

Application for Assistance: Delinquent Rent

General Guidelines:

- Must be under 50% County Median Income by family size, call for specific \$ limit
- Housing costs must be affordable, less than 50% of gross income spent on housing
- You will have to pay towards your housing costs to be eligible
- Must be at risk of homelessness, but an eviction notice is not required
- Must check with all local resources first
- Rent cannot be subsidized (low income housing or Section 8)

All questions are required. Because of the volume of applications we receive, we cannot guarantee the evaluation of incomplete applications.

I am behind \$ \_\_\_\_\_ on my rent. I am requesting \$ \_\_\_\_\_ to help pay the delinquent rent.

Client Name \_\_\_\_\_ County of Residence \_\_\_\_\_

Please provide your **current** mailing address and phone number: We may call you for additional information.

Street Address \_\_\_\_\_ Apt. # \_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # where we can reach you: (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_)

A letter containing your decision on this application will be sent to you. Please indicate how you would like to receive your decision letter: Mail or Email address: \_\_\_\_\_

Please explain why you are behind on your rent: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you paid the entire security deposit? Yes No      Have you applied for Homestead Tax Credit? Yes No

Do you have any funds you can pay towards the delinquent rent: \$ \_\_\_\_\_

Will you be able to pay next month's rent? Yes No If no, why not?

\_\_\_\_\_  
\_\_\_\_\_

Please complete this chart for all members of your household. If greater than 6, record on back

First Name	MI	Last Name	Social Security Number	Date of Birth mm/dd/yyyy	Relationship to Client	Sex M/F	Ethnicity (See Codes Below)	Race (See Codes Below)
1.								
2.								
3.								
4.								
5.								
6.								

Ethnicity Codes: Hispanic/Latino (H), All Other (O)

Race Codes: White (WH), American Indian/Alaska Native (AI), Black or African American (BL), Asian (AS), Native Hawaiian or Pacific Islander (PI), Other (O)

**Please complete the following questions about your household:**

Are you or a member of your household a U.S. Military Veteran? Yes No

If yes, please list person's name: \_\_\_\_\_

Are you or a member of your household fleeing a domestic violence situation? Yes No

Were you or a member of your household formerly a ward of Child Welfare/Foster Care? Yes No

If yes, please list person's name(s) AND how long ago: \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

In the last 7 days have you stayed on the street, in an emergency shelter or at a Safe Haven?

Yes No If yes, how many months were you homeless: \_\_\_\_\_ months

Do you have health insurance? Yes No

If yes please indicate what kind of insurance:

Medicaid\_\_\_ Medicare\_\_\_ Badger Care\_\_\_ Private Pay\_\_\_ Employer Provided\_\_\_ Other: \_\_\_\_\_

Are all household members covered by this insurance? Yes No

If no, who is not covered? \_\_\_\_\_

Does anyone in your household have a disability? Yes No

If yes, please list the individual's name(s) and type of disability:

\_\_\_\_\_

If yes, are they currently receiving Social Security Disability Income or other disability benefits Yes No

Please complete the following chart for your current expenses:

Average Monthly Expenses	\$ Amount	Monthly Loan Payments	\$Amount
Telephone		Credit Cards –list each one	
Cable			
Auto Expenses			
Gas			
Oil changes, repairs		Personal Loans	
Auto Insurance		Car Payment	
Health Insurance		Other	
Food- if greater than FoodShare amount			
Clothing		Other monthly payments	
Childcare		Child Support (paying)	
Personal Expenses			
Other			
<b>Total Expenses</b>	<b>\$</b>	<b>Total Loan Payments</b>	<b>\$</b>

Please complete the following chart for your household’s current income:

**Head of Household:**

Income Source	Average \$/month	Estimated Start Date
Wages		
Self-Employment		
SS Retirement		
SSI		
SSDI		
Child Support		
W2		
Pension		
Unemployment		
Tribal Per Capita		
Other:		
Other:		
<b>Total Income</b>	<b>\$</b>	

