

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 Vernon County program, all housing units must be in Vernon 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)	Security Deposit/First Month's Rent (Rehousing)	Eviction Prevention (Rent Payment)
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
 201 Melby St.
 Westby, WI 54667
 Phone: 608-634-7365
 Fax: 608-634-3134

(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.

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				
TOTAL:				

MONTHLY FIXED EXPENSES

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

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	
Total	

CLIENT ACTION PLAN/SUMMARY

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

RECOMMENDATIONS: _____
