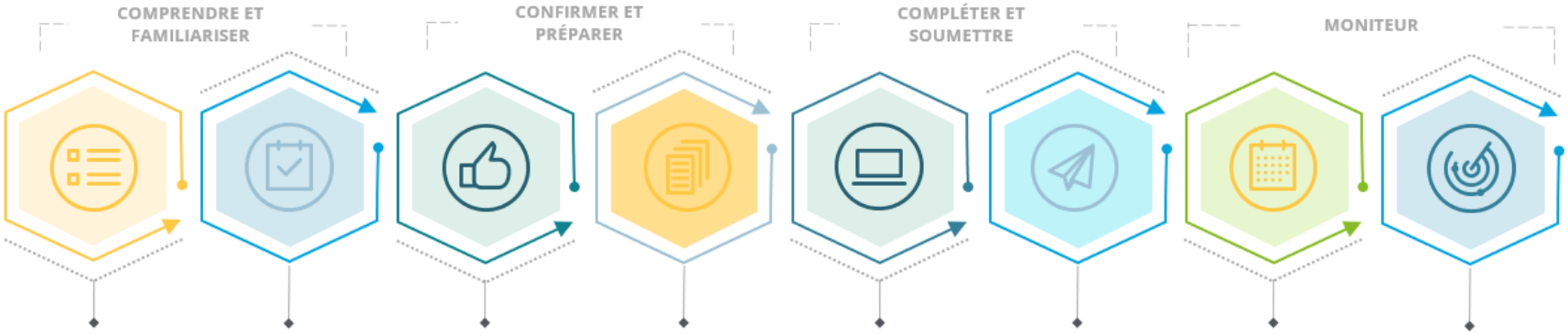
STAY DC
EMERGENCY RENTAL ASSISTANCE PROGRAM
TENANT APPLICATION USER GUIDE

MAIN WEBSITE:

stay.dc.gov

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



ASSISTANCE TECHNIQUE

BESOIN D'AIDE? Accédez au Centre de contact au (833) 832-7075 à compter du lundi 29 mars à 7 h HNE et du lundi au vendredi, de 7 h à 19 h HNE, pour recevoir de l'aide sur les lignes directrices du programme et l'admissibilité avant l'ouverture de la demande le 5 avril 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. **Please ensure that these documents are saved and uploaded in the PDF format.**

APPLICATION SIGNATURE

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

APPLICATION DOWLOAD

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

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 in 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.**

CONSIDERATIONS FOR YOUR PAPER APPLICATION EXPERIENCE

COMMUNITY BASED ORGANIZATIONS (CBO)

Beginning in May 2021, if you are unable to complete the online application, you can have a family member, friend, or a designated **Community Based Organization (CBO)** assist you in completing the application (all required documentation must be submitted with application). See the list below for the CBO closest to you. For immediate question about this application you can contact our customer care center at**: 1 (833) 832-7075**

Organization	Phone number	Mailing address	Ward
Catholic Charities	202-338-3100	2812 Pennsylvania Avenue, SE, WDC 20020	**7**
GW Urban League	202-265-8200	2901 14th Street, NW, WDC 20009	**1**
Salvation Army (SE)	202-678-9771	2300 Martin Luther King Jr. Avenue, SE, WDC 20032	**8**
Salvation Army (NW)	202-332-5000	1434 Harvard Street, NW, Suite B, WDC, 20009	**1**
Housing Counseling	202-667-7339	2410 17th Street, NW, Suite 100, WDC 20009	**1**
UPO	202-231-7910	2907 Martin Luther King Jr. Avenue, SE WDD, 20032	**8**

APPLICATION PICKUP

Paper applications can be retrieved from the **STAY DC program website** or can be picked up at any one of the **CBO locations listed above.**

APPLICATION SIGNATURE

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

APPLICATION DROP OFF

Upon completion of your paper application, you can drop it off along with supporting documentation at any one of the **CBO locations listed above.**

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 paper application.** The portal provides limited computation, validation or verification of the information you enter on the form, and **you are responsible for including all required information. Failure to do so may result in your application being delayed or disapproved.**

STAY DC
Stronger Together by Assisting You

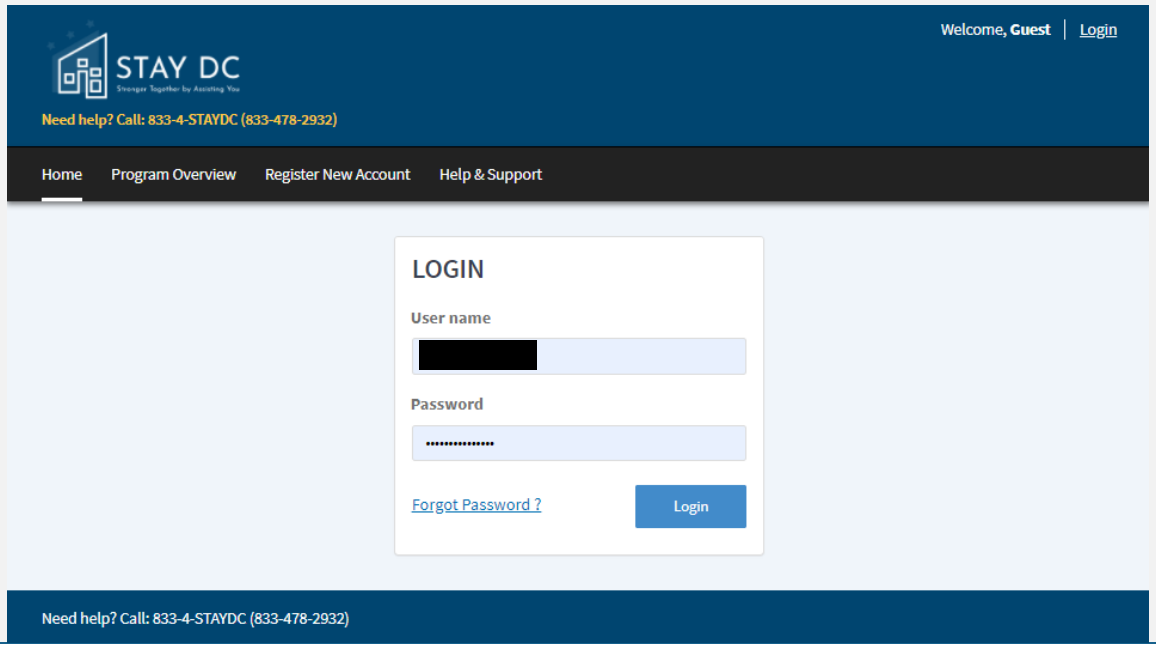
ONLINE PORTAL APPLICATION GUIDE

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:

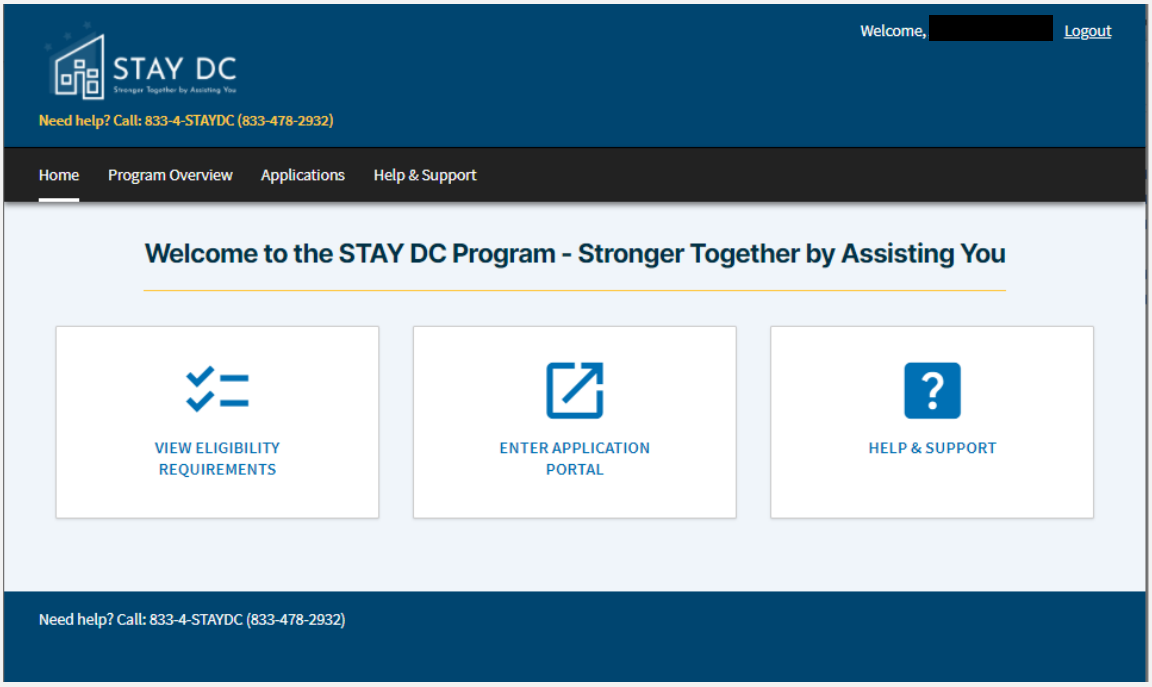
- ☐ Proof of identity (e.g. A valid (or expired eight years or less) photo Driver's License, Passport, Military ID, U.S. Permanent Resident Card, etc.) Please see Required Documentation file for more information.
- ☐ Proof of loss of income OR proof of significant cost incurred OR proof of financial hardship OR proof of risk of experiencing housing instability or homelessness
- ☐ Proof of Income for each household member of the household (e.g. 2020 W-2, 2020 Form 1040, pay stubs and other statement of wages or salary (including statements from PayPal, Venmo or CashApp payments for gig workers)
- ☐ Proof of lease or rental agreement; and
- ☐ Copy of most recent bill or statement, if applying for utility assistance

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.

