

Rent Assistance, Transitional Housing and Emergency Shelter Application and Information

PLEASE READ CAREFULLY

*Please fill out application completely including social security numbers for ALL household members.

*All information will be verified. Please read through the checklist below and turn in all documentation listed below with application.

*Not providing all necessary documentation can delay or hinder you from receiving services.

DOCUMENTATION REQUIRED CHECKLIST

- Complete application including budget form and release of information
- Income verification: all income in household for past 30 days (check stubs, proof of child support, SSI, SSDI, or unemployment)
- Most recent bank statements for checking and savings
- Proof of food share (award letter or print out from www.accesswi.gov)
- Documentation of homelessness (**complete attached form**) and provide:
 - eviction notice from landlord or from current temporary residence
 - OR** third party documentation from another agency if fleeing a domestic violence/sexual assault situation or coming from shelter
- IF looking for eviction assistance, you must provide supporting documentation of the reason why you need assistance (decrease in hours or large car repair, etc.).

Please return you application along with necessary documentation to:

<u>Families First</u> (eviction notice) OR <u>Couleecap, Inc.</u> (literally homeless)
1118 W. Veterans St. 217 North Black River St.
PO Box 707 Sparta, WI 54656
Tomah, WI 54660 608-269-5021 (PH)
608-374-4141 (PH) 608-269-1918 (FAX)
608-374-4188 (FAX)

****Transitional Housing Information on next page****

MONROE COUNTY UNIVERSAL APPLICATION

Homeless & Homeless Prevention Programs

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
 Transitional Housing – Homeless
 Transitional Housing
 Permanent Supportive Housing

HOUSEHOLD COMPOSITION - Persons that live in your household – including yourself

Name	Social Security #	Date of Birth	M/F/ Transgender	Race	Ethnicity	Disability (Yes/No)	Relationship

Have you or anyone else in the household ever been in foster care? No Yes

If yes, please list name and age when they left foster care? _____

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 or sexual assault situation? No Yes

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

Are you being evicted? No Yes If yes, why? _____

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

Present Landlord (if applicable): _____

Address: _____

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

Length of Time at Current Residence: _____

Attach your eviction notice or other documentation of homelessness

OTHER QUESTIONS TO DETERMINE IMMEDIATE HOUSEHOLD NEED:

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? No Yes
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

For Office Use Only

Please check the box next to the program for which the person is eligible:

- | | |
|--|---|
| <input type="checkbox"/> Eviction Prevention – Families First | <input type="checkbox"/> Transitional Housing – Brighter Tomorrows (temporary housing) |
| <input type="checkbox"/> Security Deposit/Rent Payment – Couleecap | <input type="checkbox"/> Transitional Housing – Sojourner’s Journey (temporary housing) |
| <input type="checkbox"/> Veterans and Families Supportive Services | <input type="checkbox"/> Couleecap Transitional Housing - Homeless |
| <input type="checkbox"/> Transitional Housing for Veterans – VAF | <input type="checkbox"/> New Hope Permanent Housing – Homeless/Disabled |

****Please complete the budget form on the following pages to the best of your ability****

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	
Utilities	
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: _____