**Other Adults in Household:**

Income Source	Average \$/month	Estimated Start Date
Wages		
Self-Employment		
SS Retirement		
SSI		
SSDI		
Child Support		
W2		
Pension		
Unemployment		
Tribal Per Capita		
Other:		
Other:		
<b>Total Income</b>	<b>\$</b>	

**Income Information Continued:**

Please list any previous income from this past year, if any, and the time period received:

Source of Income: \_\_\_\_\_ # of months received \_\_\_\_\_ gross monthly income: \_\_\_\_\_

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If you and/or other members of your household are currently unemployed please tell us how long you or they have been unemployed: \_\_\_\_\_

\_\_\_\_\_

If you and/or other members of your household are unemployed are you receiving unemployment? Yes No

Or have you applied for unemployment? Yes No

**Other Benefits Information:**

Are you receiving ongoing rental assistance through low-income housing, a housing authority or Section 8? Yes No

Have you applied for help with your unpaid rent outside of this application to Rural Housing, Inc? Yes No

If yes, where have you applied, and are they are able to assist you? \_\_\_\_\_

Are you currently receiving FoodShare/Food Stamps? Yes No

If yes, SNAP amount \$ \_\_\_\_\_ WIC amount \$ \_\_\_\_\_

Are you currently receiving other forms of assistance? If yes, please list:

\_\_\_\_\_

REQUEST FOR VERIFICATION OF EMPLOYMENT

Client Name: \_\_\_\_\_

I authorize my employer to provide the following information to Rural Housing.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Employer's Name or Company Name: \_\_\_\_\_

Contact Person:	Phone # ( ) -
Contact E-Mail Address:	Fax # ( ) -
Mailing Address:	
City	State Zip

The remainder of this form is to be completed by the employer.

Start Date of Employment \_\_\_\_\_

Position \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ per hour \_\_\_\_\_ hours per week (average)

Average or estimated income/month from: Commission \$ \_\_\_\_\_ Tips \$ \_\_\_\_\_

Employee is paid: Weekly Bi-weekly Monthly Bi-Monthly

Year-to-date earnings \$ \_\_\_\_\_ Last year's earnings \$ \_\_\_\_\_

This position is Full time year round Part time year round Seasonal Temporary

If the position is seasonal or temporary, please state expected end date \_\_\_\_\_ / \_\_\_\_\_

Will the employee be eligible for unemployment benefits? Y N

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Delinquent Rent: Landlord Verification**  
**To be completed by Landlord or agent of Landlord**

Renter's name:	#Bedrooms in Unit
Rental Unit Address: Street	
City	Zip
Landlord's Name or Company Name	Fax # ( )- -
Contact Person	Phone # ( )- -
Mailing Address:	Email:
City	State Zip

Has this unit been inspected and approved to meet HUD Housing Quality Standards? Y N  
 If yes, what organization or individual did the inspection? \_\_\_\_\_

Is this unit a manufactured (mobile) home? Y N

**Amount Currently Owed: \$\_\_\_\_\_ Which months unpaid:\_\_\_\_\_**

Unit was occupied on: \_\_\_\_\_

Security Deposit Amount \$\_\_\_\_\_ Has this been paid? Yes No  
 Monthly Rent Amount \$\_\_\_\_\_ Has this been paid? Yes No

Which of the following is the renter responsible for? Please provide an average monthly cost estimate.

Electricity Y N Estimate \$	Heat Y N Estimate \$
Water/Sewer Y N Estimate \$	Lot Rent Y N Estimate \$
Garbage Y N Estimate \$	

If renter is approved for assistance, the check from Rural Housing, Inc. will be mailed directly to the **landlord**.

In many cases the amount we can assist with is less than the total delinquent rent owed. If this is the case, I, the landlord, would agree to have the renter pay the remaining delinquent rent amount in agreed upon installments for \_\_\_\_\_ (maximum period of time) until the delinquent rent is paid in full.

**Landlord Signature \_\_\_\_\_ Date\_\_\_\_\_**

Inspection and Certification To be Completed by Tenant

INSPECTION INFORMATION FOR HOUSING UNIT:

Does the housing provide adequate shelter? Yes No
Does the housing have operable indoor plumbing and cooking facilities? Yes No
Does the housing provide heat to 65 degrees safely? Yes No
Does the housing have adequate and safe electrical service? Yes No
Does the housing provide for sufficient space to not be overcrowded? Overcrowded is defined as more than two persons per sleeping area which may include the living room or family room? Yes No
Was the housing built before 1978? Yes No
If yes, does the housing have lead paint hazards? Yes No Do not know

Wisconsin Service Point- Permission to Share Information:

Rural Housing receives funding from the State of Wisconsin. A requirement of this funding is that this agency participates in the Wisconsin Homeless Management Information System (HMIS). The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy practices is available to all consumers upon request. If you grant permission for your information to be shared, that agreement will be in effect until you revoke it in writing. If you do not give permission for this agency to release your information, no other agency in the network will have access to it. You cannot be denied or approved for services based on your response.

If you have questions about this or do not understand any part of the above statement, please contact us.

You have the right to control how your information is shared within HMIS:

Type of Information to be shared: Name (First, Middle and Last), Social Security Number, Date of Birth, Ethnicity, Gender, Last Residence Information, Military Status • Housing/Program Specific: Entry/Exits, Agency Assessments, Services, Coordinated Entry, Case Notes, Referrals • Income, Non-cash Benefits, Disability, Domestic Violence

I agree to ALLOW all of my and my child/children's above specified information to be share with all participating agencies in the network

I agree to ONLY share my and my child/children's above specified information with this agency and the agencies listed below:

I do NOT want to share my and my child/children's information with other agencies

Client Signature: Date:

Client Signature: Date:

**AUTHORIZATION FOR RELEASE OF INFORMATION—RENT**

TO WHOM IT MAY CONCERN:

As evidenced by my/our signature, I/we hereby authorize Rural Housing, Inc to obtain verification of any and all information necessary for this application regarding my/our: pension, social security, or any other benefits received. Please send information regarding my/our: rental history, credit history, property ownership, mortgage standing, assets, gas and electric utility usage, and billing information. Furthermore, I/we authorize the release of such information at the request of Rural Housing, Inc.

I/we understand that this information will be kept confidential by Rural Housing, Inc, and will be used solely for the purpose of determining eligibility for participation in grant and loan programs.

**Client Signature** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Client Signature** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ **Date** \_\_\_\_\_

**I certify that statements made by me in this application and attachments are true, complete and correct of the best of my knowledge. I further understand that false statements will void this application and disqualify me from receiving housing assistance through the Foundation for Rural Housing, Inc.**

**Client's signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Client's signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please list any other important information you would like us to know:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Rural Housing, Inc. operates in accordance with the Fair Housing Act. For a copy of our more detailed non-discrimination policy please contact us.**



**Please submit the application by fax, mail or email to the information below:**



**Proof of Income Checklist:**

**What forms of income do you currently receive? Check all that apply:**

Type of Income:	Proof of Income:
Job	Pay stubs, employer verification of earnings (page 5), job offer letter from employer
Social Security	Award letter, bank statement showing monthly deposit
Disability (SSI or SSDI)	Award letter, bank statement showing monthly deposit
Unemployment	Approval letter from unemployment office
Pension	Pension statement, bank statement
W2	Benefits statement from W2 office
Self-Employment Income	Tax return, summary of average gross monthly income
Child Support	Statement from Wisconsin Department of Children and Families
Financial support from family or friends	Signed statement from family or friends
Tribal Income	Award letter
Other:	

**You must attach valid proof of income for all forms of income you receive. Your application cannot be processed without proof of income.**

**If you have any questions about what constitutes proof of income, please call us at 1-888-400-5974.**