

## Rent Assistance and Emergency Shelter Program Information

- Please **completely** fill out the application using your full name. The person filling out the application also needs to be listed as part of the household composition. Provide social security numbers for all household members.
- This is a Crawford County program, all housing units must be in Crawford County.
- All information will be verified.
- Applications are handled on a first come, first serve basis. For us to move forward in a timely manner we will need the following documents submitted with the application for it to be considered complete:

Emergency Shelter (Motel Vouchers)	First Month's Rent/Security Deposit (Rehousing)	Eviction Prevention (Rent Assistance)
Completed Application, including budget form	Completed Application, including budget form	Completed Application, including budget form
Income verification (check stubs, proof of child support, proof of SSI, SSDI, unemployment)	Income verification (check stubs, proof of child support, proof of SSI, SSDI, unemployment)	Income verification (check stubs, proof of child support, proof of SSI, SSDI, unemployment)
Most recent bank statements (checking & savings)	Most recent bank statements (checking & savings)	Most recent bank statements (checking & savings)
Proof of FoodShare allocation	Proof of FoodShare allocation	Proof of FoodShare allocation
Proof of homelessness	Proof of homelessness	Proof of Eviction

Please Return All Applications to:

Couleecap Inc.  
**Attention: Jessica Zelhofer**  
 200 E. Blackhawk Ave.  
 Prairie du Chien, WI 53821  
 Phone: 608-326-0423  
 Fax: 608-326-2464

(Applications can be mailed, faxed or turned in to the front desk. If you are mailing your application, it will require extra postage.)

## Homeless Prevention Program Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

If you do not have an address, how can we reach you? \_\_\_\_\_

If we need to mail something to you, where should we send it? \_\_\_\_\_

What kind of assistance are you applying for today?

Motel Voucher/Emergency Shelter       Security deposit/First Months Rent       Rent Payment – Eviction Prevention

**HOUSEHOLD COMPOSITION - Adults that live in your household – including yourself**

Names of Persons Over 18	Social Security #	Date of Birth	M/F/Transgender	Race	Ethnicity

**Children that live in your household:**

Names of Person Under 18	Social Security #	Date of Birth	M/F	Relationship	Race

Are you a veteran?    No    Yes   If yes, do you have a DD214 Form?    No    Yes   Veteran's benefits?    No    Yes

Are you fleeing a domestic violence situation?    No    Yes

Are you currently homeless?    No    Yes   If yes, is this your first time homeless? \_\_\_\_\_

**\*Attach your eviction notice or other documentation of homelessness\***

Present Landlord (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Current Rent: \$ \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Do you have a lease?    No    Yes

Length of Time at Current Residence: \_\_\_\_\_

Are you being evicted?    No    Yes   If yes, why? \_\_\_\_\_

Have you ever been evicted?    No    Yes   If yes, why? \_\_\_\_\_

Have you ever willfully or intentionally refused to pay rent when it was due?    No    Yes

If yes, why? \_\_\_\_\_

**BARRIERS TO HOUSING:**

Have you ever been homeless?  No  Yes If yes, when? \_\_\_\_\_

Do you possess a high school diploma, GED, or HSED?  No  Yes

Are you currently, or have you ever been on probation/parole:  No  Yes If yes, explain: \_\_\_\_\_

Have you ever experienced domestic violence?  No  Yes

Do you have any transportation problems?  No  Yes If yes, explain: \_\_\_\_\_

Do you have a disability or mental illness?  No  Yes If yes, explain: \_\_\_\_\_

**INCOME INFORMATION:**

Is anyone in the household employed?  No  Yes

Who is employed? \_\_\_\_\_

Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Part-Time  Full-Time  Temporary  Permanent

What is your current gross monthly income? \$ \_\_\_\_\_

Who is employed? \_\_\_\_\_

Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Part-Time  Full-Time  Temporary  Permanent

What is your current gross monthly income? \$ \_\_\_\_\_

**Please list all sources of income:** (Gross monthly amount) **\*Attach copies of current paystubs or bank statement\***

Type of Income	Amount	Type of Support	Amount
Child Support		W-2	
SSI		Child Care Supplement	
Social Security		Badger Care	
Wages - Employment		Medicaid	
Disability		Medicare	
Unemployment		Section 8	
Food Share (food stamps)		Rental Assistance (other sources)	
Other:		Other:	
Total		Total	

Do you receive childcare assistance from W2?  No  Yes If yes, monthly amount. \$ \_\_\_\_\_

Have you received rental assistance from any source in the last 12 months?  Yes  No

If yes, from where? \_\_\_\_\_ Date Received: \_\_\_\_\_

Please explain why you are in need of this assistance: \_\_\_\_\_

***Please include all supporting documents along with: written proof of your loss of income and additional assistance that you have received in the past 12 months. You may be asked for further documentation if requested by the Case Manager.***

I/We certify that the information on this application is correct to the best of my/our knowledge. I/We understand that any misrepresentation or false information provided on this application is reason for the application to be rejected or assistance denied. It is further understood that the completion of this application does not constitute an acceptance for assistance. I/We give the case manager permission to verify all information on this application with the appropriate organizations and agencies.

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Signature

Date

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

# BUDGET

Client Name (s) \_\_\_\_\_ Date \_\_\_\_\_ Housing Specialist \_\_\_\_\_

Monthly Income	How Often Paid	Gross Pay	Net Pay	Monthly Net Income
Salary #1				
Salary #2				
Other Income				
Other Income				
<b>TOTAL:</b>				

## MONTHLY FIXED EXPENSES

	Current Monthly Spending
<b>Housing</b>	
Rent/Mortgage Payment	
Utilities	
Phone/Cell/Pager	
Internet	
TV/Cable	
Water/Sewer/Trash	
Homeowners/Renters Insurance	
Maintenance/Repair Costs	
<b>Total</b>	
<b>Transportation</b>	
Current Car Payment(s)	
Auto Insurance	
Auto Maintenance/Repair	
Gasoline/Parking Expenses	
<b>Total</b>	
<b>Other Monthly Fixed Expenses</b>	
Clothing (Back to school, etc.)	
Day Care	
Education (tuition/supplies/lessons)	
Taxes	
Insurance (health, etc.)	
Medical Expenses (co-pay, prescriptions)	
Other (credit cards, etc.)	
<b>Total</b>	

**MONTHLY FLEXIBLE EXPENSES**

	Current Monthly Spending
Food	
Household Supplies (baby supplies, paper products, bathroom supplies, laundry, etc)	
Entertainment (baby sitters, gambling, movies, sports, books, video games, etc)	
Gifts (holidays, b-days, Xmas, parties, etc).	
Miscellaneous (stamps, allowances, pet supplies, tobacco, alcohol, etc.)	
Other	
<b>Total</b>	

**CLIENT ACTION PLAN/SUMMARY**

	Current Spending	Planned Spending
Monthly Net Income		
Monthly Expenses:		
Housing		
Transportation		
Other Fixed Expenses		
Flexible Expenses		
Creditors		
<b>TOTAL</b>		
<b>Surplus/Deficit</b>		

**RECOMMENDATIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_