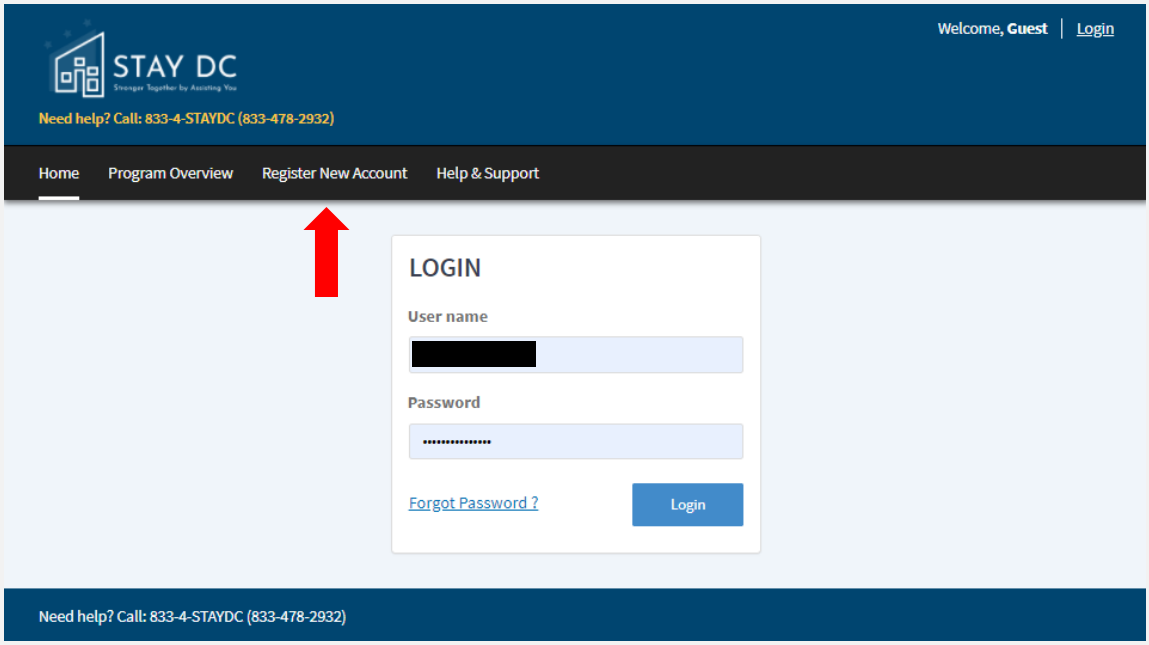


- ☐ Once logged into the portal, you will be presented with a Welcome to the STAY DC Program – Stronger Together by Assisting You page where you will be able to navigate to **View Eligibility Requirements**, **Enter Application Portal**, and access **Help & Support**.
- ☐ **NOTE:** STAY DC ERAP Customer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

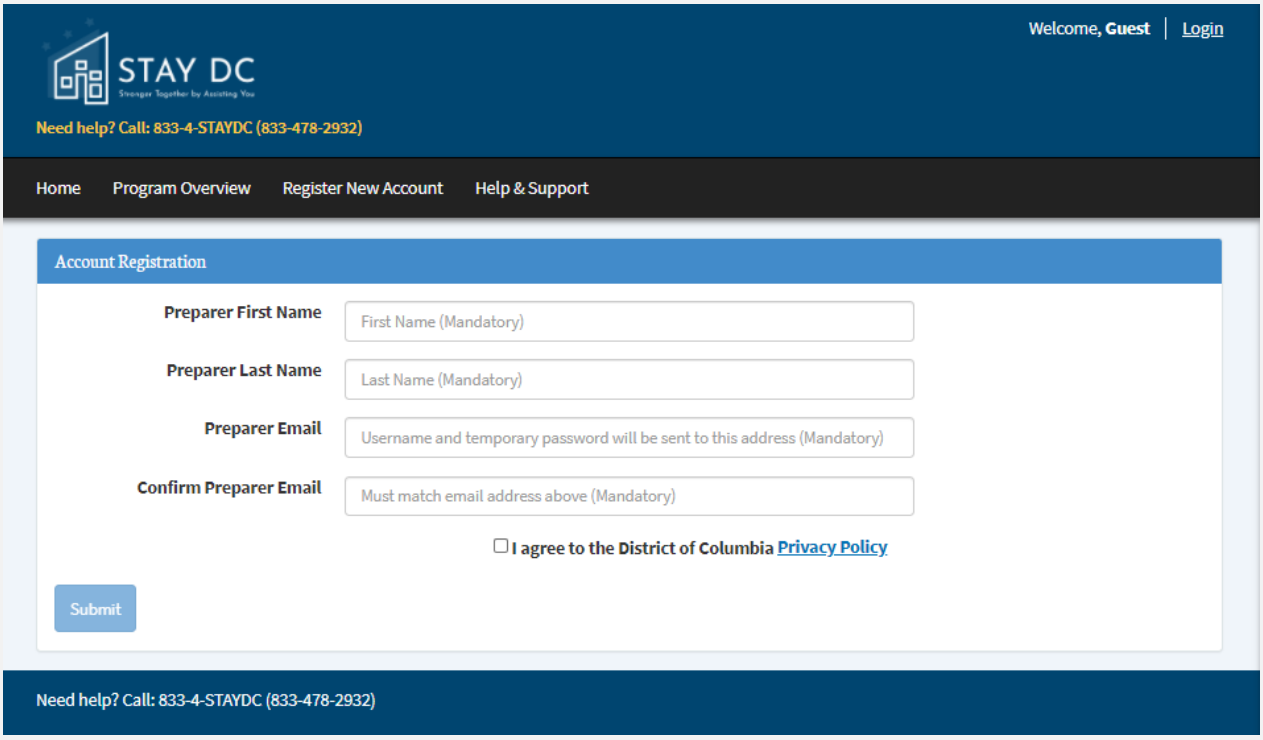


REGISTER NEW ACCOUNT (FIRST TIME LOGGING IN)

