

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 currently reside within the District of Columbia
- You are a renter with a current residential rental, lease, sublease or Limited Equity Co-op (LEC) agreement
- Your household currently meets the income guidelines.
- Your Housing Provider is *not* an immediate family member

In addition to answering yes to all of the above, you are eligible if you or any member of your 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)

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
- 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 the STAY DC Program that your Housing Provider submitted an application? Yes No

If yes, please enter the 7-digit number from the email notification.

NOTE: You may still proceed with the application without the 7-digit number. However, it may potentially cause delays in processing your application.

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

Address (Line 2):

City: State: Zip Code (5 digits):

3. Is your Housing Provider an immediate family member? Yes No

4. How many individuals or household members live in the rental unit?

Note: Do NOT include roommates or other individuals who have a separate rental/lease/sublease agreement with the Housing Provider.

5. How many bedrooms are currently being rented/leased/subleased by your household?

6. Do you have a rental/lease/sublease or Limited Equity Co-op (LEC) agreement with your Housing Provider?

Yes No

If yes, as the applicant and tenant, is your name on the rental/lease/sublease or Limited Equity Co-op (LEC) agreement for the rental property/unit?

Yes No

7. What was your total annual household income for 2020? (i.e., add together all your household members' income for all of 2020. This can also be the same as the sum of the Adjusted Gross Income (AGI) on 2020 IRS Form 1040 for all your household members)

8. What is your estimated annual household income for 2021? (i.e., add your monthly income of all adult household members for the last two months and multiply by 6)

9. Since January 1, 2020, have you or any member of your household qualified for or been approved for unemployment benefits?

Yes No

10. Have you or any member of your household not been employed for the last 90-day period or longer?

Yes No

11. Since April 1, 2020, have you or any member of your household experienced a reduction in income as a result of the COVID-19 pandemic? Yes No

12. Since April 1, 2020, have you or any member of your household incurred significant costs (e.g., medical, childcare, transportation, or other living expenses) as a result of the COVID-19 pandemic?

Yes No

13. Since April 1, 2020, have you or any member of your household experienced other financial hardship due directly or indirectly to the COVID-19 outbreak (e.g., qualification for assistance under federal, state or local welfare assistance programs such as SNAP, TANF)? Yes No

SECTION II: APPLICANT INFORMATION

14. Please enter all members of your household (including yourself) that do NOT have a separate rental agreement with the Housing Provider:

Please note that Social Security Number is not required. If you have one, please provide it as it will speed up your application review

Name	Relationship to You	DOB	Marital Status	Sex	Ethnicity	Race	SSN / Tax Identification Number	2020 Income	Income from Last Month	Income from Month Before Last
<i>Example: John Joe Smith</i>	<i>Self</i>	<i>01/01/1955</i>	<i>SI</i>	<i>M</i>	<i>H</i>	<i>P</i>	<i>XXX-XX-XXXX</i>	<i>\$xxxx</i>	<i>\$xxxx</i>	<i>\$XXX</i>

- | | | | | | | |
|--|--|---|--|--|--|---|
| Relationship to you
ME =Self
SP = Spouse
CP = Civil Partner
PA = Parent
CH = Child
SI = Sibling | GP = Grandparent
GC = Grand Child
AU = Aunt / Uncle
CO = Cousin
O = Other | Sex
M = Male
F = Female
X = Prefer Not to Say | Ethnicity
H = Hispanic
L = Latino
S = Spanish Origin | Race
AI = American Indian
AN = Alaska Native
B = Black or African American
NH = Native Hawaiian
OPI = Other Pacific Islander
O = Other
W = White
M = Multi-racial
P = Prefer Not to Answer | Marital Status
SI = Single
M = Married
D = Divorced
SP = Separated
W = Widowed | Employment Status
FT = Employed full time
PT = Employed part time
U = Unemployed
R = Retired
S = Student
M = minor child not of school age |
|--|--|---|--|--|--|---|

Please ensure that you provide information on all the members of your rental household members and that the number agrees with the entry in the Pre-Eligibility Section

15. Applicant Email Address:

16. Applicant Phone Number:

17. Is this a Cell Phone Number: Yes No

Note: the STAY DC program is configured to send automated update notifications to your email address. Limited notifications may be sent to you via phone. To ensure that you receive any messages delivered at any time you are unable to pick up the phone, we encourage that you have a voicemail box configured to receive messages. Phone and data charges may apply.

Please note that your confirmation of participation in any of the federal, state or local government assistance programs below does NOT negatively affect your eligibility for participation in the STAY DC program. A recently completed income certification and participation in certain programs can EXPEDITE your qualification and application for this program.

