

Date: _____ County of Residence: _____

Applicant Name: _____

Current mailing address: _____

_____ Email Address

_____ Telephone Number

Check the box of the program you are applying for.

	Delinquent Rental Assistance (up to \$700)	Must be past due, at risk of eviction/homelessness. We cannot pay for hotels. Send the completed Landlord Form with your application.
	Security Deposit or First Months Rent (up to \$700)	Must have a valid reason for moving not because you want to change apartments. Send the completed Landlord Form with your application.
	Mortgage Assistance (up to \$1,500)	Must be past due and owner occupied. Send a copy of your most recent mortgage statement and/or letters from your financial institution with your application. Must be willing to discuss household budget.
	Utility Assistance (up to \$400)	Must have disconnection or eviction notice and have applied for Energy Assistance. Send a copy of your most recent utility bill , with your application. Applicants name must appear on the bill.
	Property Tax Assistance (*up to \$1,500)	Must be at risk of a property lien. Send a copy of your property tax bill and/or letters from your Treasurer's office with your application. Must be willing to discuss household budget and setup payment plan with Treasurer. <i>* property tax assistance is available once every three years.</i>
	Major Home Repair/Expense Assistance (\$ case by case)	Homeowner Insurance or Association fees. Must be at risk of policy cancellation or collection. Send us a copy of your past due bill with your application. Repair/Septic/Water Heater Assistance. Please note in your application the details of your repair needs. An estimate and/or invoice will be required.

- **Must be under 50% of County Median Income by family size, housing cost less than 50% of gross income. We do not provide services to Dane, Racine or Milwaukee County residents.**
- **Program eligibility may be limited based on prior assistance received.**

2022-2023 Application - RETURN TO:

US Mail: WRH, PO BOX 314. OREGON, WI 53575 **Fax:** 608-238-2084 **Email:** wrh@wisconsinruralhousing.org

APPLICANT MEMBER #1	HOUSEHOLD MEMBER #2	HOUSEHOLD MEMBER #3	HOUSEHOLD MEMBER #4
Full Name:	Full Name:	Full Name:	Full Name:
Social Security #	Social Security #	Social Security #	Social Security #
Date of Birth:	Date of Birth:	Date of Birth:	Date of Birth:
	Relationship to Applicant:	Relationship to Applicant:	Relationship to Applicant:
Male/Female/Other	Male/Female/Other	Male/Female/Other	Male/Female/Other
Veteran: Yes No	Veteran: Yes No	Veteran: Yes No	Veteran: Yes No
Race – see codes	Race – see codes	Race – see codes	Race – see codes
Ethnicity Hispanic Non-Hispanic	Ethnicity Hispanic Non-Hispanic	Ethnicity Hispanic Non-Hispanic	Ethnicity Hispanic Non-Hispanic
Race Codes: (I) American Indian/Alaska Native, (A) Asian, (B) Black/African American, (P) Native Hawaiian or Pacific Islander, (W) White, (O) Other			
Veteran: Yes No	Veteran: Yes No	Veteran: Yes No	Veteran: Yes No
Health Insurance: Yes No Medicaid Medicare Private Health Insurance Other _____	Health Insurance: Yes No Medicaid Medicare Private Health Insurance Other _____	Health Insurance: Yes No Medicaid Medicare Private Health Insurance Other _____	Health Insurance: Yes No Medicaid Medicare Private Health Insurance Other _____
Disabled: Yes No Social Security Benefits received: Yes No	Disabled: Yes No Social Security Benefits received: Yes No	Disabled: Yes No Social Security Benefits received: Yes No	Disabled: Yes No Social Security Benefits received: Yes No
Are you working? Yes No	If adult 18+ Are you working? Yes No	If adult 18+ Are you working? Yes No	If adult 18+ Are you working? Yes No
Please answer the following questions for all household members			
Current Living Situation Rent Own Staying with family/friend Shelter/Safehaven Other	Is any family member a victim/survivor of domestic violence? Yes No Member Number(s) _____	Is any family member formerly a ward of child welfare/Foster Care? Yes No Member Number(s) _____ Is any member previously in Kinship care? Yes No Member Number(s) _____	Has any member stayed on the streets, in emergency shelter or at Safe Haven in the past 3 years? Yes No Number of times _____ Number of months _____ Member Number(s) _____
If you have additional family members, please attach an extra sheet of paper			

MONTHLY EXPENSES

EXPENSES	AMOUNT PAID	EXPENSES	AMOUNT PAID
Rent / Mortgage		Fuel for Vehicles	
Property taxes		Car Payments	
Homeowner Insurance		Auto Insurance	
Condo Association Fees		Clothing Expenses	
Water/Sewer		Credit Cards	
Electricity/Gas		Child Care Expense	
Trash		Groceries	
Phone/Internet		Child Support Paid	
TV/Satellite		Entertainment	
Subscriptions		Educational Supplies	
Loans/Student Debt		UNEXPECTED expenses	

1. Please explain why you are requesting assistance? _____

2. If you are not working, please explain why you are not working? _____

3. Are you able to afford your housing expenses going forward? YES NO

4. Do you live in or are moving to Section 8 or subsidized housing: YES NO

a. If your rent is past due, are you on a payment plan? _____

5. If requesting Security Deposit, why are you moving? _____

6. If applying for Utility Assistance, do you have a disconnection/eviction notice? YES NO

7. If applying for Property Tax or Mortgage Assistance, have you worked out a payment plan with your Treasurer or Lender? YES. NO How much is past due? _____

8. What other organization have you asked for help from and how much money did you receive: _____

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MONTHLY INCOME

You must send proof of income for all adults 18+ living in the household.

Acceptable documentation includes paystub, benefit letter, deposit records or a completed employer verification form. **Please complete the chart below, using gross Income.**

MONTHLY INCOME SOURCE	APPLICANT MEMBER #1	ADULT MEMBER #2	ADULT MEMBER #3
WAGES FROM WORK			
Send paystubs or an employment verification form signed by your employer			
CHILD SUPPORT RECIEVED			
Send proof of child support payments from State system			
W2			
Send proof from case worker			
PE NSION / RETIREMENT			
Send award letter or bank statement showing deposits			
DISABILITY PAYMENTS			
Send award letter or bank statement showing deposits			
UNEMPLOYMENT			
Send proof from State			
SELF EMPLOYMENT INNCOME			
Send most recent tax return			
OTHER INCOME			
Send proof of other income			

BENEFITS RECEIVED		
SNAP	Yes	No
WIC or TANF	Yes	No
ENERGY ASSISTANCE CREDTS	Yes	No
HOMESTEAD TAX CREDIT	Yes	No
FREE OR REDUCED SCHOOL LUNCH	Yes	No
OTHER	Yes	No

APPLICATIONS ARE PROCESSED WITHIN FIVE BUSINESS DAYS OF RECEIVING ALL REQUIRED DOCUMENTATION

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INSPECTION INFORMATION FOR HOUSING UNIT

All housing assisted programs must provide safe and sanitary housing that is in compliance with the habitability standards outlines below and any state or local requirements. Answer the questions below:

The structure is structurally sound and provides adequate shelter?	YES	NO	NOT SURE
Does the unit have acceptable places to sleep?	YES	NO	NOT SURE
Does the housing unit provide adequate heating and ventilation up to 65 degrees?	YES	NO	NOT SURE
Does the housing unit have indoor plumbing and cooking facilities?	YES	NO	NOT SURE
Does the housing unit provide adequate natural or artificial lighting?	YES	NO	NOT SURE
Does the housing unit have smoke detectors present?	YES	NO	NOT SURE
Was the building built/rehabbed before 1978?	YES	NO	NOT SURE
Will there be children under the age 6 living in this housing unit?	YES	NO	NOT SURE
Will there be a pregnant woman living in the housing unit?	YES	NO	NOT SURE

Please indicate what type of housing unit you are applying for assistance with:

Apartment
 Mobile Home
 House
 Boarding house
 Room of a friend/family
 Other _____

SIGNATURE OF APPLICANT

DATE

Foundation for Rural housing, Inc., complies with applicable laws and regulations for meeting Equal Opportunity Requirements under Equal Pay Act of 1963, Title VI and VII of the Civil Rights Act of 1964, Age Discrimination in Employment Acts of 1967 and 1975, Sections 503 and 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and Wisconsin Fair Employment Act. You have the right to file a complaint if you are not satisfied with services provided by the agency, or if you have been discriminated against in employment or service delivery.