- ☐ 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**

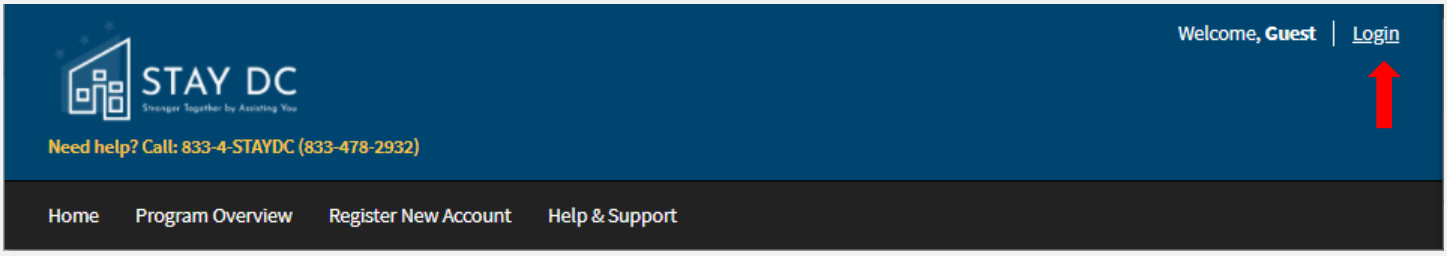


REGISTRATION EMAIL

- ☐ 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.*

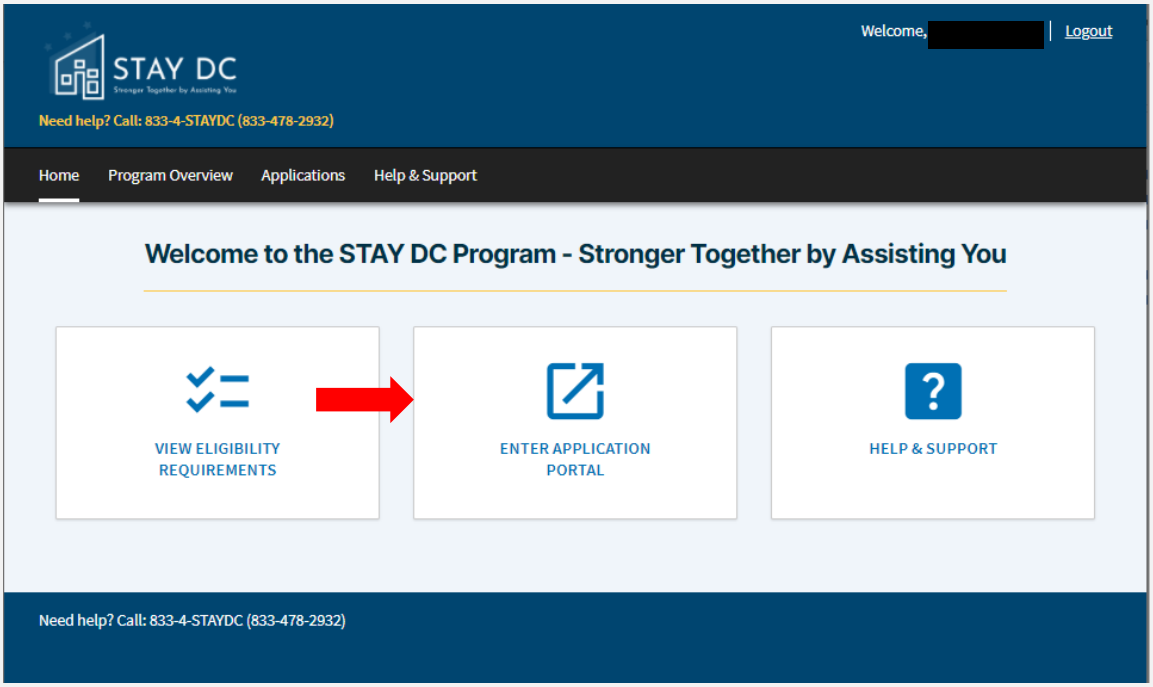
CHANGE PASSWORD

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

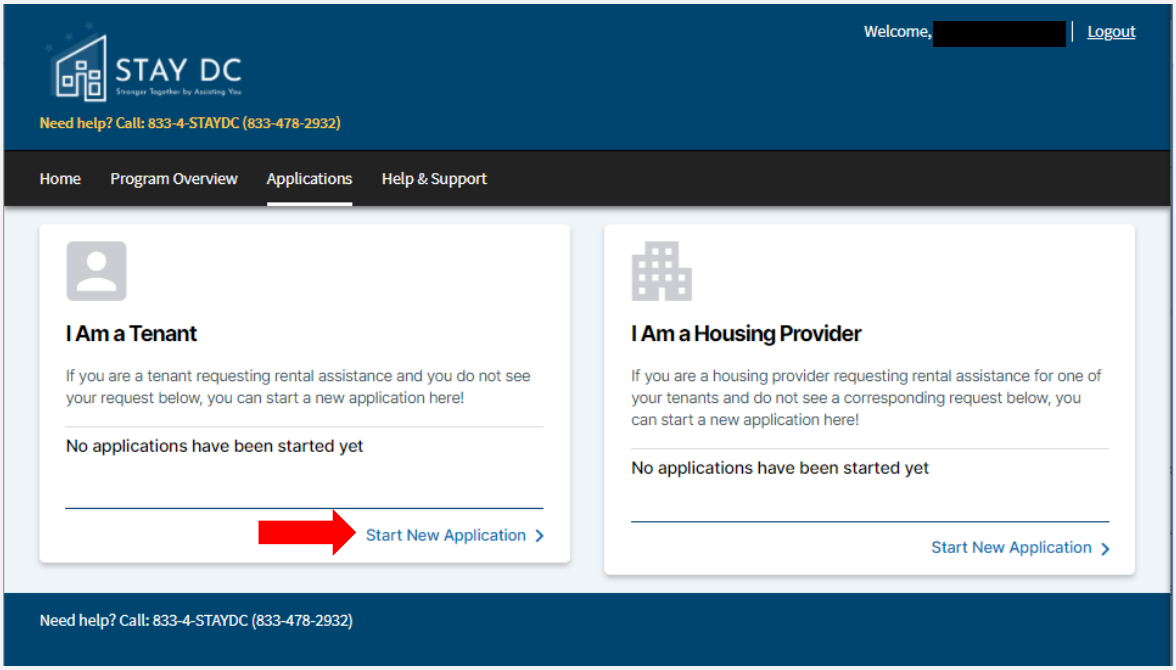


START NEW APPLICATION

- ☐ Begin a **new application** by clicking the **Enter Application Portal button**

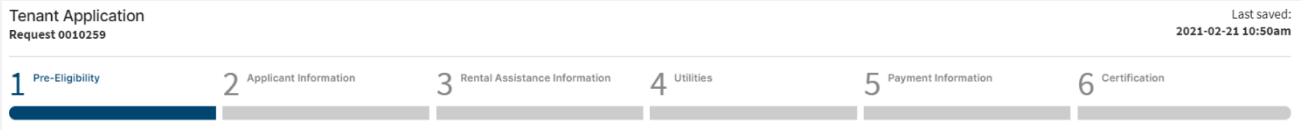


- ☐ Once in the application portal click on **Start New Application** button under the **I Am a Tenant** option.



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

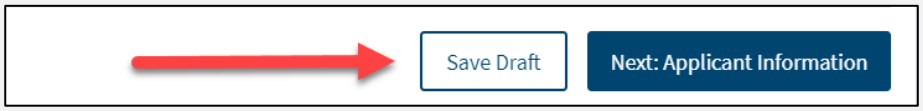


- ☐ A number of **validation rules** have been built into the application to let you know if data is missing, has been entered in an incorrect format, or your response indicates that you are not eligible for the program

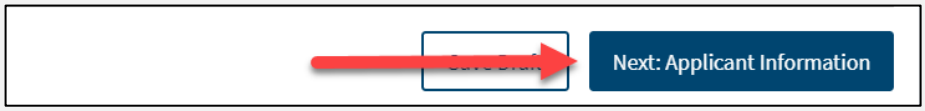
- ☐ Please note that **you are responsible for answering each question completely and accurately**

- ☐ 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

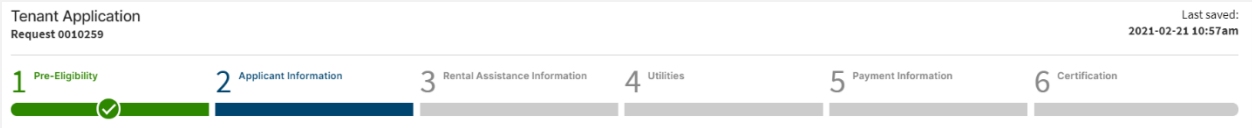
- ☐ At any point in the application process, you can click on the **Save Draft** button at the bottom of the screen to save your work before exiting the application and returning at a later time to complete it



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

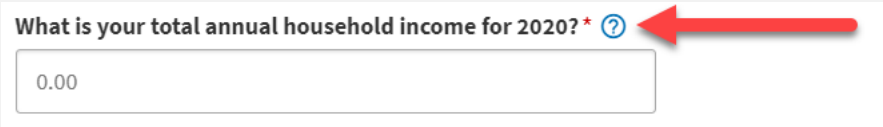


- ☐ On each subsequent page, your progress will be updated, and previously competed pages will be highlighted with a **green check mark**

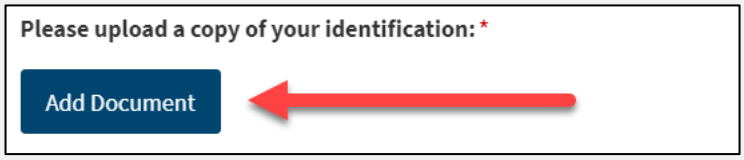


- ☐ **Mandatory fields** are indicated with a red asterisk (*)

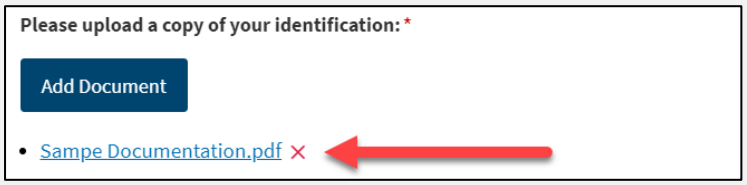
- ☐ A **tool-tip function** is available on some questions by clicking on the blue question mark icon. Clicking this icon will either provide additional information about the field or display an illustrative sample of the document from which the information can be obtained.



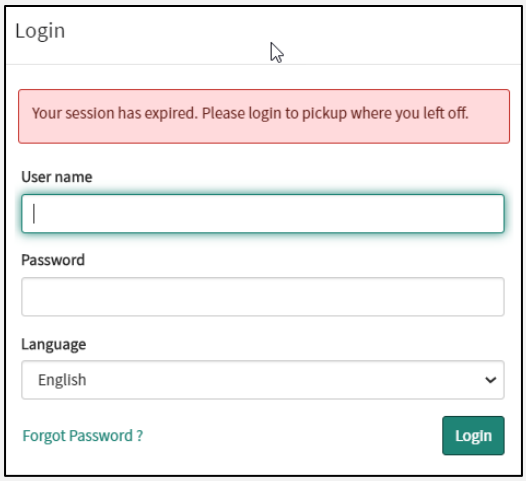
- ☐ Click the Add Document button to upload any required supporting documentation



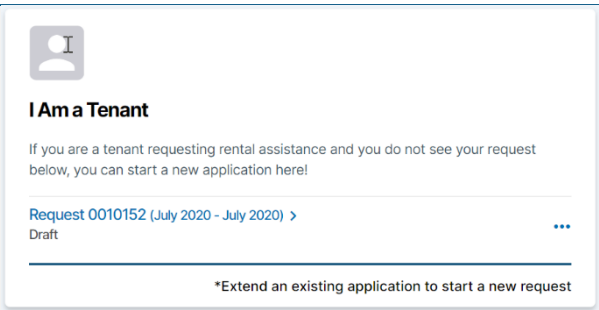
- ☐ A successful upload will result in the file name displaying



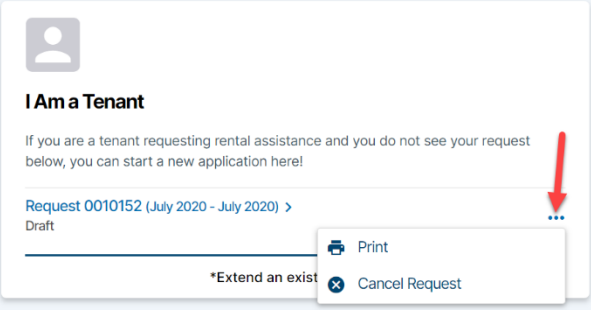
- ☐ Be sure to **save your progress often** so that your online session is not timed out. Expired sessions will require that you re-enter your log-in credentials to continue with your application



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



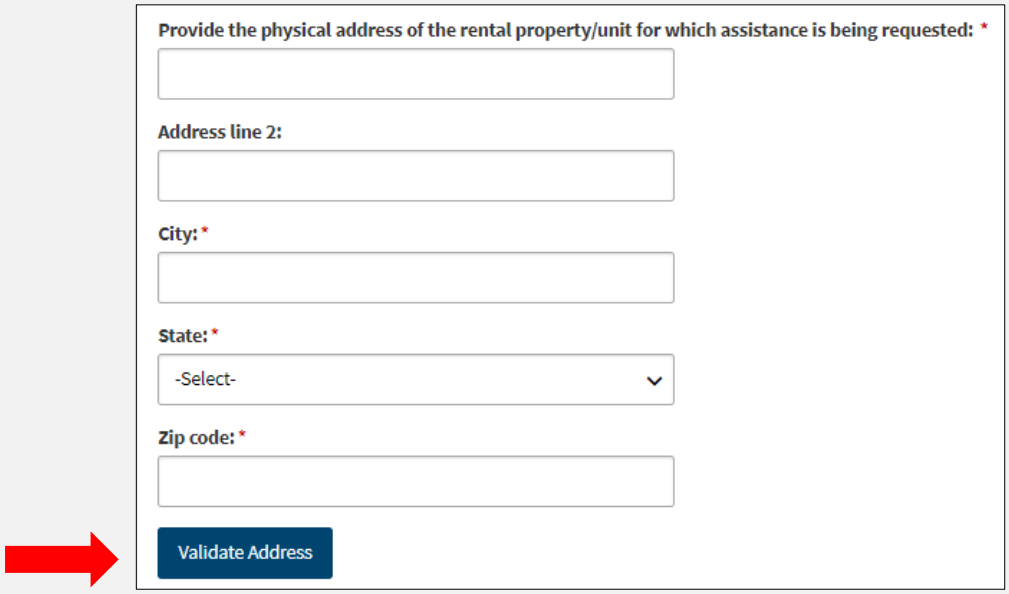
- ☐ **Previously submitted applications** will be available in read-only mode and cannot be modified
- ☐ In-progress and submitted applications can be **printed** by clicking the **print icon**