18. At any time since April 1, 2020, did you or a member of your household receive rental assistance from ANY of the following District programs? (Check all that apply)

- COVID-19 Housing Assistance Program (CHAP)
- Tenant-Based Rental Assistance (TBRA)
- Housing Stabilization Grant (HSG)
- DC Emergency Rental Assistance Program (Local)

By selecting any of the programs below, you consent to confirming that you or a member of your household receive/received Supplemental Nutritional Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and/or Unemployment (UI) benefits from the District of Columbia Government and that you consent to the use of data from those programs for purposes of determining your eligibility for the STAY DC Program.

19. At any time since April 1, 2020, did you or a member of your household receive rental assistance from ANY of the following Federal programs? (Check all that apply)

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Unemployment (UI)

20. At any time since April 1, 2020, did you or a member of your household receive assistance from ANY federally funded rental or housing assistance program (e.g., HUD Housing Assistance Program (HAP), Live in Section 8 Housing, DCHA Housing Choice Voucher (HCVP), DCHA supported Family Rehousing Stabilization Program (FRSP)/Rapid Rehousing (RPH))? Yes No

If available, please provide a copy of your benefits award letter or other documentation of assistance received (e.g., payment statement or bank confirmation of fund deposit)

21. Is your mailing address the same as your residence address? Yes No

If no, please provide your mailing address below:

Mailing address (Line 1):

Mailing address (Line 2):

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

Please provide an explanation for why your mailing address is different from your rental unit address:

22. Please describe how COVID-19 has impacted you and/or members of your household through qualification of unemployment benefits, reduction in income, significant costs incurred, and/or other financial hardship:

Please attach supporting documentation to demonstrate a loss of income, significant cost, and/or other financial hardship (e.g., unemployment benefit statement or Form 1099-G, monthly pay statements before AND after the impact of COVID-19, letter from employer showing a decrease in income, copies of: medical, childcare, transportation, or other significant expenses your household has incurred as a result of COVID; approval letter for federal, state or local government assistance programs such as: Medicare, SNAP, TANF; written attestation from your employer, caseworker or government agency) may result in delayed processing of your application due to the additional time and effort required to validate their assertions.

23. Do you have a valid (or expired eight years or less) photo driver's license or photo identification card issued by the District of Columbia or another State jurisdiction? Yes No

Driver's License Number Driver's License State

Please provide a copy of your Driver's License or photo identification card

24. Do you have a valid State ID, US Passport, or Military ID? Yes No

25. Please indicate a type of identification you can provide (may require additional validation procedures or potential delay):

- | | |
|--|--|
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> US Permanent Resident Card |
| <input type="checkbox"/> State ID | <input type="checkbox"/> Alien Registration Receipt Card |
| <input type="checkbox"/> US Passport | <input type="checkbox"/> US Government and Military Dependent Card |
| <input type="checkbox"/> Military ID | <input type="checkbox"/> University/Collect/High School ID |
| <input type="checkbox"/> International passport or passport card | <input type="checkbox"/> Verifiable Employer-issued ID |

Please provide a copy of proof of identification

SECTION III: RENTAL ASSISTANCE INFORMATION

26. Are you seeking rental assistance? Yes No

If you are NOT seeking rental assistance, please skip the remainder of this section and proceed to Section IV: Utility Assistance

27. Is your Housing Provider an individual or a company? Individual Company

Housing Provider Name (First, Middle, Last):

If Housing Provider is a business please provide the Business Legal Name:

Mailing address (Line 1):

Mailing address (Line 2):

City: State: Zip Code (5 digits):

Housing Provider Phone Number:

Housing Provider Email Address:

28. Have you received a past due notice from your Housing Provider or been contacted by the Office of Tenant Advocate (OTA)? Yes No

29. Have you received a 7-day eviction notice)? Yes No

- To read a summary of all tenant rights and resources during the COVID-19 public health emergency, follow this link to the Office of the Tenant's Advocate website (<https://ota.dc.gov/>). To speak to someone at the OTA, call them directly at (202) 719-6560.
- D.C. Bar pro Bono Center's Housing Provider Tenant Resource Network phone number, (202) 780-2575, is a general resource for all tenants facing eviction and small Housing Providers, where attorneys are available to help those in need. This phone number will serve as a central gateway to access all six Civil Legal counsel Projects Program (CLCPP) providers, which we are naming the Housing Provider Tenant Legal Assistance Network (LTLAN).

30. Have you received court eviction paperwork with a hearing date? Yes No

31. Date of hearing:

Please attach the eviction notice or statement/letter of past due rent.

32. Do you have a formal lease or sublease or Limited Equity Coop agreement with your Housing Provider?
 Yes No

If yes, please indicate the current lease end date:

If no, can you provide a written attestation by a Housing Provider who can be verified as the legitimate owner or management agent of the unit or documentation that reasonably establishes a pattern of paying rent (e.g., Bank statements, check stubs)? Yes No

If you don't have any of the above documents, please provide a written attestation describing your inability to generate such documents. Note that if you provide a self-attestation for your rental obligation, rental assistance payment will be made up to a monthly maximum of 100% of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which the applicant resides, as most recently determined by HUD and made available at <https://www.huduser.gov/portal/datasets/fmr.html>

Please attach formal lease, sublease or LEC agreement or attestation form

33. What is the monthly rent amount per the current rental arrangement?

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 paid to the Housing Provider, then all amounts are considered as rent. If utilities are NOT included in rent and you have a separate provider for utility services, then only include rent in this section and list utilities separately in the next section titled "Utilities". Enter month below with the amount of assistance requested by month.

