

Dear Skills Enhancement Program Applicant,

Enclosed you will find some information on the program as well as the program application. Please complete the program application to the best of your ability and return it by:

- Mail: Couleecap Inc
Attn: Aaron
700 3rd Street North, Suite 202B
La Crosse, WI 54601
- Fax: 608-782-4822
- Scan and email: aaron.reimler@couleecap.org

The following parameters must be met in order to be considered for enrollment:

- Must be working a minimum of 20 hours a week average at the time of enrollment. Parameter can be satisfied by:
 - Work Study
 - Personal Contract Work
 - Self-Employment
- Household income must be at or below 150% of Federal Poverty. (*See Couleecap.org for details*)

Along with your application please return **proof of your income**. This may include but is not limited to:

- Your last 6 weeks of paystubs. Must prove applicant's income, as well as that applicant is working a minimum of 20 hours a week average. The 6 week period will be used to determine this average; meaning if applicant works less than 20 hours a week during the 6 week period, and more than 20 hours other weeks, the average over the entire period will be used to determine eligibility.
- Proof of child support received—to obtain a copy of a year-to-date payments, contact the State of Wisconsin Child Support Office at 1-800-991-5530 or the website at <http://dcf.wisconsin.gov/bcs/payments/logon.htm>
- Social Security / Disability award letter or proof of amount received—to obtain a copy of your Award Letter call the La Crosse Social Security Office at 1-866-770-2345
- Last year's Federal Tax Return with Schedule C (self-employed borrowers) or Schedule F (Farmers)

Once I receive your application it will be screened for eligibility. This may take up to 14 days so please be patient. If you have not heard from me within 14 days, please feel free to contact me to check on the status of your application. If you are eligible I will send you information on whether or not there are spots available in the program and what the next steps are.

***Please note, completing an application does not guarantee assistance will be approved.*

If you have questions while filling out your application, please contact me at 608-797-5746 or via email at aaron.reimler@couleecap.org. I look forward to helping you complete your education goals!

Sincerely,
Aaron Reimler
Business and Income Developer
Couleecap Inc.

Skills Enhancement Program Application

Complete the application including all appendices. Failure to complete all sections of the application will delay the process. **Submitting an application does not automatically qualify you for assistance.** Assistance is dependent on funds availability and program guidelines. If you are married, it is required that your spouse be listed as the co-applicant.

APPLICANT	FULL NAME (LAST, FIRST, MI)		MAILING ADDRESS (if different than property address)	
	PROPERTY ADDRESS (HOUSE #, STREET, CITY, STATE, ZIP CODE)			
	HOME PHONE	CELL PHONE	EMAIL ADDRESS	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
	BEST NUMBER OR WAY TO BE REACHED		BEST TIME TO BE REACHED	
SPOUSE	FULL NAME (LAST, FIRST, MI)		MAILING ADDRESS (if different than property address)	
	HOME PHONE	CELL PHONE	EMAIL ADDRESS	
	DATE OF BIRTH	SOCIAL SECURITY NUMBER	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
	BEST NUMBER/WAY TO BE REACHED		BEST TIME TO BE REACHED	

CHILDREN OR OTHER INDIVIDUALS LIVING IN THE HOME

List all individuals, other than the applicant and co-applicant, who live in the house for six or more months per year. This includes children, step-children, caregivers, or family members. Use a separate sheet of paper to list any additional persons beyond four. Failure to report all household members may result in disqualification.

NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	AGE	DATE OF BIRTH	RELATIONSHIP	FULL-TIME STUDENT <input type="checkbox"/> YES <input type="checkbox"/> NO

Income Calculation Worksheet

ALL income from individuals 18 and over MUST be included in the table below. Failure to provide accurate information will delay and/or disqualify your application.

APPLICANT'S EMPLOYER		EMPLOYER PHONE NUMBER	
EMPLOYER ADDRESS			
CURRENT JOB TITLE		DATE HIRED	
HOURLY WAGE	HEALTH CARE BENEFITS <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF HOURS WORKED PER WEEK	

CO-APPLICANT EMPLOYER		EMPLOYER PHONE	
EMPLOYER ADDRESS			
CURRENT JOB TITLE		DATE HIRED	
HOURLY WAGE	HEALTH CARE BENEFITS <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF HOURS WORKED PER WEEK	

INCOME TYPES:		
W Wages/Salary/Tips CS RECD Child Support Received D/I Dividends/Interest DL Disability Long Term DS Disability Short Term P Pensions/Annuities/IRA SSI/SSDI Social Security SE Self-Employment UC Unemployment Compensation	A Alimony Received C-SUPP SSI Caretaker Supplement G Gambling/Lottery/Bingo GR General Relief GF Gift/Donation GV Government Relief/Disaster LC Land Contract Payment O Other	R Rental Income SSI Social Security Supplemental Income SU Subsidized Housing Utility Allowance T TANF/W2 TR Tribal per Capita V Veterans Benefits WK Workers' Compensation

HOUSEHOLD MEMBERS NAME	INCOME TYPE	INCOME	INCOME	INCOME	3 Month Total	CC staff initial when verified*
		MONTH 1	MONTH 2	MONTH 3		

Total 3 Month Household Income	\$
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I certify that the above information is to be true and accurate to the best of my knowledge on the date affixed below:

Applicant Signature	Date	Co-Applicant Signature	Date
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Couleecap, Inc. Fair Housing Act Information Form

Statement of Purpose:

Couleecap, Inc. requests the following information in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but you are encouraged to do so.