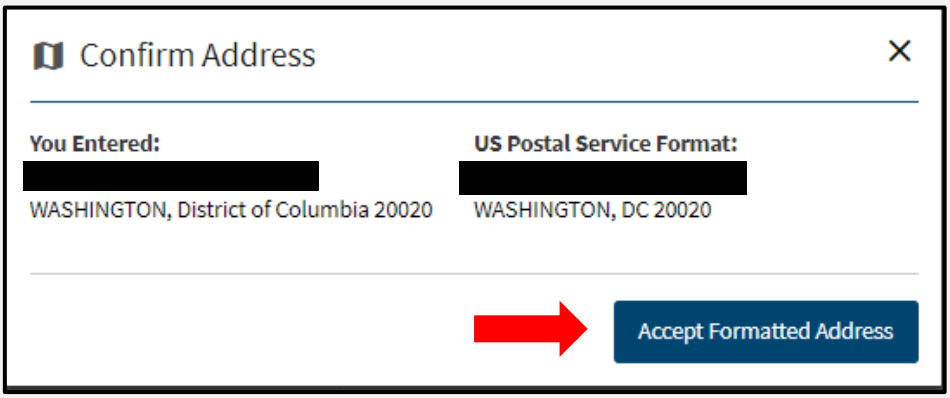


PRE-ELIGIBILITY

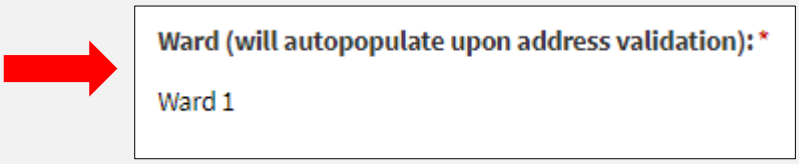
The **Pre-Eligibility page** presents key questions that can help determine eligibility.

- ☐ 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

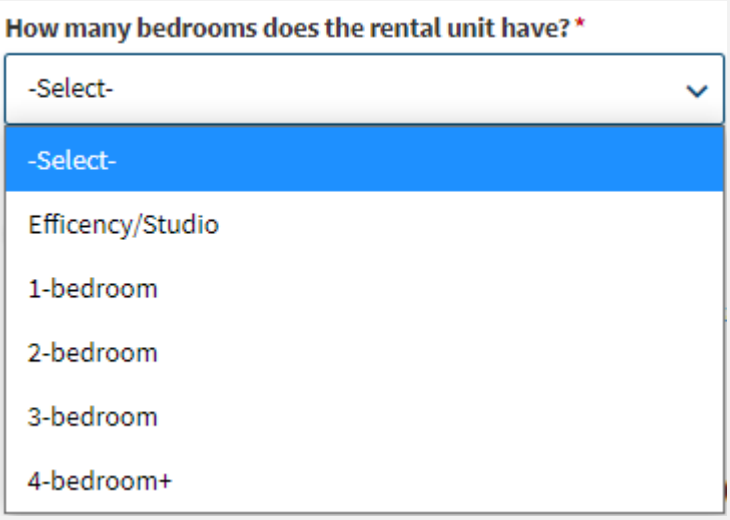




- Please note **Ward** information (will autopopulate upon address validation)

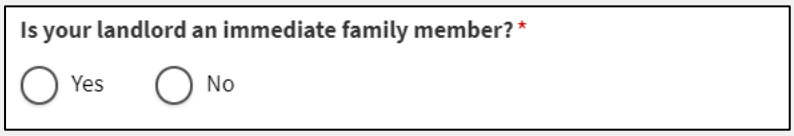


☐ Indicate how many bedrooms the rental unit has by using the dropdown



☐ Indicate whether your landlord 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 Landlords that are immediate family members are not eligible for this program



- ☐ Identify how many individuals or household members live in the rental unit by using the drop-down box. **Note:** do NOT include roommates or other individuals who have a separate rental/lease/sublease agreement with the landlord *

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 landlord *

-Select-

- ☐ Indicate whether you have a **rental/lease/sublease** or **Limited Equity Co-op (LEC) agreement** with your landlord
  - Applicants are required to be listed in the lease agreement to be eligible for this program
    - If **Yes** is selected, please indicate as the applicant and tenant, your name is on the rental/lease/sublease or Limited Equity Co-op (LEC) agreement for the rental property/unit?*

Do you have a rental/lease/sublease or Limited Equity Co-op (LEC) agreement with your landlord? *

(●) Yes ( ) No

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

(●) Yes ( ) No

- ☐ Enter the total annual household income for 2020 in the open field. The total annual household income should reflect the sum of all income earned by everyone living in the rental unit
  - Applicants' 2020 total annual household income or current income (based on last 2 months) is required to be within the 80% AMI limits by the respective county. Please refer STAY DC Emergency Rental Assistance Program Frequently Asked Questions FAQ for AMI table
  - Estimated annual household income 2021 can be entered as well (Add your monthly income for the last two months and multiply by 6)

What was your total annual household income for 2020? *

50000.00

What is your estimated annual household income for 2021? (Add your monthly income for the last two months and multiply by 6)

45000.00

  - Household income meeting AMI eligibility requirements will indicate either **"Yes"** or **"No"**

Household income meets AMI eligibility requirements:

Yes

- ☐ Indicate if since January 1, 2020, you or any member of your household qualified for or been approved for unemployment benefits by selecting either the "Yes" or "No" button

- If **Yes** is selected please indicate if you or a household member not been employed for the last 90-day period or longer?

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

(●) Yes ( ) No

Have you or a household member not been employed for the last 90-day period or longer? *

(●) Yes ( ) No

☐ Indicate if since April 1, 2020, you or any member of your household experienced a reduction in income as a result of the COVID-19 pandemic by selecting either the "Yes" or "No" button

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

☐ Indicate if since April 1, 2020, 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 by selecting either the "Yes" or "No" button

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

☐ Indicate if 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) by selecting either the "Yes" or "No" button

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

☐ Indicate whether you have received an email confirmation from the STAY DC Program that your landlord submitted an application

- If Yes is selected enter **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

Have you received an email confirmation from the STAY DC Program that your landlord 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 your truthful answers indicate you are ineligible. There may be other programs and resources available to you, as indicated in our FAQs.
- ☐ Your responses to other questions within the application may lead to a determination of ineligibility

APPLICANT INFORMATION

The Applicant Information page captures basic information about you and other household members. It also presents the applicant with the ability to describe and support how COVID-19 has impacted them

- ☐ You will need to add each household member to the application by clicking the "Add Household Member" Button and entering the following information:
  - First, Middle and Last Name
  - Relationship to the applicant
  - Date of Birth
  - Sex and Race
  - Marital Status
  - Employment Status
  - 2020 Total Annual Income
  - Last and Prior Month's Income (You will be required to Upload Proof of Income: (2020 W-2, 2020 Form 1040, income statement or pay stubs from prior two months)

  (NOTE: You will need to click the "Add Household Member" Button and enter the above information individually for each household member)

Applicant Information

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

No household members have been added.

Add Househould Member

- ☐ Enter Applicant contact information including email address and phone number.
  - *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.

Applicant email address: *

Re-enter Applicant email address: *

Applicant phone number: *

Re-enter Applicant phone number: *

Is this a cell phone number? *

(●) Yes ( ) No

- ☐ Indicate if at any time since April 1, 2020, you or a member of your household receive rental assistance from ANY of the following District programs (Check all that 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.

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 Assistant (TBRA)**
- ☐ **Housing Stabilization Grant (HSG)**
- ☐ **DC Emergency Rental Assistance Program (Local)**

- ☐ Indicate if at any time since April 1, 2020, you or a member of your household receive assistance from ANY of the following Federal programs

- By selecting any of the programs below, you consent to confirming that you or a member of your household receive/received Supplemental Nutrition 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.

By selecting any of the programs below, you consent to confirming that you or a member of your household receive/received Supplemental Nutrition 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.

- ☐ **Supplemental Nutrition Assistance Program (SNAP)**
- ☐ **Temporary Assistance for Needy Famililes (TANF)**
- ☐ **Unemployment**

☐ Indicate if at any time since April 1, 2020, 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)) by selecting either the "Yes" or "No" button

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

☐

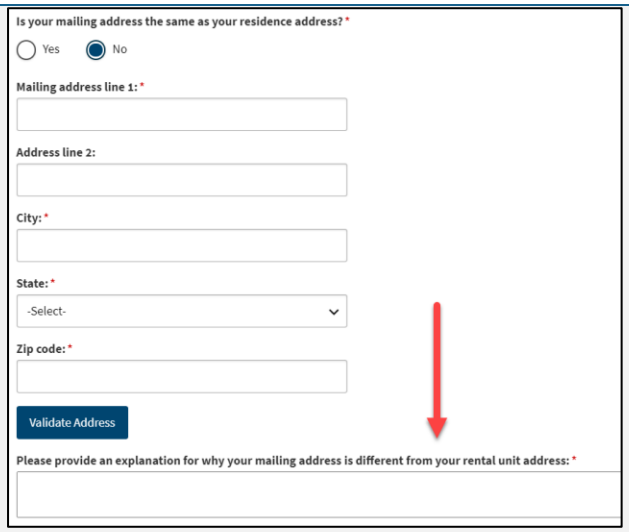
☐ If available, please upload a copy of your benefits award letter or other documentation of assistance received (e.g., payment statement or bank confirmation of fund deposit):

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

Add Document

☐ Indicate whether your mailing address is the same as your residence address by selecting either the "Yes" or "No" button

- If "No", please enter your **mailing address** (number, street, city, zip and state); You will be required to provide a brief explanation on why your mailing address is different from your rental unit in which you reside



- ☐ In the open field provided you will need to describe how COVID-19 has impacted you through qualification of unemployment benefits, reduction in income, significant costs incurred, and/or other financial hardship
  - You will need to 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).

  - If you do not have appropriate documentation, please fill out the **STAY DC ERAP Self Attestation form** which will be used in place of supporting documentation.
    - This is a written statement that permits the documentation of eligibility for the program based on any ONE or MORE of the following criteria:
      - Financial Impact (e.g., unemployment, reduction in income, significantly increased expenses, or other financial hardship)
      - Housing Impact (e.g., risk of housing instability or homelessness)
      - Residence (e.g., proof of residence at an eligible rental unit in the absence of a lease/rental/sublease agreement)
  - Carefully read each section and complete ONLY the applicable criteria sections for which you are unable to provide the required supporting documentation and thus needing to self-attest.