You can contact 1-888-400-5974 or email us at wrh@wisconsinruralhousing.org.

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**HMIS PERMISSION TO SHARE CONFIDENTIAL INFORMATION
TO SECURE NECESSARY SERVICES**

Please read the following notice and authorization (or ask to have it read to you) before signing.

This agency Foundation for Rural Housing, Inc. participates in the Wisconsin statewide Homeless Management and Information System. Agencies that participate in the Wisconsin HMIS belong to an internet-based network. This network is administered by the Institute for Community Alliances (ICA). The name of the software vendor that developed and maintains the software is called Bitfocus. The name of the software that stores this data is called Clarity Human Services.

Benefits to Data Sharing for the Consumer	
Eliminates Duplicate intakes	Faster access to the Coordinated Entry System, resulting in receiving services more quickly
Reduces the amount of time spent answering basic questions regarding your situation	Allows agencies to focus on meeting your unique service needs
Reduces the amount of times you have to tell your story to service providers	Multiple Services can be easily coordinated and streamlined

****Bitfocus ensures the security of its system. Please see below for detailed information on security measures.***

Because this network is made up of many service providers, you have the option to share your information with other service providers from whom you might be seeking services. Your identity and information collected in the WI HMIS will be shared, with your written consent, in the network and with network partners who have written agreements with ICA. WI HMIS includes your demographic information and other essential personal information needed to best determine your service needs.

The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency, the network, network partners and limited staff of the Institute for Community Alliances. Personally identifying information will not be shared with any State or Federal department for the purposes of determining your eligibility in other State or Federal programs (for example, Food Share). Information collected is housed in a secure server owned and hosted by Bitfocus in Virginia, Ohio, Oregon, and California. Limited Bitfocus staff have access to this server and the data for the purposes of network support and maintenance. Data collected for the network will be maintained for at least seven years from the last date of service.

The list of agencies participating in the network and network partners can be accessed on the ICA website here, [HMIS Release of Information](#). This list may change.

Please note if you grant permission for your information to be shared, that agreement will be in effect until you revoke it in writing. You may end your agreement in writing and your personal and service information will no longer be shared from that date going forward. If you do not give permission for this agency to release your information, no other agency in the network or network partner will have access to it.

Type of Information to be shared:

- Personal Identifying Information: Name (First, Middle and Last), Social Security Number, Date of Birth, Gender, Race, Ethnicity, Last Residence Information, Military Status
- Housing/Program Specific: Program Enrollments, Assessments, Services, Case Notes, Referrals, File Attachments

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Please indicate your choice regarding data sharing

- **Option 1:** Verbal Consent

_____ By initialing here, I agree to share my and my child/children's above specified information and coordinate services with all participating agencies in the network and network partners.

- **Option 2:** Verbal Consent

_____ By initialing here, I agree to share my and my child/children's specified information, *except* for the information identified below. I do not want to share my and my child/children's:

- Program Enrollments
- Assessments
- Services
- Case Notes
- Referrals
- File Attachments

- **Option 3:** Verbal Consent

_____ By initialing here, I agree I do not want to share my and my child/children's above specified information and coordinate services with other agencies/network partners.

I understand that signing below relates only to data sharing within the WI HMIS and does not guarantee I will receive assistance. Alternatively, I understand that I will NOT be denied services if I refuse to consent to data sharing.

Print Name: _____

Client Signature: _____ **Date:** _____

Adult #2 Print Name: _____

Adult #2 Client Signature: _____ **Date:** _____

Agency Witness Signature: _____ **Date:** _____

Verbal Consent obtained by phone (Agency Staff Initials): _____ Date: _____