

Rural Housing, Inc.

Please complete this chart for all individuals, including yourself, in your new 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)	Veteran Y/N
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 victim/survivor of domestic violence? Yes No

If yes, please list how long ago the domestic violence occurred?: _____

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? 1 to 3 months? _____ 4 to 12 months? _____ 1 year plus? _____

Have you stayed on the street, in an emergency shelter or at a Safe Haven in the past 3 years? Yes

No If yes please indicate the number of times: _____ AND number of months: _____

Do you have health insurance? Yes No If

yes, please indicate what kind:

Medicaid Medicare Badger Care Private Health Insurance Other, specify: _____

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 what type of disability: _____

Are you currently receiving Social Security Disability Income? Yes No

If no, have you applied? Yes No SSDI Application Date: _____



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Please complete the following chart for your current housing and expenses

Average Monthly Housing Expenses	\$ Amount	Average Monthly Other Expenses	\$ Amount	Monthly Loan Payments	\$Amount
Rent/or Mortgage		Telephone		Credit Cards –list each one	
Electricity		Cable			
Heating Fuel		Auto Expenses			
Water & Sewer		Gas			
Renter's/Home Insurance		Oil changes, repairs		Personal Loans	
Garbage		Auto Insurance		Car Payment	
		Health Insurance		Other	
		Food- if greater than Food Stamps amount			
		Clothing		Other monthly payments	
		Childcare			
		Personal Expenses			
		Other			
Total Housing Exp.	\$	Total Other Exp.	\$	Total Loan Payments	\$

Average Monthly Income	\$ Amount	\$ Amount
	Client	All Other Household Members
Wages		
Self-Employment		
SS Retirement		
SSI		
SSDI		
Child Support		
W2		
Pension		
Unemployment		
Tribal Per Capita		
Other—please list		
Total Income	\$	\$

Total Income	\$
Total Housing Expenses	\$
Total Other Expenses	\$
Total Loan Payments	\$
Grand Total Expenses	\$
Balance Remaining	\$



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Other Benefits Information:

Did you recently receive Energy Assistance? Yes No

If yes, what kind and how much? _____ \$_____

If no, have you applied for Energy Assistance outside of this application? Yes No

Are you **currently** receiving Food Stamps/Food Share? Yes No

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

Are you **currently** receiving on-going housing assistance (section 8 or low-income housing)? Yes No

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

Income Information:

If you and/or other members of your household are currently **employed** please list the start date for each job:

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 or someone in your household is unemployed, are they receiving unemployment payments?

Yes No

If no, have you applied ? Yes No Unemployment Application Date: _____

Your application cannot be processed without complete verification of current income. If you have any questions about what counts as proof please call us at 1-888-400-5974.



Rural Housing, Inc.

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 _____

Employer's Signature _____ Date _____



Rural Housing, Inc.
Inspection and Certifications—Utilities
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 Don't 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 • Assessment Specific: 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: _____



Rural Housing, Inc.

AUTHORIZATION FOR RELEASE OF INFORMATION--UTILITIES

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 TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT FALSE STATEMENTS WILL VOID THIS APPLICATION AND DISQUALIFY ME FROM RECEIVING ANY HOUSING ASSISTANCE THROUGH THE FOUNDATION FOR RURAL HOUSING, INC.

Client's signature: _____ **Date** _____

Client's signature: _____ **Date** _____

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



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Proof of Income Checklist

What forms of income do you currently receive? Include proof for 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 counts as proof of income, please call us at 1-888-400-5974.

You do not need to return this page of the application. It is for your reference.

