

Wisconsin Emergency Rental Assistance (WERA) Program Request for Assistance / Renter's Verification

Please return this form to: Couleecap 201 Melby St, Westby 54667 .

This document provides a way for the landlord/rental agent to verify the terms of tenancy of the applicant. This document can be used in the place of providing a written lease I but does not replace a written lease between the tenant and landlord. If this form is utilized, it must be completed and signed by the landlord/rental agent.

Applicant Name			
Unit Address			
City, State, Zip			
Phone		Email	
Total Assistance Requested	\$	Description of Assistance Requested	
For recertification only	I certify that my income my circumstances have not changed, and I am in need three (3) additional months of rental assistance. <input type="checkbox"/>		

Tenancy Information:

Property Owner			
Manager/Rental Agent			
Address			
City, State, Zip			
Phone		Fax	
Email			
For recertification only	I certify that the tenancy information has not changed. <input type="checkbox"/>		

Rental Agreement Information:

Rent Amount	\$		
Total Past Due Rent	\$		
Rent Due	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other ()		
Type of tenancy	<input type="checkbox"/> one year (term:) <input type="checkbox"/> months (term:) <input type="checkbox"/> month-to-month (start date:) <input type="checkbox"/> week-to-week (start date:)		
Payment method for heat and electric	Heat <input type="checkbox"/> Included in the rent <input type="checkbox"/> Separate Payment is made to the Landlord <input type="checkbox"/> Tenant pays directly to utility vendor	Electric <input type="checkbox"/> Included in the rent <input type="checkbox"/> Separate Payment is made to the Landlord <input type="checkbox"/> Tenant pays directly to utility vendor	
For Recertification Only	I agree to accept three additional months of rent for the above names tenant. I understand that I may not evict the applicant for non-payment of rent during the time rent assistance is provided. <input type="checkbox"/>		

By typing my name in the 'Agency/Landlord Agency Signature' field, I indicate that I am the person named, and this entry is the legal equivalent of a manual/handwritten signature. I further understand that I may print out the document and sign by hand. I understand that all information and supplemental documentation may be subject to verification. I understand that providing application information I am authorizing the Wisconsin Department of Administration and its authorized agents to verify the data provided against federal, state, county, energy provider, water utility, employer and landlord databases and records.

Signature of owner, landlord or rental agent Date

Signature of applicant Date

Emergency Rental Assistance: Completed by WERA Staff Only:

Crisis	Months Covered	Total Amount
Rent Assistance Arrears		\$
Rental Assistance Needed		\$
Lot Assistance Arrears		\$
Lot Assistance Needed		\$
Late Fees		\$
Internet		\$
Water		\$
Security Deposit	Count as one month	\$
Other Housing Costs (list each, count as one month)		\$
		\$
		\$
		\$
		\$
Housing Stability Services	Count as one month	\$
Other Information	Please describe any other information about crisis(s) and case.	
Total WERA Assistance		\$