

# Montgomery County's Rental Assistance Program (RAP) Is Open for Enrollment

Montgomery County Rental Assistance Program is open for enrollment. To apply, please submit a completed pre-application. All households who submit a pre-application will be placed on a waiting list. As openings occur, RAP will contact applicants who have been selected to apply for benefits.

## **FREQUENTLY ASKED QUESTIONS ABOUT MONTGOMERY COUNTY'S RENTAL ASSISTANCE PROGRAM.**

**1) What is the Rental Assistance Program?** The Rental Assistance Program is a Montgomery County funded program to help low-income households meet their monthly rental expenses. Assistance is available to legal residents who are disabled, elderly or households of two or more.

**2) Who is eligible?** You are a household of two or more or a household of one who is either at least 62 years of age or disabled. Your total household assets are less than \$10,000.

Your household gross income is at or below 50% of the area median income limit as reported by HUD. Note that child care expenses and ongoing medical expenses not reimbursed by insurance are deducted from your gross monthly income. Your household income cannot exceed the following income limits:

FAMILY SIZE	MAXIMUM ANNUAL GROSS INCOME
1	\$38,250
2	\$43,700
3	\$49,150
4	\$54,600
5	\$59,000
6	\$63,350
7	\$67,750
8+	\$72,100

If you are not certain if you meet the income eligibility criteria, you are still encouraged to submit a pre-application.

**3) If I am a Housing Choice Voucher/Public Housing recipient am I eligible?** No, Federal regulations prohibit the receipt of RAP by households who receive assistance under a Housing Choice Voucher or live in a public housing unit.

**4) How can I apply?** Mail or hand deliver a completed RAP pre-application to the Montgomery County Rental Assistance Program located at 1301 Piccard Drive, 4<sup>th</sup> Floor, Rockville, Maryland 20850. Office hours are 8:30 am to 4:30 pm Monday through Friday. You can also fax a completed pre-application to 240-777-4099 or e-mail to [RAPOHEP@montgomerycountymd.gov](mailto:RAPOHEP@montgomerycountymd.gov).

**5) Can I be eligible for the RAP Waiting List if I am not a Montgomery County resident?** No, you must reside in an eligible rental unit located in Montgomery County.

**6) After I submit a pre-application will I be able to call RAP and determine where I am on the list?** No, RAP will notify all applicants by mail that their pre-application has been received. As openings occur, RAP will contact applicants who have been selected to apply for benefits.

**7) After I have submitted my pre-application, do I have to do anything else?** You must notify RAP in writing if your address changes. RAP must be able to contact you if you have been selected to apply for benefits.

**8) How will I know whether or not I have been selected?** You will receive written notification from RAP if you have been selected.

**9) If I am selected, what is the next step?** If you are selected you will be notified by mail. RAP will ask you to complete an application and submit documentation to verify your eligibility.

**10) If I am approved for RAP benefits, how much will I receive?** You may be eligible for \$50 to \$200 per month towards your rental costs.

**11) How are benefits issued?** Rental Assistance checks may only be used for rent. The check is made payable to both you and your landlord.

**ONLY ONE PRE-APPLICATION  
CAN BE SUBMITTED PER HOUSEHOLD**

# Pre-Application for Montgomery County's Rental Assistance Program (RAP) Waiting List

Montgomery County Rental Assistance Program  
1301 Piccard Drive, 4<sup>th</sup> Floor, Rockville, MD 20850  
Main Phone Number: (240) 777-4400  
Fax Number: (240) 777-4099

E-mail address: RAPOHEP@montgomerycountymd.gov

Please answer all questions. If you are uncertain how to answer, write what you believe to be correct. All pre-applications must include a social security number and mailing address. Only completed pre-applications will be accepted.

## PLEASE PRINT ALL WRITTEN RESPONSES

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How many household members live in your home? \_\_\_\_\_

If you are a household of one, are you disabled and/or 62 or over?  Yes  No

What is the combined annual income of all persons who will live with you? \$\_\_\_\_\_

What is your monthly rent? \$\_\_\_\_\_

Are your total household assets less than \$10,000?  Yes  No

I certify that the above information in this pre-application is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_