



EMERGENCY ASSISTANCE RELIEF PROGRAM (EARP)

INFORMATION COLLECTION SHEET FOR PARTNER SUBMISSIONS

INTRODUCTION

Recognizing that the COVID-19 pandemic is causing an unprecedented financial hardship for many Montgomery County residents, the EARP provides immediate financial assistance to households in need who are not eligible or who will not benefit directly from the federal or state COVID-19 aid.

APPLICANT | HEAD OF HOUSEHOLD INFORMATION

Please collect the following information for each applicant and their household.

APPLICANT NAME		
LAST NAME	FIRST NAME	MID INITIAL

CONTACT INFORMATION			
EMAIL			
PHONE			TYPE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK
ALT PHONE			TYPE <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK

ADDRESS		
STREET #	STREET NAME	APT #
CITY		STATE
		MD
		ZIP CODE

DEMOGRAPHICS			
PREFERRED LANGUAGE			GENDER <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER
BIRTHDATE	YEAR	MONTH	DAY

CURRENT HOUSEHOLD INCOME	
HOUSEHOLD INCOME	PER <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR

MAXIMUM ELIGIBLE INCOME								
HOUSEHOLD SIZE	1	2	3	4	5	6	7	8
ANNUAL INCOME	\$6,380	\$8,620	\$10,860	\$13,100	\$15,340	\$17,580	\$19,820	\$22,060
MONTHLY INCOME	\$532	\$718	\$834	\$1,092	\$1,278	\$1,465	\$1,607	\$1,838

HOUSEHOLD MEMBERS | CHILDREN INFORMATION

Please collect the following information for each of the applicant's children and household members.

HOUSEHOLD MEMBER 1						
LAST NAME			FIRST NAME		MID INITIAL	
BIRTHDATE	YEAR	MONTH	DAY		GENDER	
					<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER	
RELATIONSHIP TO APPLICANT						

HOUSEHOLD MEMBER 2						
LAST NAME			FIRST NAME		MID INITIAL	
BIRTHDATE	YEAR	MONTH	DAY		GENDER	
					<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER	
RELATIONSHIP TO APPLICANT						

HOUSEHOLD MEMBER 3						
LAST NAME			FIRST NAME		MID INITIAL	
BIRTHDATE	YEAR	MONTH	DAY		GENDER	
					<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER	
RELATIONSHIP TO APPLICANT						

HOUSEHOLD MEMBER 4						
LAST NAME			FIRST NAME		MID INITIAL	
BIRTHDATE	YEAR	MONTH	DAY		GENDER	
					<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER	
RELATIONSHIP TO APPLICANT						

HOUSEHOLD MEMBER 5						
LAST NAME			FIRST NAME		MID INITIAL	
BIRTHDATE	YEAR	MONTH	DAY		GENDER	
					<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> OTHER	
RELATIONSHIP TO APPLICANT						

(Please copy this page or use a second electronic PDF if you need to list additional household members).

PAYMENT INFORMATION

Please add up the number of household members, including the applicant. Use the gray table below to estimate the payment amount. Also select a preferred payment method (subject to availability).

HOUSEHOLD SIZE		PAYMENT AMOUNT AND METHOD	
# OF ADULTS (19 OR OLDER)	# OF CHILDREN (UNDER 19)	EST. PAYMENT AMOUNT	PREFERRED PAYMENT METHOD
			<input type="checkbox"/> CHECK <input type="checkbox"/> DEBIT <input type="checkbox"/> ACH



MAXIMUM ELIGIBLE INCOME						
# OF CHILDREN	NO CHILD		1	2	3	4+
# OF ADULTS	1	2	ANY NUMBER			
PAYMENT AMOUNT	\$500	\$850	\$1,000	\$1,150	\$1,300	\$1,450

APPLICANT | HEAD OF HOUSEHOLD STATISTICS FOR REPORTING PURPOSES

Please provide the following information about the applicant for statistical purposes. Your responses in this section will not impact eligibility or payment amount.

DEMOGRAPHICS	
ETHNICITY	RACE
<input type="checkbox"/> HISPANIC <input type="checkbox"/> NOT HISPANIC	

Please list the income earned by the applicant and the kind of work they were engaged in before the COVID-19 pandemic.

PRIOR INCOME BEFORE COVID-19	
HOUSEHOLD INCOME PRE-COVID	PER <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
TYPE OF JOB/WORK PRE-COVID	

APPLICANT CONSENT AND ATTESTATION STATEMENT

I request that my family be referred to Emergency Assistance for Residence Program (EARP) for emergency assistance. I attest that I am NOT eligible for Maryland unemployment insurance or for the federal stimulus payments administered by the IRS. I have NOT yet obtained or been referred to this emergency assistance by any other organization. I also confirm the accuracy of information entered above, including my household income, household composition, and County residency.

I understand that my information will be entered in the Emergency Assistance Platform (EAP) and will be shared only with authorized EARP personnel. I further understand that I am responsible to inform my referring agency if my situation changes, such as my address or contact numbers.

Signature

Printed Name

Date