

**RURAL HOUSING, INC.**  
**4506 Regent Street**  
**Madison, WI 53705**

Dear Prospective Client:

You recently made an inquiry about the services of Rural Housing in regard to assistance with your **property taxes**. It is important that you understand the information we need to make a decision on your application. We only assist those who can document that, with our assistance; they can make future property tax payments.

We are enclosing application materials for your use. Your attention to detail in completing the forms will help us serve you faster. Your situation may require us to contact you directly for additional information. You can normally expect our decision by mail within 3-5 working days after we receive all necessary documentation.

Here is a checklist of the forms and attachments we need. **Please be sure to sign all forms where indicated and answer all the questions.** We must have signatures of all owners of the property. We have included check boxes to help you determine when your application is complete.

**PAGES REQUIRED FOR EVERY APPLICATION**

1. Application for Assistance form – page 1  
We require information for all members of your household
2. Application for Assistance form -- page 2
3. Household Income -- page 3   
We require the supporting documents as listed to prove your total household income.
4. Monthly Budget Information – page 4
5. Inspection and Certifications—page 5   
(signed by all adults in the household)
6. Signed Grant Agreement -- page 7
7. Authorization for Release of Information -- page 8

**PAGES/DOCUMENTS REQUIRED FOR SPECIFIC SITUATIONS**

8. Signed “Verification of Employment” form—page 6 (only if newly employed or you don’t have a pay stub showing year-to-date earnings)
9. Documentation of taxes due (from the County Treasurer)

Please mail (to the above address) or fax (see below) the materials to Rural Housing. There is no need to include this cover page in your submittal. If we receive an incomplete application, we will contact you and give you two weeks to provide the missing information before closing the file.

Thank you.



## Rural Housing

I am applying for assistance for help with my **property taxes**:      the total amount due is    \$\_\_\_\_\_

Please provide us information about **everyone** who lives in your household. If there are more than 6 persons, please record on back.

First Name	MI	Last Name	Social Security Number	Date of Birth mm/dd/yyyy	Relationship to Client	Sex M/F	Ethnicity (See Codes Below)	Race (See Codes Below)	Disabled Y/N *	Veteran Y/N
1. Client										
2.										
3.										
4.										
5.										
6.										

Information on social security number, race, ethnicity, disability, and veteran's status will be kept confidential and is requested only for required program funding documentation. See page 5 for more information on confidentiality.

Ethnicity -- Hispanic/Latino (H), All Other (O)

Race -- White (WH), American Indian/Alaska Native (AI), Black or African American (BL), Asian (AS), Native Hawaiian or Pacific Islander (PI), Other (O), Multi-Racial (M)

\*Please explain the type of disability \_\_\_\_\_  
\_\_\_\_\_

Have you applied for Social Security Disability Income?    Y     N     If yes, when (date) \_\_\_\_\_



# Rural Housing

## Application for Assistance – Property Taxes

Client Name (s) \_\_\_\_\_ County of Residence \_\_\_\_\_

Please provide your **current** mailing address and phone number:

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # where we can reach you: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Who referred you to Rural Housing: \_\_\_\_\_ Phone # (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

What is your marital status? Married  Separated  Unmarried (includes divorced, single, widowed

How long have you lived at your current address? \_\_\_\_\_ Is it a mobile home? Yes  No

If you have a mortgage what is your monthly payment? \$ \_\_\_\_\_

Does it include property taxes? Yes  No

What is past due on your taxes? \$ \_\_\_\_\_ Are you over two year's behind? Yes  No

What action is the county taking against you? \_\_\_\_\_

If the county has provided you a letter of their proposed action, please include a copy with this application.

If you have a mortgage, are you behind in your payments? Yes  No

What other assets do you have? \_\_\_\_\_

Please explain why you got behind with your property taxes. What you are willing to do to get current?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any funds to pay towards the taxes? Yes  No  If yes, how much \$ \_\_\_\_\_

Have you filed for Wisconsin Homestead Tax Credit? Yes  No

**Are you currently employed?** Yes  No  **Are you a victim of Domestic Violence?** Yes  No

### Other Assistance:

Did you receive Energy Assistance? Yes  No

Please indicate other types of assistance you are receiving \_\_\_\_\_

\_\_\_\_\_

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# Rural Housing

## Household Income Information

**Client Name:** \_\_\_\_\_

My (our) total household **gross** income for **last year** was \$ \_\_\_\_\_. The easiest way for you to calculate this amount is to look at the 1<sup>st</sup> page of last year's tax return. If you did not file income taxes last year, please calculate using available information.

You **must** provide us proof of your **gross** income for this calendar year to date. For each type of income you or another household member received, a document(s) is listed which you must send with your application as proof. If your household has no income, please explain in the comments section at the bottom of this page.

Type of Income	Client Calendar Year to Date  \$ Amount	Other Household Members Calendar Year to Date  \$ Amount	Documents of Proof
Wages	\$	\$	1) Most recent pay check stub with year-to date earnings <b>or</b> 2) The enclosed verification of employment form.
Self-Employment	\$	\$	A statement of your monthly income and expenses
SS Retirement	\$	\$	Bank statement showing your direct deposit, or copy of your check or notice of SS benefits from Social Security
SSI	\$	\$	Bank statement showing your direct deposit, or copy of your check or notice of SS benefits from Social Security
SS Disability Income	\$	\$	Bank statement showing your direct deposit, or copy of your check or notice of SS benefits from Social Security
W2- WI Works	\$	\$	Printout from County Social Services Office
Child Support	\$	\$	Printout from KIDS or a copy of the court order
Unemployment	\$	\$	Notice from DWD
Pension	\$	\$	Bank statement showing your direct deposit or source letter
Worker's Comp	\$	\$	Notice or letter of benefits
Disability Insurance	\$	\$	Notice or letter of benefits
Veteran's Benefits	\$	\$	VA Letter or bank statement showing direct deposit
Other -please list	\$	\$	
<b>Total Income</b>	\$	\$	

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Rural Housing

## Monthly Budget Information

Client Name \_\_\_\_\_

Average Monthly Housing Expenses	\$ Amount	Average Monthly Other Expenses	\$ Amount	Monthly Loan Payments	\$Amount
Mortgage		Telephone		Credit Cards –list each one	
Property Taxes		Cable			
Electricity		Auto Expenses			
Heating Fuel-Gas/Oil		Gas			
Water/Sewer/Septic		Oil changes, repairs		Personal Loans	
Homeowner's Insurance		Auto Insurance		Car Payment	
Garbage		Health Insurance		Other	
		Food			
		Clothing		Other monthly payments	
		Childcare			
		Personal Expenses			
		Other			
<b>Total Housing Exp.</b>	<b>\$</b>	<b>Total Other Exp.</b>	<b>\$</b>	<b>Total Loan Payments</b>	<b>\$</b>

Average Monthly Income	\$ Amount	\$ Amount
	Client	All Other Household Members
Wages		
Self-Employment		
SS Retirement		
SSI		
SSDI		
Child Support		
W2		
Pension		
Unemployment Comp		
Other -please list		
<b>Total Income</b>	<b>\$</b>	<b>\$</b>

<b>Total Income</b>	<b>\$</b>

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## Rural Housing

<b>Total Housing Expenses</b>	\$
<b>Total Other Expenses</b>	\$
<b>Total Loan Payments</b>	\$
<b>Grand Total Expenses</b>	\$
<b>Balance Remaining</b>	\$

<b>Assets</b>	\$ Value
Savings Accounts	\$
Car	\$
Other	\$

### Inspection and Certifications

#### INSPECTION INFORMATION FOR HOUSING UNIT:

Does the housing provide adequate shelter? Yes  No

Does the housing have operable indoor plumbing and cooking facilities? Yes  No

Does the housing provide heat to 65 degrees safely? Yes  No

Does the housing have adequate and safe electrical service? Yes  No

Does the housing provide for sufficient space to not be overcrowded? Overcrowded is defined as more than two persons per sleeping area which may include the living room or family room. Yes  No

Does the housing provide adequate shelter? Yes  No

Was the housing built before 1978? Yes  No

If yes, does the housing have lead paint hazards? Yes  No  Don't Know

**I CERTIFY THAT STATEMENTS MADE BY ME IN THIS APPLICATION AND ATTACHMENTS ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE STATEMENTS WILL VOID THIS APPLICATION AND**

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## Rural Housing

**DISQUALIFY ME FROM RECEIVING ANY HOUSING ASSISTANCE THROUGH THE FOUNDATION FOR RURAL HOUSING, INC.**

**Client's signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Client's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Wisconsin Service Point- Consumer Notice: Rural Housing receives funding from the State of Wisconsin Department of Commerce. A requirement of this funding is that this agency participates in the Wisconsin Homeless Management Information System. We collect and share only the information that we consider to be appropriate. The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy practices is available to all consumers upon request. Your information will be shared with other area agencies that participate in the network unless you request that your information remain confidential and be only available to staff within Rural Housing. If you are interested, please contact us about keeping your records closed.

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# Rural Housing

## REQUEST FOR VERIFICATION OF EMPLOYMENT

Client Name: \_\_\_\_\_

I authorize my employer to provide the following information to Rural Housing.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Employer's Name or Company Name		
Contact Person	Phone # ( ) -	-
Contact E-Mail Address	Fax # ( ) -	-
Mailing Address:		
City	State	Zip

**The remainder of this form is to be completed by the employer.**

Start Date of Employment \_\_\_\_\_

Position \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ per hour \_\_\_\_\_ hours per week (average)

Average or estimated income/month from: Commission \$ \_\_\_\_\_ \$ Tips \_\_\_\_\_

Employee is paid: Weekly  Bi-weekly  Monthly  Bi-monthly

Year-to-date earnings \$ \_\_\_\_\_ Last year's earnings \$ \_\_\_\_\_

This position is Full time year round  Seasonal  Temporary

If the position is seasonal or temporary, please state expected end date \_\_\_\_\_

Will the employee be eligible for unemployment benefits? Y  N

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Rural Housing

## GRANT AGREEMENT

I (we) affirm that I (we) will be owner/occupant of the property that is being assisted by THE FOUNDATION FOR RURAL HOUSING, INC. I (we) will own and occupy the property as my (our) principal residence for at least one year from the time of assistance. I (we) also agree that should I (we) sell this property before the one year period is up, I (we) will notify and reimburse THE FOUNDATION FOR RURAL HOUSING, INC. for the prorated amount of the grant.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Address \_\_\_\_\_

\_\_\_\_\_

# Rural Housing

## AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

As evidenced by my/our signature, I/we hereby authorize Rural Housing, Inc to obtain verification of any and all information necessary for this application regarding my/our: pension, social security, or any other benefits received. Please send information regarding my/our: rental history, credit history, property ownership, mortgage standing, assets, gas and electric utility usage, and billing information. Furthermore, I/we authorize the release of such information at the request of Rural Housing, Inc.

I/we understand that this information will be kept confidential by Rural Housing, Inc, and will be used solely for the purpose of determining eligibility for participation in grant and loan programs.

Client Signature \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_