



Town of Colmar Manor Household Assistance Program (HAP) Instructions

The Town of Colmar Manor is offering financial assistance to eligible households that were negatively impacted by the COVID-19 public health emergency through the Household Assistance Program (HAP).

Household Eligibility

To be eligible for the Town's program, a household must meet the following requirements:

- Reside within the Town of Colmar Manor's legal boundaries.
- Have an annual gross **household** income (e.g., all individuals living in the household) below the following amounts based upon household size:

1 Person HH	2 Person HH	3 Person HH	4 Person HH	5 Person HH	6 Person HH	7 Person HH	8 Person HH
\$58,695	\$67,080	\$75,465	\$83,850	\$93,120	\$106,740	\$120,360	\$133,980

*Moderate income levels by household size for Prince George's County as provided by US Treasury, *Tool for Determining Low and Moderate (LMI) Households*.

Amount of Assistance Available

The Town has allocated **\$59,000** in American Rescue Plan Act (ARPA) of 2021 funds to HAP.

Subject to the availability of HAP funding, the Town will provide **\$750 for each member of an eligible household**, up to **a maximum of \$3,000 per household**.

A household may not submit multiple applications. Payments will only be made directly to the head of household listed on the application.

How to Apply

Applications, including required documents and certifications, shall be submitted to:

Attention: Household Assistance Program (HAP)
Town Administrator's Office
Town of Colmar Manor
3701 Lawrence Street
Colmar Manor, Maryland 20722

Applications and required documents may also be submitted electronically to Ylynne Brown at ybrown@colmarmanor.org. If you have any questions, please call (301) 277-4920.

Applications will be reviewed on a first-come, first-served basis while funding is available.

Submission of an application does not guarantee funding under the Town's HAP.



Household Assistance Program (HAP) Application

SECTION 1: Household Information

Head of Household Name:	
Street Address:	
Apartment #:	
Town, State, Zip:	
Phone #:	Alternate Phone #:
Email:	
Number of Household Members:	

SECTION 2: Impact of COVID-19 - Household Income or Assets (Informational Purposes Only)

<p>Has your household's income or assets been directly or indirectly impacted by COVID-19?</p> <p>If so, please check all that apply.</p>	<p><input type="checkbox"/> Currently unemployed/experienced unemployment</p> <p><input type="checkbox"/> Reduction in income</p> <p><input type="checkbox"/> Sick and unable to work</p> <p><input type="checkbox"/> Incurred a significant increase in household expenses</p> <p><input type="checkbox"/> Experienced other financial hardships</p>
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SECTION 3: Household Income

"Gross Household Income" includes salary, wage, tips, commissions, business income, interest, dividends, social security benefits, annuities, insurance, retirement and pension benefits, disability or death benefits, unemployment and disability compensation, and workers' compensation.

Please provide the name(s) and monthly gross income of ALL household members. If no income, please write "\$0" next to the member's name.

Full Name	Gross Income (Monthly)
Total Gross Income (Monthly) – All	\$



Household Assistance Program (HAP) Self-Certification Form

The information provided in the application and this self-certification form is collected to determine if my household is eligible to receive assistance provided through the Town’s federally funded Household Assistance Program (HAP).

Head of Household, please initial next to each of the following statements:

_____ **ACCURACY**

I certify that all the information provided in this application is correct and complete to the best of my knowledge, including information regarding impact from COVID-19, household, household gross income, and place of residence.

I understand that providing false statements constitutes an act of fraud, and is grounds for termination of assistance and is punishable under federal and state law.

_____ **INFORMATION SHARING**

I understand the information provided in my application may be shared with the United States Department of Treasury.

Household Certification

Head of Household Name _____ Date _____

Signature _____

Note: Digital or typed signatures are acceptable.

****HEAD OF HOUSEHOLD MUST PROVIDE A COPY OF A VALID GOVERNMENT ISSUED IDENTIFICATION CARD THAT SHOWS A CURRENT ADDRESS THAT MATCHES THE ADDRESS ON THE APPLICATION.**

A failure to do so may delay the review and processing of your application.