Month	Year	Total monthly rent amount	Unpaid Rent Amount	Is this amount past due?	Late Fees (if applicable)	Assistance from Other Federal/State Programs	Amount being Requested from STAY DC

NOTE: Any assistance requested from the STAY DC program shall NOT duplicate any other federal, state, or local assistance for the same costs or same period

SECTION IV: UTILITIES

34. Are all of your utilities included in your rent or provided by your current Housing Provider? Yes No

35. Are you seeking utility assistance? Yes No

If you are NOT seeking utility assistance, please skip the remainder of this section and proceed to Section IV: Utility Assistance

Applicants are eligible for up to 18 months of past due utility payments (no earlier than April 1, 2020) from application submission date.

Utilities may include electricity, gas, water and sewer, trash removal and energy costs, such as fuel oil.

Utilities should NOT be entered if utilities are paid as part of your rental payment to your Housing Provider.

Telecommunication services (telephone, cable, internet) delivered to the rental dwelling are not eligible utilities.

Energy costs (e.g., fuel, oil) are NOT eligible under the STAY DC program, please visit <https://doee.dc.gov/liheap>

36. Enter the applicable information regarding the type of utility and period for which assistance is being requested:

Acceptable utility entries include: Electricity (PEPCO); Gas (Washington Gas); Water & Sewer – DC Water

Utility	Utility Account Number	Month	Year	Amount Owed	Is amount past due?	Late Fees (if applicable)	Assistance from Other Federal/State Programs	Amount being requested from STAY DC

SECTION V: PAYMENT INFORMATION

This program is designed to make payments directly to Housing Providers and utility providers. However, in the rare instances your Housing Provider is unresponsive, or unwilling to accept direct payments, you MAY be eligible to receive payment assistance directly.

If approved for direct payment as a tenant, payment will be mailed to the mailing address provided in Section 2: Applicant Information.

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 program is correct and complete to the best of my/our knowledge. *
- I/We attest that one or more of my/our household members [select one]: *
 - qualified for District of Columbia (District) unemployment insurance (UI) benefits at any time after January 1, 2020, or
 - experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 public health emergency
- 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. *
- I/We attest that my/our household is at risk of experiencing housing instability or homelessness, which may include (i) a past due utility or rent notice or eviction notice, (ii) unsafe or unhealthy living conditions, or (iii) any other of risk of experiencing homelessness or housing instability
- I/We attest that my/our total household income does not exceed 80 percent of the area median income of the jurisdiction in which my/our rental unit is located. *
- I/We attest that the total amount of monthly income of all adult household members submitted in this application for the STAY DC program is complete and accurate. *
- I/We attest that my/our household has not received, is not currently receiving and does not anticipate receiving assistance from another source of public or private subsidy or assistance that covers the same costs of rental or utility obligation submitted under the STAY DC program. *

[NOTE: Each attestation statement to be checked by the Tenant applicant above; Bullets 2 and 3 are optional]

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 Housing 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 have read and understand the acknowledgements above.*

[NOTE: Each attestation statement to be checked by the Tenant applicant 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 and enforce DC STAY rules and policies.
- I hereby authorize the utility entities to release my account number, account information, historic and future utility usage, and billing data. This includes arrearage information for the purpose of allowing the District Government and entities acting on behalf of the District Government to assess eligibility, perform analysis, and to provide information in my file to utility companies for rate classification purposes and marketing for the Utility Discount Programs financial assistance or other financial assistance programs.
- I hereby authorize the District of Columbia utility companies (including but not limited to PEPCO, Washington Gas, and DC Water) to release my account number and account information. This includes arrearage information for the purpose of allowing the District Government and entities acting on behalf of the District Government to assess eligibility and to analyze the impact to utility burdens for federal funding under the Stronger Together by Assisting You program, funded by the U.S. Treasury.
- Any individual or organization, including any governmental agency may be asked to release information. Information may be requested from, but is not limited to, the following persons and/or entities: courts, law enforcement agencies, Housing Providers, past and present employers, Social Service Agencies, utility companies, 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 household (not including personally identifiable information) and any awards which I may receive on a searchable public website as part of its public transparency and accountability efforts. Information published may include the number of eligible households that receive funding, the type of assistance provided, acceptance rate of applicants, average funding provided per household, household income levels, and average number of monthly rental or utility payments that were covered by funding.
- I/We have read and understand the authorizations 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 have read and understand the authorizations above.*

Signature: Name:

Date: