

Wisconsin Emergency Rental Assistance (WERA) Program One-Month Zero Income Form (ZIF) Due To COVID-19

Shaded areas to be completed by WERA agency

Due Date:	Name:
Application #:	<input type="checkbox"/> Case Head <input type="checkbox"/> Household Member:

1. Last date of employment: _____
2. Did you receive cash for work in the prior month? Yes* No

*Example: braiding hair, babysitting, lawn/snow maintenance, car repair, etc

3. List any cash you received from family, friends, or donations in the prior month specified. Please specify if the cash was received as a loan or gift/donation and from whom:

List prior month		
Identify Type	<input type="checkbox"/> Loan	<input type="checkbox"/> Gift/donation*
Amount Received		
From Whom		

**If a gift or donation was received, a verbal or written statement is required from the gift giver.*

4. Did someone help you pay your bills during the prior month listed above? Yes No
If **Yes***, complete the following contact information:

*If more than one individual helped, please attach additional sheet of paper.

Name: _____

Address: _____

Street
City
State
Zip Code

Phone Number: _____ (type: home cell work)

5. Please list the following monthly expenses and explain how the expenses have been met in the household:

Expense	Monthly Expense Amount	Explanation
Food		
Housing		
Transportation		
Utilities		
Basic living needs*		

*Example: clothing, diapers, cleaning supplies, personal hygiene products, etc.

Explain how you have paid your monthly bills for the past 30 days: _____

I certify that the information provided above is true and complete statements of facts. I also understand that I may be required to provide proof of any information given and that giving false information will invalidate this form and may require the return of any benefits received based on the false information.

Signature

Date

