



Town of Berwyn Heights

5700 Berwyn Road Berwyn Heights, MD 20740

Tel. (301) 474-5000

Fax (301) 474-5002

ARPA Residential Relief Program

The purpose of this program is to provide financial assistance to eligible Berwyn Heights individuals and families who have been impacted by the COVID-19 pandemic. Payments will be sent directly to the related entity for payment (e.g., utility company, mortgage company, landlord, etc.). Assistance for groceries or emergency related supplies will be in the form of gift cards. Assistance funds are limited to the budgeted amount per fiscal year. As of September 2023, the town has \$51,000 available for residents and businesses who have received approval of their applications. Assistance payments will be made bi-weekly, until fiscal year allocated/available funds are depleted.

Eligibility requirements:

- Resident of the Town of Berwyn Heights.
- Provide evidence of need (copies of overdue bills, extra health care costs, or other related documentation pertaining to a particular emergency expense request).
- Provide statement explaining that need/assistance request was/is due to circumstances related to the COVID-19 pandemic.
- Items NOT eligible for assistance: Town of Berwyn Heights property taxes, private school tuition or credit card bills.
- Complete the Application form in full, attach documentation of residence and hardship.
- Eligibility is determined by residency in Berwyn Heights, assessment of financial hardship, and type of need/assistance requested, as a result of the COVID-19 pandemic.
- Town staff will not deny residents from accessing and submitting an application.
- Approval of applications is overseen and implemented by an equitable Town of Berwyn Heights ARPA oversight advisory board, composed of (2) Elected Officials and (1) Town Treasurer.
- The application and fund implementation will follow federal, ARPA guidelines, Title VI, and language access laws (Please contact Town Clerk Melanie Friesen at 301-474-5000 or mfriesen@berwynheightsmd.gov to request assistance in your desired language).

Questions regarding the application process should be directed to Mayor Jodie Kulpa-Eddy at jkulpaeddy@berwynheightsmd.gov.

PART I: (General contact information)

1. Name:

2. Phone:

3. Email:

4. Address:

PART II: (Residency and Household Income)

5. Proof of Residency (utility bill, driver's license, etc. Please include a copy):

Second Proof of Residency (utility bill, driver's license, etc. Please include a copy):

6. Number of persons in household:

7. Do you own or rent your current residence? _____

8. Household Income per 2021 Individual Taxes: _____

PART III: (Financial Hardship Statement)

9. Type of Financial Assistance Requested (i.e.: utility, health care expenses, supplies, etc.):

10. Description of hardship/need: Please briefly describe why you need financial assistance and list those expenses for which you are requesting assistance. _____

11. Total ARPA assistance requested (must equal total amount of submitted documentation):

12. Are you/household currently eligible for other forms of public assistance? (e.g., Social Security; Medicaid; Free/Reduced School Lunch)?

13. Is your hardship/need a result of COVID-19 related impacts: (YES or NO)

PART IV: Provide Documentation of Need – overdue statements/billings/receipts, etc.

Please attach (scanned if digital) copies of statements/billings for each assistance item requested, including documentation with dates and/or relation to the COVID-19 Pandemic. The ARPA advisory board may ask you to provide additional documentation for approval.

The Town will send an application receipt notice, and additional instructions as needed.

PART V: Affidavit Signed and dated

I/We have completed this application for the Town of Berwyn Heights' 2022 ARPA Assistance Program for Individuals and Families and confirm that the information contained herein is true and correct to the best of my/our knowledge, information and belief. I/We confirm that the need for this assistance is related to the negative economic impacts of the COVID-19 pandemic. If circumstances change that affect the information contained in this application or attachments, I/We will notify the Town of Berwyn Heights.

Applicant(s) Signature: _____

Applicant(s) Name: _____

Date: _____

Office Use Only:

Application Received By: _____

Approved By Date: _____

Comments:
