

FOUNDATION FOR RURAL HOUSING, INC.

Date: _____

Applicant Name: _____

County of Residence: _____

Current mailing address

Email Address

Telephone Number

Check the box of the program you are applying for:

| | | |
|--|---|--|
| | <u>Delinquent</u> Rental Assistance (up to \$400) | Under 50% of Median Income by family size, housing cost are less than 50% of gross income, must be at risk of homelessness, and cannot live in Section 8 or subsidized housing. We cannot pay for hotels or boarding houses. |
| | | |
| | Security Deposit (Up to \$400) | Under 50% of Median Income by family size, housing costs are less than 50% of gross income, must have a valid reason for moving not because you want to change apartments, must be at risk of homelessness |
| | | |
| | Mortgage Assistance (Up to \$1,000) | Under 50% of Median Income by family size, housing costs are less than 50% of gross income, must be at risk of foreclosure, generally this is 3 months behind, must be owner occupied. <u>Send us a copy of your most recent mortgage statement and/or letters from your financial institution.</u> |
| | | |
| | Utility Assistance (Up to \$400) | Under 50% of Median Income by family size, housing costs are less than 50% of gross income. Must be at risk of eviction. You cannot live in Section 8 housing or subsidized housing. Your name must appear on the utility bill. You must show proof of your last payment. Not payment from another agency. |
| | | |
| | Property Tax Assistance (Up to \$1,000) | Under 50% of Median Income by family size, housing cost are less than 50% of gross income, must be at risk of a property lien, generally 3 years behind, owner occupied. <u>Send us a copy of your property tax bill and/or letters from your Treasurer's office.</u> |

This does not constitute an entire list of qualifications for assistance, it is meant to provide some guidance while completing your application.

- **You are eligible for one type of assistance once every 3 years.**
- **It will take up to 5 business days to process your application.**

RETURN TO: WRH, Po Box 314, Oregon, WI 53575
Fax: 608-238-2084 or wrh@wisconsinruralhousing.org

FOUNDATION FOR RURAL HOUSING, INC.

HOUSEHOLD INFORMATION

| APPLICANT | HOUSEHOLD MEMBER #1 | HOUSEHOLD MEMBER #2 | HOUSEHOLD MEMBER #3 |
|--|--|---|--|
| 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 the Applicant: | Relationship to the Applicant: | Relationship to the 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 |
| Ethnicity Hispanic Non-Hispanic | Ethnicity Hispanic Non-Hispanic | Ethnicity Hispanic Non-Hispanic | Ethnicity Hispanic Non-Hispanic |
| Race – See Codes | Race – See Codes | Race – See Codes | Race – See Codes |
| 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 Hours per week _____ Hourly wage _____ | Are you working? Yes No Hours per week _____ Hourly wage _____ | Are you working? Yes No Hours per week _____ Hourly wage _____ | Are you working? Yes No Hours per week _____ Hourly wage _____ |
| | | | |
| Is any family member a victim/survivor of domestic violence? _____ Member Number | Is any family member formerly a ward of child welfare/Foster Care? _____ Member Number | Has any member stayed on the streets, in emergency shelter or at Safe Haven in the past 3 years? Number of times _____ Number of months _____ _____ Member Number | RACE American Indian/Alaska Native (I) Asian (A) Black/African American (B) Native Hawaiian or Pacific Islander (P) White (W) Other (O) |
| If you have additional family members, please attach an extra sheet of paper | | | |

FOUNDATION FOR RURAL HOUSING, INC.

EXPENSES THAT YOU CURRENTLY PAY EACH MONTH

| EXPENSES | AMOUNT PAID | ANSWER THE QUESTION FOR EACH BILL |
|-----------------------|-------------|--|
| Mortgage/rent | | I am paying this amount each month? YES NO |
| Property taxes | | YES NO |
| Home Owners Insurance | | YES NO |
| Water/Sewer | | YES NO |
| Electricity | | YES NO |
| Trash | | YES NO |
| Phone | | YES NO |
| Cable | | YES NO |
| Entertainment | | YES NO |
| Fuel for vehicles | | YES NO |
| Groceries | | YES NO |
| Child Care Expense | | YES NO |
| Clothing Expenses | | YES NO |
| Child Support Paid | | YES NO |
| Loans | | YES NO |
| Credit Cards | | YES NO |
| Car Payments | | YES NO |
| Auto Insurance | | YES NO |
| Other: | | YES NO |

| OTHER BENEFITS RECEIVED | | AMOUNT RECEIVED |
|------------------------------|--------|-----------------|
| SNAP | Yes No | |
| WIC or TANF | Yes No | |
| ENERGY ASSISTANCE CREDITS | Yes No | |
| HOMESTEAD TAX CREDIT | Yes No | |
| FREE OR REDUCED SCHOOL LUNCH | Yes No | |
| OTHER | Yes No | |

- Do you live in Section 8 or subsidized housing: YES NO
- Why are you moving if requesting a Security Deposit: _____

- If applying for Utility Assistance are you at risk of losing your home: YES NO
- If you are not working, please explain why you are not working? _____

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

- Have you heard of the Lifeline Link-up program?: YES NO
- Who is your current phone provider: _____
- If you qualify for the Lifeline Link-up program, we will be sending you additional information to enroll.

FOUNDATION FOR RURAL HOUSING, INC.

MONTHLY INCOME

WE MUST RECEIVE PROOF OF INCOME FOR CURRENT JOB

| | MONTHLY INCOME BEFORE ANYTHING IS TAKEN OUT |
|---|--|
| WAGES FROM WORK Member #1 *Attach a paystub or letter of hire from your new employer | Jan. _____ Feb. _____ March _____ April _____ May _____ June _____ July _____ Aug. _____ Sept. _____ Oct. _____ Nov. _____ Dec. _____ |
| WAGES FROM WORK Member #2 *Attach a paystub or letter of hire from your new employer | Jan. _____ Feb. _____ March _____ April _____ May _____ June _____ July _____ Aug. _____ Sept. _____ Oct. _____ Nov. _____ Dec. _____ |
| WAGES FROM WORK Member #3 *Attach a paystub or letter of hire from your new employer | Jan. _____ Feb. _____ March _____ April _____ May _____ June _____ July _____ Aug. _____ Sept. _____ Oct. _____ Nov. _____ Dec. _____ |
| CHILD SUPPORT Received | \$ _____ Submit Proof from State system |
| W2 | \$ _____ Submit Proof from caseworker |
| PENSION/RETIREMENT | Member # _____ \$ _____ Submit Proof (award letter of bank statement) |
| DISABILITY PAYMENTS | Member # _____ \$ _____ Submit Proof (award letter or bank statement) |
| SELF EMPLOYMENT | Member # _____ \$ _____ Submit last year's tax return |
| UNEMPLOYMENT | Member # _____ \$ _____ Submit Proof from State |
| OTHER INCOME | Member # _____ \$ _____ Submit Proof |

- We use gross income for all programs

Please explain why you are requesting assistance. What did you spend your money on other than housing cost? _____

FOUNDATION FOR RURAL HOUSING, INC.

RELEASE OF INFORMATION

I authorize the release of information and verification of any and all information necessary regarding my/our pension, social security, or other benefits or income received to verify income. I further authorize the Foundation for Rural Housing, Inc., to obtain verification of any and all information necessary regarding my/our: rental history, property ownership, mortgage standing, assets, gas and electric utility usage and billing information. I authorize the release of such information to the Foundation for Rural Housing, Inc.

I specifically authorize the Foundation for Rural Housing, Inc., to speak to:

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

Applicant signature

Date

Co-Applicant signature

Date

This Release of Information is valid 6 months from the date of signature. After this time a new application and release of information will be required.

CERTIFICATION

I/We certify that the information provided in this application made by me and other household members and attachments are true, complete and correct to the best of my/our knowledge. I/We further understand that false statements will void this application and disqualify me from receiving any housing assistance through the Foundation for Rural Housing, Inc., in the future.

I understand if I/We qualify for any financial assistance we are eligible only once every 3 years for this assistance.

I understand that if my application is for Security Deposit assistance, that any balance of that Security Deposit when moving out will be returned to the Foundation for Rural housing.

Applicant signature

Date

Co-Applicant signature

Date

FOUNDATION FOR RURAL HOUSING, INC.

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 ☐ Camper/RV ☐ Other _____
☐ Second home

SIGNATURE OF APPLICANT

DATE

**RETURN THIS FORM TO: FOUNDATION FOR RURAL HOUSING
PO BOX 314**

OREGON, WI 53575

FAX: 608-238-2084 or EMAIL: wrh@wisconsinruralhousing.org

FOUNDATION FOR RURAL HOUSING, INC.

REQUEST FOR VERIFICATION OF EMPLOYMENT

Employee Name: _____

I hereby authorize my employer _____ to provide verification of my employment to Foundation for Rural Housing, Inc.

Signature of Employee

Date

| | |
|------------------|-------------|
| Contact Person: | Phone: |
| Email Address: | Fax: |
| Mailing Address: | |
| City: | State: Zip: |

_____ I have attached my payroll stubs or a copy of my bank statement verifying my employment. If you have done this your Employer does NOT need to complete this form.

EMPLOYER TO COMPLETE

| | | |
|---|---|--|
| Start date of Employment: | Position: | Rate of Pay: |
| Average Monthly Gross Income: (include tips) | | |
| How many hours per week does this employee work: | Is this a full time or part time position: | If seasonal when is this expected to end: |

SIGNATURE OF EMPLOYER

DATE

**RETURN THIS FORM TO: FOUNDATION FOR RURAL HOUSING
PO BOX 314
OREGON, WI 53575
FAX: 608-238-2084 or EMAIL: wrh@wisconsinruralhousing.org**



Wisconsin HMIS Client Informed Consent and Release of Information

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 _____ 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.

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission. You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share your information with other agencies, federal and state regulations may require limited data collection for funding purposes.



Wisconsin HMIS Client Informed Consent and Release of Information

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

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:** _____

FOUNDATION FOR RURAL HOUSING, INC.

RENTAL ASSISTANCE: LANDLORD VERIFICATION

This form is required to be completed by your landlord or agent of the landlord. This form must be returned to our office with your application. Failure to do so will delay the processing of your application.

| | |
|------------------------|---------------------------|
| Renter: | # Bedrooms: |
| Rental Address: | |
| City: | State: Zip: |

| | | |
|---|---|---|
| Past Due Rent Amount \$ What month(s) are they past due on: | Does this renter have a payment plan with you to pay back the balance of rent due: Yes No | If yes what is the payment plan? |
| Monthly Rent Amount \$ | | |
| Has this Unit been inspected and approved to meet HUD Housing Quality Standards? YES NO If YES what organization or individual did the inspection? _____ | | |
| Is this Unit a: Manufactured Home Mobile Home Apartment Other: _____ | | |
| Which of the following is the renter responsible for? | | |
| Electricity: Yes No Average Monthly Cost: \$_____ | Water/Sewer: Yes No Average Monthly Cost: \$_____ | Heat: Yes No Average Monthly Cost: \$_____ |
| Garbage: Yes No Average Monthly Cost: \$_____ | When was this unit occupied by the renter? _____ | Is this unit subsidized? Yes No |

| | |
|---------------------------|---------------|
| Landlord Name: | Phone: |
| Fax: | Email: |
| Mailing Address: | City: |
| State: Zip: | |

If the renter is approved for assistance, the check from Foundation for Rural Housing, Inc., will be mailed directly to the Landlord.

In many cases the amount we can assist with is less that the total delinquent rent owed. If this is the case, I, the landlord, would agree to have the renter pay the remaining delinquent rent amount in agreed upon installments for \$_____ dollars per month for _____ months.

Landlord or representative signature

Date

RETURN THIS FORM TO: FOUNDATION FOR RURAL HOUSING

PO BOX 314, OREGON, WI 53575, FAX: 608-238-2084 or EMAIL: wrh@wisconsinruralhousing.org