- ***Please note that the use of self-certifications will result in a delay in the processing of your application, may require additional information from your or result in limitations to the amount of assistance available to you.***

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

4000 characters remaining

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). The use of written attestations from third parties (e.g., from 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. *

Add Document

- ☐ Indicate whether 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 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 (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: *

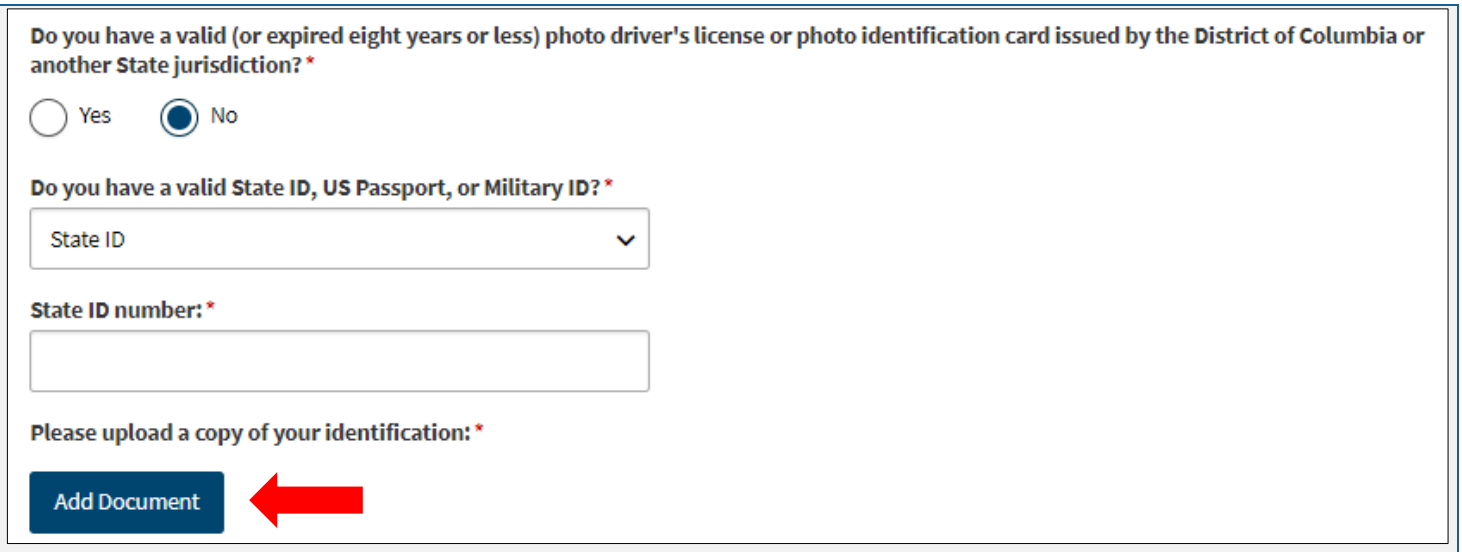
Driver's license state: *

-Select-

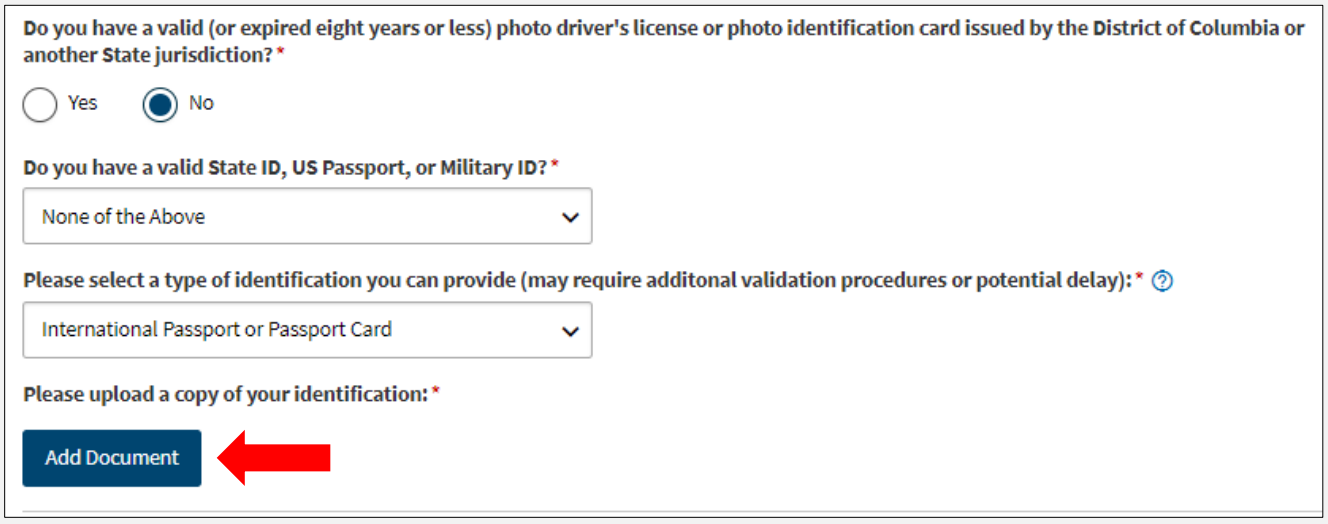
Please upload a copy of your identification: *

Add Document

- ☐ If "No", use dropdown to choose alternate Proof of Identity (State ID, US Passport, or Military ID)
  - When alternate is chosen proceed to enter State ID number, Passport number, or Military ID number and upload copy of chosen identification

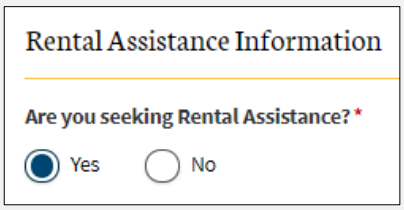


- ☐ If "None of the Above" is chosen from dropdown then proceed to select a type of identification you can provide the following (may require additional validation procedures or potential delay) along with a copy of chosen identification:
  - International Passport of Passport Card
  - U.S. Permanent Resident Card
  - Alien Registration Receipt Card
  - U.S Government and Military Dependent ID
  - University, College, or High School ID Card with photograph
  - Verifiable Employer Issued

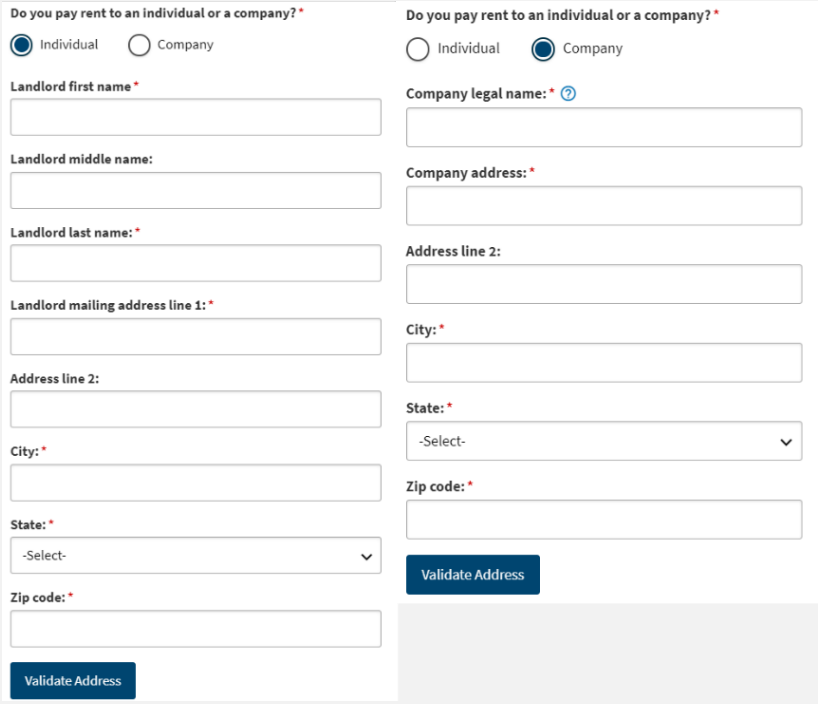


RENTAL ASSISTANCE INFORMATION

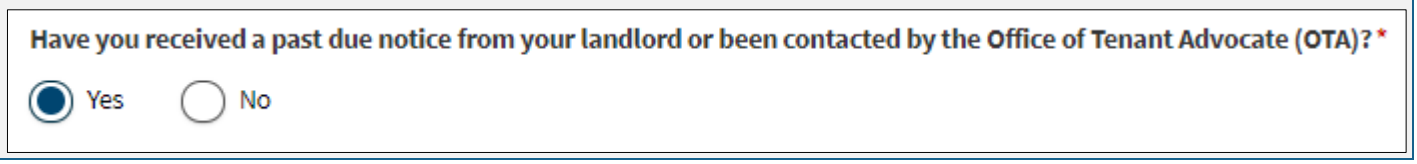
- ☐ Indicate whether you are needing rental assistance by selecting either the "Yes" or "No" buttons



- ☐ Indicate whether you pay rent to an individual or a company by selecting either the "Individual" or "Company" button
  - If "Individual", enter their 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)
  - If "Company", enter their information as noted in the lease:
    - Legal Name
    - Mailing address (number, street, city, zip and state)
    - Contact information (phone number and email address)



- ☐ Indicate whether you have received a past due notice from your landlord or been contacted by the Office of Tenant Advocate (OTA) by selecting either the "Yes" or "No" button



- ☐ Indicate whether you have received a 7-day eviction notice by selecting either the "Yes" or "No" button
  - If "Yes" please read the following information closely:
    - 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 Advocate's website. To speak to someone at the OTA, call them directly at (202) 719-6560.
    - D.C. Bar Pro Bono Center's Landlord Tenant Resource Network phone number, 202-780-2575, is a general resource for all tenants facing eviction and small landlords, 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 Landlord Tenant Legal Assistance Network (LTLAN).

Have you received a past due notice from your landlord or been contacted by the Office of Tenant Advocate (OTA)? *

(●) Yes ( ) No

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 Advocate's website. To speak to someone at the OTA, call them directly at (202) 719-6560.
- D.C. Bar Pro Bono Center's Landlord Tenant Resource Network phone number, 202-780-2575, is a general resource for all tenants facing eviction and small landlords, 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 Landlord Tenant Legal Assistance Network (LTLAN).