Couleecap, Inc. may neither discriminate on the basis of this information, nor on the basis of whether or not you choose to furnish it. Under Federal regulations Couleecap, Inc. is required to note race and gender on the basis of visual observation or surname even if you do not choose to supply such information.

	Applicant	Co-Applicant
Race/National Origin	<input type="checkbox"/> White	<input type="checkbox"/> White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> American Indian/Alaskan Native & White
	<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> Black/African American & White
	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American	<input type="checkbox"/> American Indian/Alaskan Native and Black/African American
	<input type="checkbox"/> Other/Multi-racial	<input type="checkbox"/> Other/Multi-racial
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Male
	<input type="checkbox"/> Female	<input type="checkbox"/> Female
Ethnicity	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
	<input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran	<input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran

Applicant: I do not wish to furnish this information

Co-Applicant: I do not wish to furnish this information



Couleecap, Inc. General Release of Information

To Whom It May Concern:

I have applied for assistance and hereby authorize you to release to Couleecap, Inc., the program administrator, the requested information listed below:

1. Any academic related records or reports, which may include but is not limited to class schedules, grades, and attendance records.
2. Current and previous employment history including employer, period employed, title of position, income and hours worked.
3. Case management notes, documents and information related to enrollment in the FSET Program.
4. Any information deemed necessary in connection with enrollment in Couleecap's Skills Enhancement Program.
5. Information regarding previous or current unemployment benefits received as well as the remaining benefit amount. These unemployment insurance files may be provided to and accessed by Wisconsin Community Action Program (WISCAP) HUD, and Department of Administration.

This information obtained will only be for the confidential use of Couleecap, Inc. in determining my eligibility for a grant or to confirm information I have supplied. Please complete the attached verification request. A photo or fax copy of this document may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed release of information form will be kept on record with Couleecap, Inc.

Applicant

Last Name, First Name, MI

Social Security Number

Street Address

City, State, Zip Code

Signature

Date

NOTICE TO APPLICANTS: You are not required to provide Couleecap, Inc. or any of its agents, officers, or employees with your social security number. Failure to provide your social security number may limit your participation in programs or make you ineligible for programs.

Couleecap, Inc. Conflict of Interest Addendum—Applicant

Please indicate the nature of any relationship you have with the following people. Having a prior relationship with any of the persons listed does not disqualify you from participation in the program.

No relationship	Family (list relationship)	Business	Name	Position
<i>Couleecap Executive & Community Development Staff</i>				
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Hetti Brown	Executive Director
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Ashley Lacenski	Community Dev. Director
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Aaron Reimler	Business & Income Dev.
<i>Couleecap Board Members</i>				
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Ellen Barum	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Rick Blasing	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Bob Brague	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Theresa Burns-Gilbert	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Maureen Freedland	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Mari Freiberg	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Beth Hartung	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Terry Hicks	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Karen Joos	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Larry Kelley	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	George Kruck	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Monica Kruse	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Celesta Leis	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Sonya Lenzendorf	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Karen Long	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Gail Muller	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Bill Rudy	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Roger Slama	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Gary Thompson	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Katie Westerman	Board Member

Name: _____

Applicant Co-Applciant

Signature: _____

Date: _____

Applicant and Co-Applciant must complete separate addendums



Appendix HB8b – Conflict of Interest

Couleecap, Inc. Conflict of Interest Addendum—Co-Applicant

Please indicate the nature of any relationship you have with the following people. Having a prior relationship with any of the persons listed does not disqualify you from participation in the program.

No relationship	Family (list relationship)	Business	Name	Position
<i>Couleecap Executive & Community Development Staff</i>				
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Hetti Brown	Executive Director
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Ashley Lacenski	Community Dev. Director
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Aaron Reimler	Business & Income Dev.
<i>Couleecap Board Members</i>				
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Ellen Barum	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Rick Blasing	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Bob Brague	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Theresa Burns-Gilbert	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Maureen Freedland	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Mari Freiberg	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Beth Hartung	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Terry Hicks	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Karen Joos	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Larry Kelley	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	George Kruck	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Monica Kruse	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Celesta Leis	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Sonya Lenzendorf	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Karen Long	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Gail Muller	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Bill Rudy	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Roger Slama	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Gary Thompson	Board Member
<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	Katie Westerman	Board Member

Name: _____

Applicant Co-Applicant

Signature: _____

Date: _____

Applicant and Co-Applicant must complete separate addendums

PUBLIC ASSISTANCE

Do you receive any public assistance? Please check those that you receive:

- Badger Care Food Share Childcare Assistance
WIC Other (Please list)

Are you enrolled in Food Share Employment and Training (FSET) with your Economic Support/Food Share Office?

- Yes No I don't know

If yes: Do you have a copy of your FSET Employability Plan?

- Yes No I don't know

EDUCATION/TRAINING INFORMATION

Where are you attending/plan to attend school?

What degree/certification do you plan to attain?

Have you been enrolled and accepted into the program? If so, when do you/did you begin classes?

If currently enrolled how many semesters/sessions/years of classes, if any, have you completed?

If not currently enrolled, when would you like to enroll and start classes?

When do you plan to graduate?

Will you be applying for financial aid? Yes No

If yes, provide copy of financial aid letter

If no, explain:

I certify that the information on this application is true and complete statement of facts according to the best of my knowledge and belief. I further certify that I have read and understand the statements on this page and agree to them. I also understand that I may be asked to provide proof of any information given on this application form.

Signature of Applicant

Date