

Allegany County, MD - Individual Recovery, Flood Assistance Application

For Households and Businesses Impacted by the May 2025 Flood Event

Partner Agencies:

Allegany County Government, Allegany County Department of Social Services (DSS), Maryland Department of Emergency Management (MDEM)

Important Information – Please Read

This application is the central intake point for multiple types of disaster relief funding. Once you complete and submit this form, your request will be reviewed by a committee that will determine which source(s) of funding are most appropriate for your situation.

Please Note:

- Relief funds will not make flood victims whole. We understand the true cost of recovery is much greater.
- There will be cost limits and reimbursement maximums on eligible items. These details will be shared in the next step.

Important Date:

Phase 1 of the application process is open through July 18, 2025. Additional phases may be introduced if funding allows.

Once awards are issued, please allow up to 30 days for disbursement of funds.

Applicant Information

Applicant Name (Head of Household): _____

Date of Birth: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Email: _____

Are you applying as an individual or business: _____

Landlord Information (if applicable)

Name of Landlord: _____

Landlord Contact Information: _____

Household Members (if applicable)

Total Number of Household Members: _____

Please list the name and date of birth for each household member, including yourself:

Do you own or rent this property? _____

Business Information (if applicable)

Business Name: _____

Business Address: _____

Owner Name: _____

Type of Business: _____

Number of Employees affected: _____

Do you own or rent this property? _____

Essential Items Requested

Select up to 4 items below and mark if already purchased (RECEIPTS REQUIRED):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Hot Water Tank | <input type="checkbox"/> Have Receipt |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Have Receipt |
| <input type="checkbox"/> Washer | <input type="checkbox"/> Have Receipt |
| <input type="checkbox"/> Dryer | <input type="checkbox"/> Have Receipt |
| <input type="checkbox"/> Dehumidifier | <input type="checkbox"/> Have Receipt |
| <input type="checkbox"/> Sump Pump | <input type="checkbox"/> Have Receipt |
| <input type="checkbox"/> HEPA Air Purifier | <input type="checkbox"/> Have Receipt |
| <input type="checkbox"/> Mold Resistant Paint/Primer | <input type="checkbox"/> Have Receipt |
| <input type="checkbox"/> Drywall/Basic Flooring Materials | <input type="checkbox"/> Have Receipt |
| <input type="checkbox"/> Car Insurance Deductible/Down Payment | <input type="checkbox"/> Have Receipt |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Have Receipt |

Explanation if Other: _____

Appliance Type (Gas/Electric): _____

Estimated Total Cost: _____

Do you anticipate needing a furnace repair or replacement? _____

Furnace Repair/Replacement (if applicable)

Type of Furnace: _____

Repair or Replacement Details: _____

Have you received a quote? If so, provide details: _____

Demographics

Check all that apply to household members:

- ☐ Individual over age 60
- ☐ Child under age 5
- ☐ Individual with a disability or chronic illness
- ☐ Pregnant household member
- ☐ Veteran or active duty military
- ☐ Individual reliant of medical equipment (e.g., oxygen, mobility aids)
- ☐ Low-income household (as defined by the federal poverty guidelines)
- ☐ Other (please describe below): _____

Do you have a pending insurance claim related to the flood? _____

Insurance Information (if applicable)

Brief details about your insurance claim:

Homeowner with tenants

Are you a landlord who rents to tenants? _____

Landlord Agreement (if applicable)

Voluntary Funding Compliance Agreement for Landlords

Flood Recovery Assistance Program – Appliance and Building Materials Support

This agreement (“Agreement”) is entered into by and between Allegany County, Maryland (“the County”) and the undersigned Property Owner or Landlord (“Landlord”), in connection with the County’s administration of state-provided disaster recovery funds to support residents impacted by recent flooding.

As a voluntary condition of receiving large-scale appliance replacements or significant building materials funded through this program, the Landlord agrees to the following terms and conditions for a period of two (2) years from the date of installation or delivery of such materials to the identified rental dwelling unit(s):

1. Rent Increase Limitation

The Landlord shall not increase the rent for the assisted rental unit(s) by more than five percent (5%) in total during the two-year period following the installation or delivery date of replacement items. Any rent increase must also comply with all applicable state and local laws, including but not limited to rent notice and tenant protection provisions.

2. Lease Termination and Non-Renewal Restrictions

The Landlord shall not terminate, refuse to renew, or otherwise end a current lease for the assisted unit(s) without just cause for a period of twenty-four (24) months following the installation or delivery date.

“Just cause” shall include, but is not limited to: Non-payment of rent; Violation of material lease terms; The Landlord’s documented intent to personally occupy the unit or remove the unit from the residential rental market permanently. Just cause shall be interpreted consistent with applicable Maryland landlord-tenant law.

3. Enforcement and Repayment

In the event of a suspected violation of any provision of this Agreement: The County shall provide written notice to the Landlord describing the alleged violation; The Landlord shall have fifteen (15) business days from receipt of the notice to submit a written response or provide documentation; After review, the County may make a final determination and, if a violation is confirmed, may require the Landlord to reimburse the County for the full cost of the appliance(s) or building materials provided under this program.

4. Recordkeeping and Cooperation

The Landlord agrees to maintain lease records, rent histories, and tenant contact information for the assisted unit(s) for the duration of the 24-month compliance period and to make such records available to the County upon reasonable request.

5. Severability and Interpretation

If any provision of this Agreement is found by a court or administrative body to be invalid or unenforceable, the remaining provisions shall continue in full force and effect. This Agreement shall be construed in accordance with the laws of the State of Maryland.

6. Voluntary Participation

The Landlord acknowledges that participation in this program is voluntary, and that the rent and lease restrictions imposed herein are not regulatory mandates, but rather conditions for receiving publicly funded assistance intended to benefit both landlords and tenants in the aftermath of a natural disaster.

☐ I agree to the above terms.

Consent and Certification

☐ I authorize my information to be shared among Allegany County Government, Allegany County Department of Social Services, and the Maryland Department of Emergency Management for the purpose of evaluating my eligibility across all available relief programs.

☐ Applicant Certification and Disclaimer: I hereby swear or affirm under the penalties of perjury that the information provided in this application and all supporting documentation is true, accurate, and complete to the best of my knowledge, information, and belief.

I acknowledge and understand that any false, fictitious, or fraudulent statement or representation made in this application, or in any documentation submitted in support thereof, may subject me to criminal prosecution and civil liability under applicable laws, including but not limited to the Maryland False Claims Act (General Provisions Article, §§ 8-101 et seq., Annotated Code of Maryland).

I further understand that any misrepresentation, omission, or concealment of material facts may result in the denial of this application, recapture of funds, and prosecution under State or federal law.

Applicant Digital Signature: _____

Date: _____