- ☐ Indicate whether you have received court eviction paperwork with a hearing date by selecting either the "Yes" or "No" button
  - If "Yes", note the date of the hearing in the open field

Have you received court eviction paperwork with a hearing date? *

(●) Yes ( ) No

Date of hearing: *

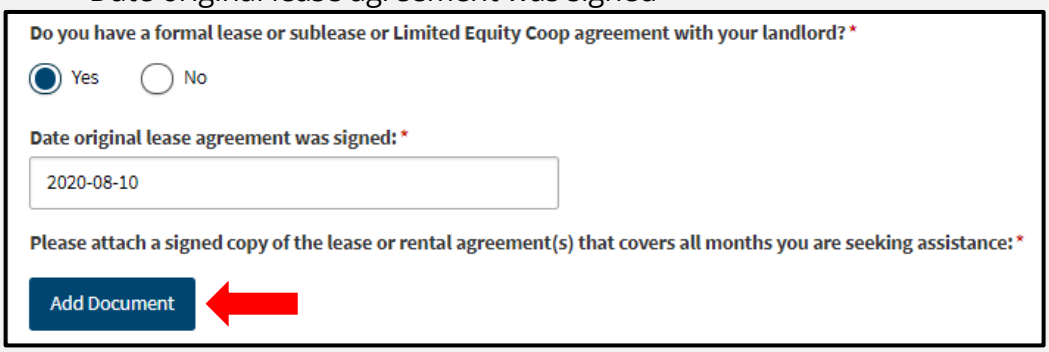
Select date

- ☐ Attach the eviction notice or statement/letter of past-due rent:

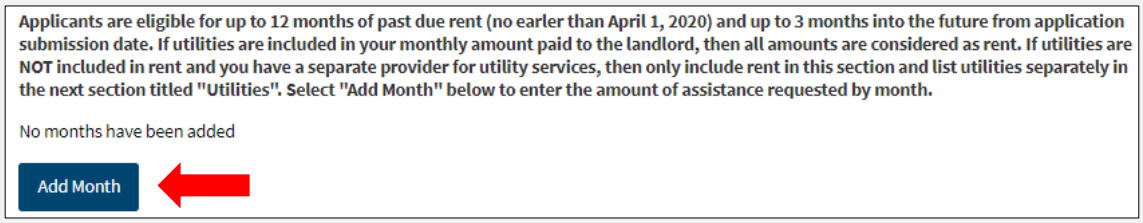
Please attach the eviction notice or statement/letter of past-due rent: *

Add Document

- ☐ Indicate whether you have a formal lease or sublease or Limited Equity Coop agreement with your landlord by selecting either the "Yes" or "No" button
  - If "Yes" is selected 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



- ☐ Add each month you are seeking assistance for by clicking the "Add Month" Button and entering the following information:
  - Month and Year
  - Total monthly rent amount
  - Amount provided by another Federal, State, or Local program
  - Total tenant portion of unpaid rent (not including late fees):
    - Indicate if this amount is past due by selecting either the "Yes" or "No" button

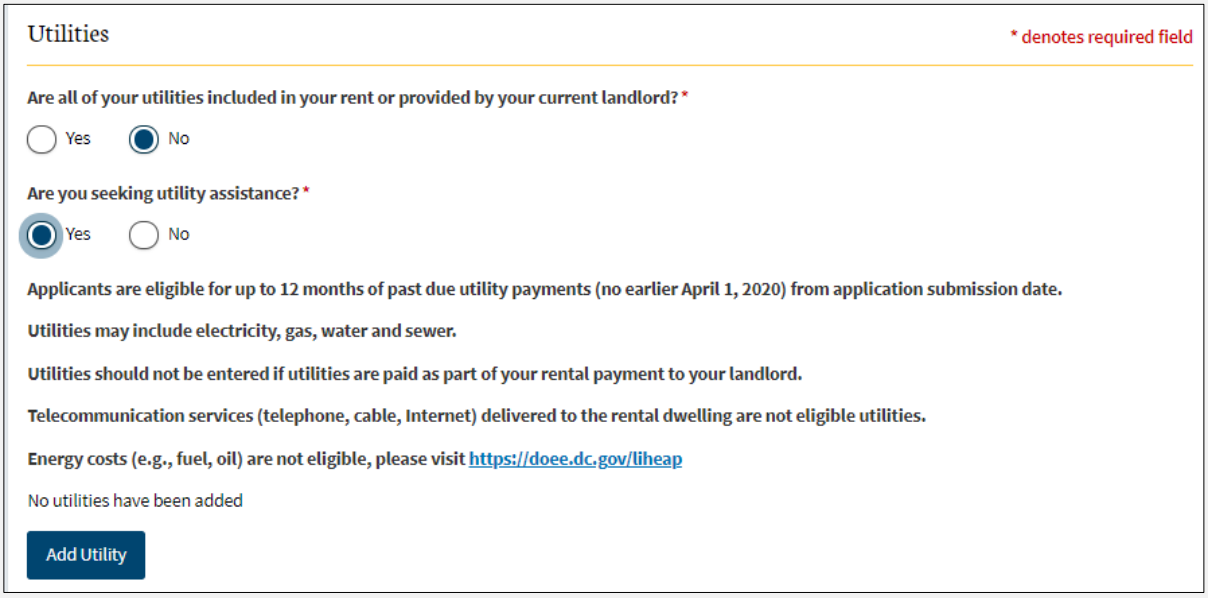


(NOTE: Assistance requested from this program will be automatically calculated from the provided information)
(NOTE: Click the "Add Month" Button and enter the above information <u>individually for each month</u> of assistance)

UTILITIES

- ☐ Indicate whether your utilities are included in your rent or provided by your current landlord by selecting either the "Yes" or "No" button
  - If "No", indicate whether you are seeking utility assistance by selecting either the "Yes" or "No" button
- ☐ If you are seeking utility assistance, separately add each utility by clicking the "Add Utility" Button and entering the following information as listed on invoice:
  - Use dropdown to select Type of Utility (Electricity- PEPCO, Gas- Washington Gas, & Water & Sewer – DC Water)
  - Utility provider account number

- Month and Year
- Amount Owed
- Indicate whether amount is past due
- Amount provided by another Federal or State program
- **UPLOAD the utility bill for the amount you are requesting assistance**


Utilities

* denotes required field

Are all of your utilities included in your rent or provided by your current landlord? *

Yes No

Are you seeking utility assistance? *

Yes No

Applicants are eligible for up to 12 months of past due utility payments (no earlier April 1, 2020) from application submission date.

Utilities may include electricity, gas, water and sewer.

Utilities should not be entered if utilities are paid as part of your rental payment to your landlord.

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

Energy costs (e.g., fuel, oil) are not eligible, please visit https://doee.dc.gov/liheap

No utilities have been added

Add Utility

(NOTE: Assistance requested from this program will be automatically calculated from the provided information)
(NOTE: Click the "Add Utility" Button and enter the above information individually for each utility)

TENANT PAYMENT INFORMATION

- ☐ This program is designed to make payments directly to landlords and utility providers. However, in the rare instance your landlord is unresponsive, or unwilling to accept direct payments, you MAY be eligible to receive payment assistance directly.

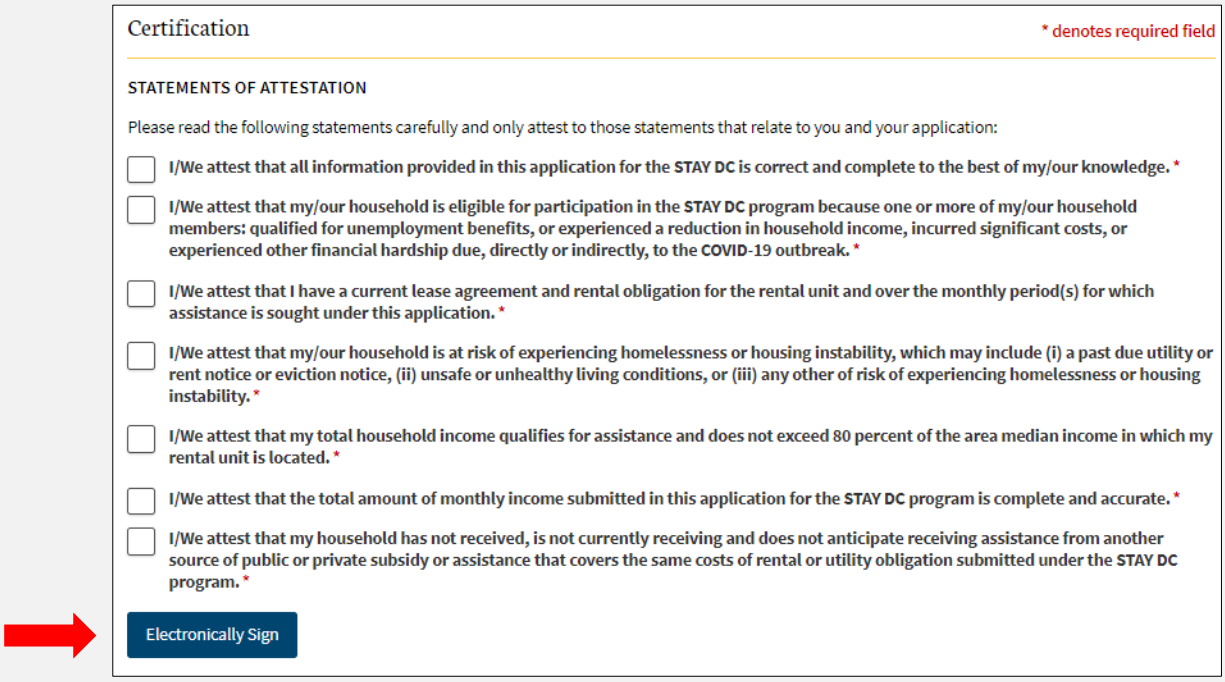
- ☐ If approved for direct payment as a tenant, payment will be mailed to the mailing address provided in Section 2: Applicant Information.

CERTIFICATION

- ☐ You will have to indicate and electronically sign to ensure you have read and understand these statements of attestations, acknowledgements 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 my/our household is eligible for participation in the STAY DC program because one or more of my/our household members: qualified for unemployment benefits, or experienced a reduction in household income, incurred

significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak.

