION IV: PAYMENT INFORMATION

19. Is your remittance address the same as your mailing address?

- Yes No

Remittance address for Housing Provider:

Remittance address (Line 2):

City: State: Zip Code (5 digits):

CERTIFICATION

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.*

[NOTE: Each attestation statement to be checked by the Housing Provider applicant above; all are required]

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 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/We have read and understand the acknowledgements above.*

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.
- I have read and understand the authorizations above.*

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.*
- As an applicant and landlord of the STAY DC program, I agree to accept the amount paid under the STAY DC program as payment in full for the monthly period(s) covered by the STAY DC program, including late fees, interest, or other rental charges.*
- I agree not to pursue that portion of any pending non-payment eviction complaint for which STAY DC has made payment.*
- I agree that I shall not file an eviction action for nonpayment of rent for 60 days after the rental assistance period.*

[NOTE: Each payment acceptance acknowledgment to be checked by the Housing Provider applicant above]

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 the District of Columbia government ("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 program.

- I/We agree

Signature:

Name:

Date: