

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 a **security deposit**. 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 they can make their future monthly rent and other housing 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.

Please be sure to verify your year to date income and your present monthly income.

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 have included a check box 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. Security Deposit Verification – page 6
(signed by the client and landlord)
7. Authorization for Release of Information – page 8

PAGES/DOCUMENTS REQUIRED FOR SPECIFIC SITUATIONS

8. Request for Verification of Employment – page 7 is required when you don't have a paycheck stub from your current employer (signed and dated by your employer).
9. If applicable, proof of rental assistance, Section 8, HUD assistance

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.



Phone (608)-238-3448 Toll Free 1 (888)-400-5974 Fax 1-(608)-238-2084



Rural Housing

Application for Assistance Security Deposit

Client Name _____ County of Residence _____

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

Street Address _____ Apt. # _____ City _____ Zip _____

Phone # where we can reach you: (____)-____-_____

How long did you live at your most recent **permanent address**? _____

Are you homeless? _____ Where are you staying now? _____

What type of living situation was it?

Your own apartment Living with friends Living with family Other

If this application is for a new rental unit, why are you moving? _____

What was the zip code of your most recent permanent address? _____

Do you have any funds to pay towards the security deposit? Yes No If yes, how much \$ _____

Will you be able to pay next month's rent? Yes No If no, why not? _____

Who referred you to Rural Housing: _____ Phone # (____)-____-_____

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

Other Assistance:

If you are receiving Social Security disability, what is your disability? _____

Are you currently receiving rent assistance? Yes No if not, have you recently applied? Yes No

Please indicate other types of assistance you are receiving _____

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**Rural Housing
Application for Assistance—Security Deposit**

The security deposit amount 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

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 1st 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 or 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	\$	\$	
Total Income	\$	\$	

COMMENTS: _____

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Monthly Budget Information

Client Name

Average Monthly Housing Expenses	\$ Amount	Average Monthly Other Expenses	\$ Amount	Monthly Loan Payments	\$Amount
Rent		Telephone		Credit Cards –list each one	
Electricity		Cable			
Heating Fuel		Auto Expenses			
Water & Sewer		Gas			
Renter’s Insurance		Oil changes, repairs		Personal Loans	
		Auto Insurance		Car Payment	
		Health Insurance		Other	
		Food			
		Clothing		Other monthly payments	
		Childcare			
		Personal Expenses			
		Other			
Total Housing Exp.	\$	Total Other Exp.	\$	Total Loan Payments	\$

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

Total Income	\$
Total Housing Expenses	\$
Total Other Expenses	\$
Total Loan Payments	\$
Grand Total Expenses	\$
Balance Remaining	\$

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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

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 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

Security Deposit Verification

This form is to be completed by the landlord and signed by both the renter and the landlord.

Renter/Client's name:	#Bedrooms in Unit
Rental Unit Address: Street	
City	Zip
Landlord's Name or Company Name (Please Print)	Fax # ()- -
Contact Person (Please Print)	Phone # ()- - E-Mail
Mailing Address:	
City	State Zip

Has this unit been inspected and approved to meet HUD Housing Quality Standards? Y N

If yes, what organization or individual did the inspection? _____

Is this unit a manufactured (mobile) home? Y N

This unit will be available for occupancy on _____

Security Deposit Amount \$ _____ Has this been paid? Yes No

Monthly Rent Amount \$ _____ Has this been paid? Yes No

Which of the following will the renter be responsible for? Please provide an average monthly cost estimate.

Electricity Y <input type="checkbox"/> N <input type="checkbox"/> Estimate \$	Heat Y <input type="checkbox"/> N <input type="checkbox"/> Estimate \$
Water/Sewer Y <input type="checkbox"/> N <input type="checkbox"/> Estimate \$	Lot Rent Y <input type="checkbox"/> N <input type="checkbox"/> Estimate \$
Garbage Y <input type="checkbox"/> N <input type="checkbox"/> Estimate \$	

The renter is requesting assistance from Rural Housing to pay the security deposit. If the application is approved, **we want you to know and understand that any refund of the security deposit is to be returned to Rural Housing.** These funds will then be used to assist other applicants with their security deposits. The security deposit is to pay for any damages that are above the normal wear and tear on an apartment. **It is not to be used to pay the last month's rent.**

Renter Signature _____ Date _____

Landlord Signature _____ Date _____

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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

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 _____