- I/We attest that I have a current lease agreement and 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 homelessness or housing instability, 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 total household income qualifies for assistance and does not exceed 80 percent of the area median income in which my rental unit is located.
- I/We attest that the total amount of monthly income submitted in this application for the STAY DC program is complete and accurate.
- I/We attest that my 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.


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 my/our household is eligible for participation in the STAY DC program because one or more of my/our household members: qualified for unemployment benefits, or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly or indirectly, to the COVID-19 outbreak. *
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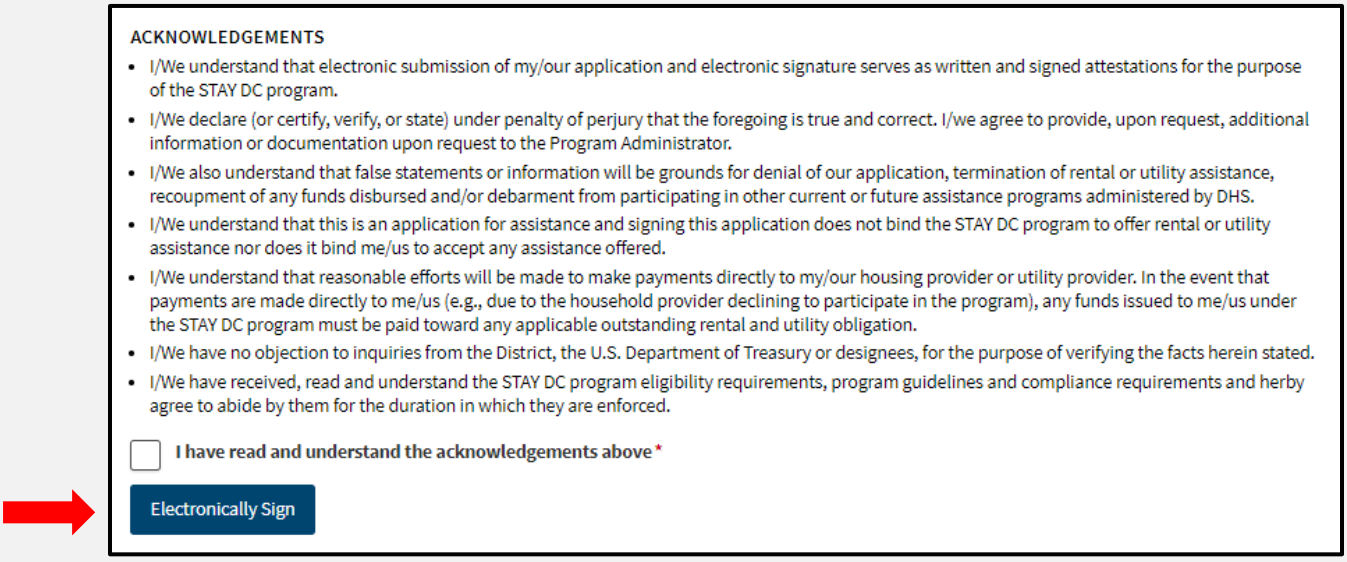
Electronically Sign

- 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 herby agree to abide by them for the duration in which they are enforced



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- I/We have received, read and understand the STAY DC program eligibility requirements, program guidelines and compliance requirements and herby agree to abide by them for the duration in which they are enforced.

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 and enforce DC STAY rules and policies.
  - 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.

AUTHORIZATION TO RELEASE INFORMATION

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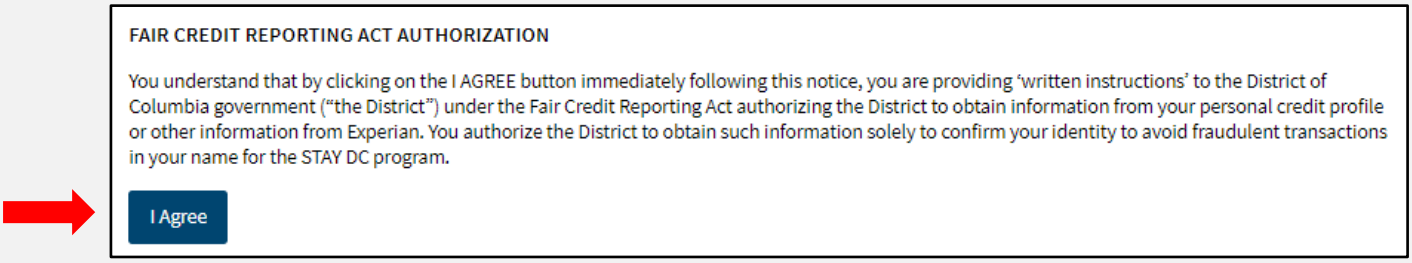
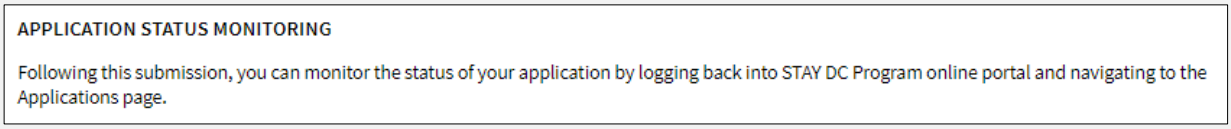
☐ **I have read and understand the authorizations above** *

Electronically Sign

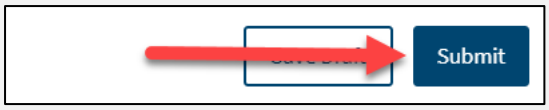
- ☐ FAIR CREDIT REPORTING ACT AUTHORIZATION
  - You understand that by clicking on the I AGREE button immediately following this notice, you are providing 'written instructions' to the District of Columbia government ("the District") under the Fair Credit Reporting Act authorizing the District to obtain 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.



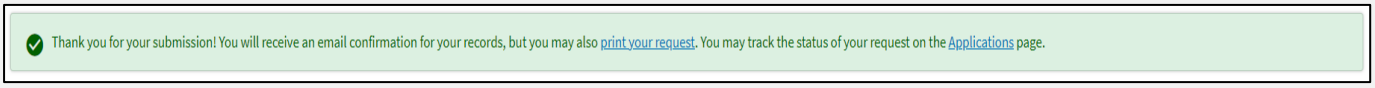
- ☐ Please note following this submission, you can monitor the status of your application by logging back into STAY DC Program online portal and navigating to the Applications page.



- ☐ Submit Application by clicking the "Submit" button



- ☐ You will receive the below message upon submission

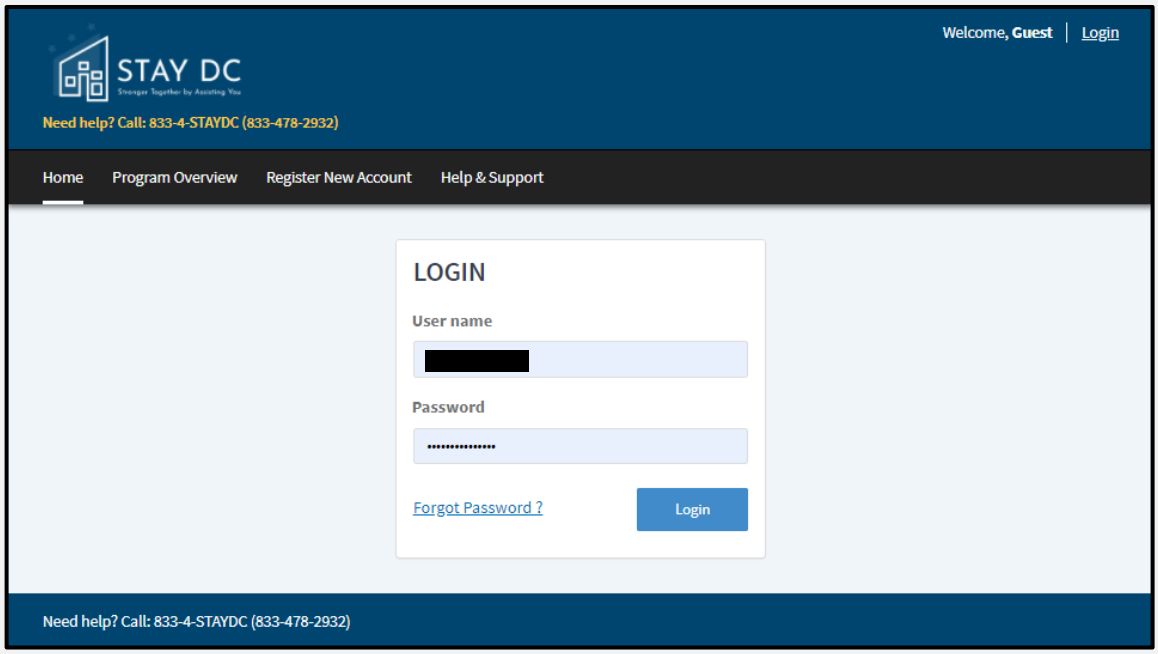


ONLINE PORTAL APPEAL PROCESS GUIDE

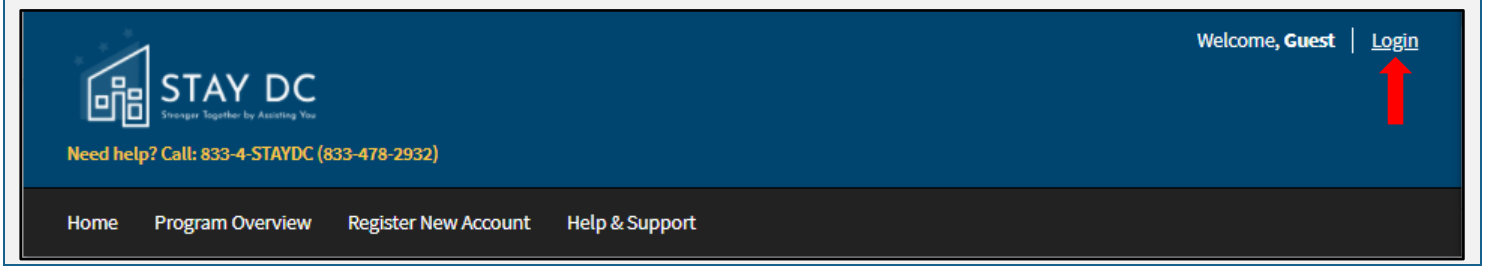
This section of the user guide outlines the steps to be completed to appeal an application disapproval decision. Please review this appeals process in its entirety before you begin the appeals process. The reason(s) for the disapproval of an application will be provided in an email sent to the email address provided in the application. Please carefully read the email to understand the correction(s) and/or missing documentation required.

HOME TAB

- ☐ Visiting the online portal will take you to the homepage where you will be presented with an **overview** of the STAY DC Emergency Rental Assistance (ERA) Program and you can login to your account.

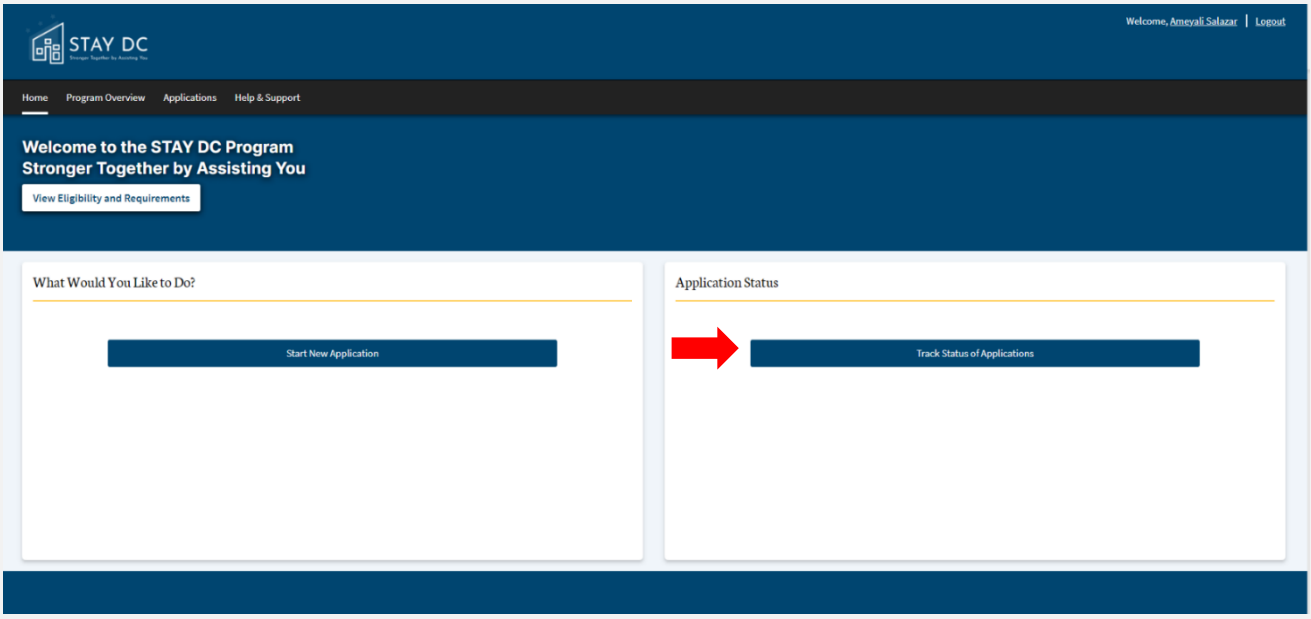


- ☐ Log into the online portal by selecting the **login** link.

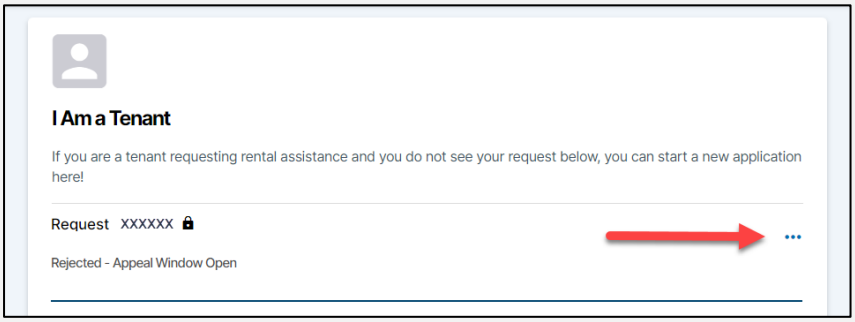


INITATE THE APPEAL PROCESS

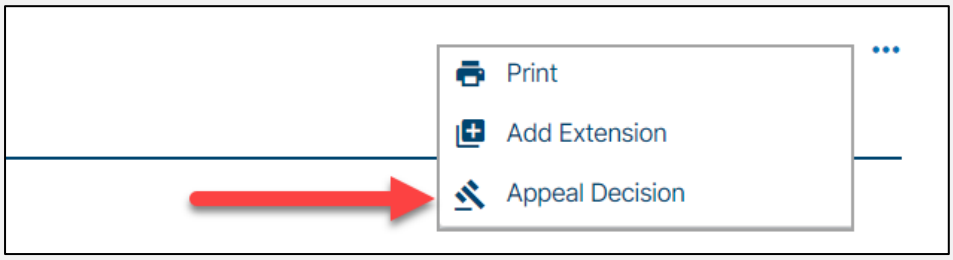
Begin the **appeal process** by clicking the **Track Status of Applications** option



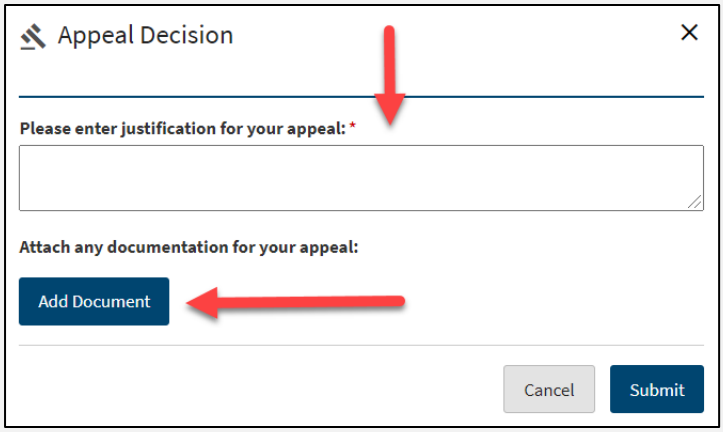
☐ Click the **ellipsis** to the right of your rejected application



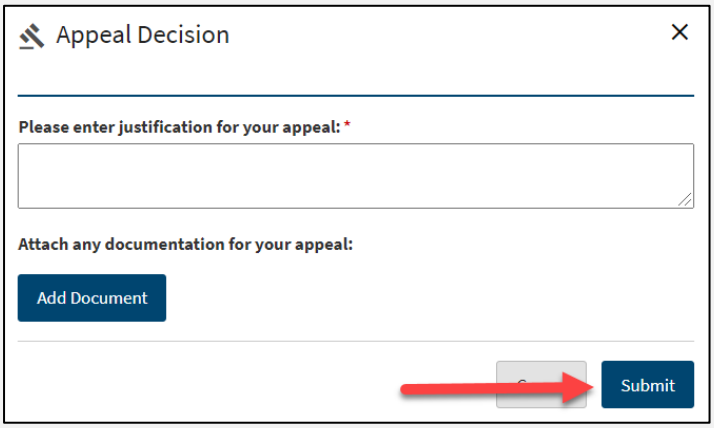
☐ Select **Appeal Decision** from the dropdown options



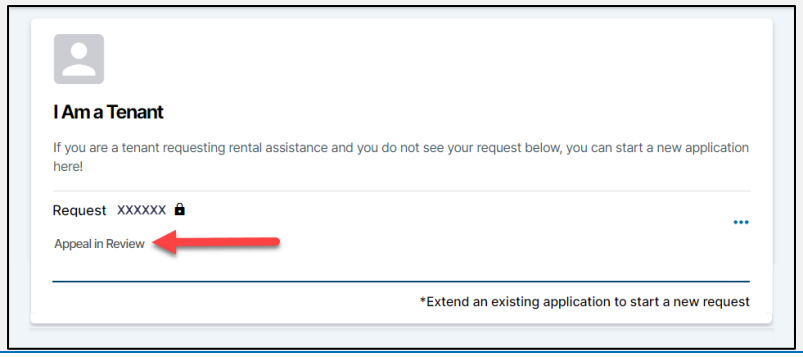
- ☐ In the popup window, type in the **justification** for your appeal in the text box and upload any required **documents** with the **Add Document** button

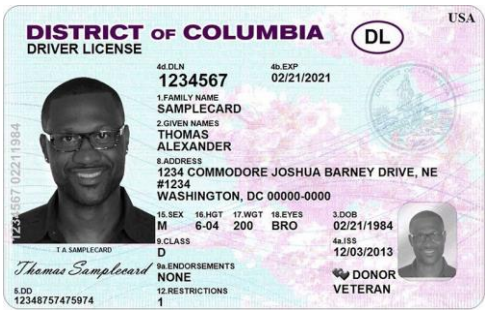
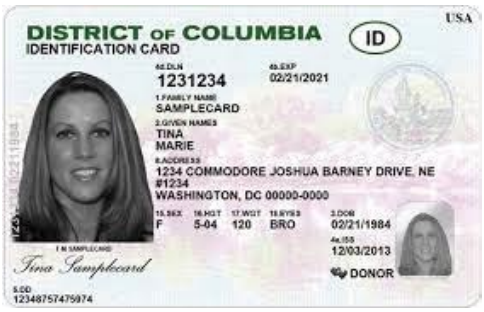


- ☐ Submit the appeal by clicking the **Submit** button



- ☐ A successfully submitted appeal will be labeled as **Appeal in Review**



APPENDIX

DOCUMENT / INFORMATION	ILLUSTRATIVE EXAMPLE
	☐ 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 ○ A valid photo ID card from any U.S. university, college, technical college or high school. The card must contain your name and photograph ○ Verifiable employer-issued ID card provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address ☐ Proof of Income for each household member of the household (e.g. 2020 W-2, 2020 Form 1040, pay stubs and other statement of wages or salary (including statements from PayPal, Venmo or CashApp payments for gig workers) ☐ Proof of lease or rental agreement; and ☐ Copy of most recent bill or statement, if applying for utility assistance
Driver's License and State Identification Card