**HomeNet. Application**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of Residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current mailing address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Email Address Telephone Number**

**Please attach:**

* **Last report card**
* **Last internet bill (if applicable)**
* **Last phone bill (if using data)**

**What school(s) do your child/children attend?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please describe their regular school assignments that may require internet access:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please describe how your child was previously completing these assignments:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please indicate your housing unit:** \_\_\_\_Apartment \_\_\_\_Mobile Home \_\_\_\_House

\_\_\_\_Boarding house\_\_\_\_Room of a friend/family \_\_\_\_ Camper/RV \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_

**RETURN TO: WRH, Po Box 314, Oregon, WI 53575**

**Fax: 608-238-2084 or wrh@wisconsinruralhousing.org**

**HOUSEHOLD INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT** | **HOUSEHOLD MEMBER #1** | **HOUSEHOLD MEMBER #2** | **HOUSEHOLD MEMBER #3** |
| Full Name: | Full Name: | Full Name: | Full Name: |
| Date of Birth: | Date of Birth: | Date of Birth: | Date of Birth: |
|  | Relationship to the Applicant: | Relationship to the Applicant: | Relationship to the Applicant: |
| Male/Female/Other | Male/Female/Other | Male/Female/Other | Male/Female/Other |
| **Veteran:** Yes No | **Veteran:** Yes No | **Veteran:** Yes No | **Veteran:** Yes No |
| **Health Insurance:**  Yes No  Medicaid Medicare  Private Health Insurance  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Health Insurance:**  Yes No  Medicaid Medicare  Private Health Insurance  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Health Insurance:**  Yes No  Medicaid Medicare  Private Health Insurance  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Health Insurance:**  Yes No  Medicaid Medicare  Private Health Insurance  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Disabled:** Yes No  Social Security Benefits received: Yes No | **Disabled:** Yes No  Social Security Benefits received: Yes No | **Disabled:** Yes No  Social Security Benefits received: Yes No | **Disabled:** Yes No  Social Security Benefits received: Yes No |
| **Are you working?** Yes No  Hours per week \_\_\_\_\_\_\_\_\_  Hourly wage \_\_\_\_\_\_\_\_\_\_\_\_ | **Are you working?** Yes No  Hours per week \_\_\_\_\_\_\_\_\_  Hourly wage \_\_\_\_\_\_\_\_\_\_\_\_ | **Are you working?** Yes No  Hours per week \_\_\_\_\_\_\_\_\_  Hourly wage \_\_\_\_\_\_\_\_\_\_\_\_ | **Are you working?** Yes No  Hours per week \_\_\_\_\_\_\_\_\_  Hourly wage \_\_\_\_\_\_\_\_\_\_\_\_ |

\*If you have additional family members please attach an extra sheet of paper\*

**EXPENSES THAT YOU CURRENTLY PAY EACH MONTH**

|  |  |  |
| --- | --- | --- |
| **EXPENSES** | **AMOUNT PAID** | **Comments:** |
| **Mortgage/rent** |  |  |
| **Property taxes** |  |  |
| **Home Owners Insurance** |  |  |
| **Water/Sewer** |  |  |
| **Electricity** |  |  |
| **Trash** |  |  |
| **Phone** |  |  |
| **Cable** |  |  |
| **Internet** |  |  |
| **Fuel for vehicles** |  |  |
| **Groceries** |  |  |
| **Child Care Expense** |  |  |
| **Clothing Expenses** |  |  |
| **Child Support Paid** |  |  |
| **Loans** |  |  |
| **Credit Cards** |  |  |
| **Car Payments** |  |  |
| **Auto Insurance** |  |  |
| **Other Debt** |  |  |
| **Entertainment** |  |  |

|  |  |  |
| --- | --- | --- |
| **OTHER BENEFITS RECEIVED** |  | **AMOUNT RECEIVED** |
| **SNAP** | **Yes No** |  |
| **WIC or TANF** | **Yes No** |  |
| **ENERGY ASSISTANCE CREDTS** | **Yes No** |  |
| **HOMESTEAD TAX CREDIT** | **Yes No** |  |
| **OTHER** | **Yes No** |  |

**Do you own a computer? YES NO**

**Do you have a wireless data plan? YES NO**

**If yes, is it unlimited? YES NO**

**Do you currently have internet? YES NO**

**If yes, why are you in need of assistance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**If no, please explain why this has not been affordable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**MONTHLY INCOME**

**WE MUST RECEIVE PROOF OF INCOME FOR CURRENT JOB**

|  |  |
| --- | --- |
|  | **MONTHLY INCOME BEFORE ANYTHING IS TAKEN OUT** |
| **WAGES FROM WORK Member #1** | Jan. \_\_\_\_\_ Feb. \_\_\_\_\_\_ March\_\_\_\_\_\_\_  April \_\_\_\_\_\_ May \_\_\_\_\_\_ June \_\_\_\_\_  July \_\_\_\_\_\_ Aug. \_\_\_\_\_\_ Sept. \_\_\_\_\_\_  Oct. Nov.\_\_\_\_\_ Dec. \_\_\_\_\_\_ |
| **WAGES FROM WORK Member #2** | Jan. \_\_\_\_\_ Feb. \_\_\_\_\_\_ March\_\_\_\_\_\_\_  April \_\_\_\_\_\_ May \_\_\_\_\_\_ June \_\_\_\_\_  July \_\_\_\_\_\_ Aug. \_\_\_\_\_\_ Sept. \_\_\_\_\_\_  Oct. \_\_\_\_\_\_\_ Nov. \_\_\_\_\_ Dec. \_\_\_\_\_\_ |
| **WAGES FROM WORK Member #3** | Jan. \_\_\_\_\_ Feb. \_\_\_\_\_\_ March\_\_\_\_\_\_\_  April \_\_\_\_\_\_ May \_\_\_\_\_\_ June \_\_\_\_\_  July \_\_\_\_\_\_ Aug. \_\_\_\_\_\_ Sept. \_\_\_\_\_\_  Oct. \_\_\_\_\_\_\_ Nov. \_\_\_\_\_ Dec. \_\_\_\_\_\_ |
| **CHILD SUPPORT Rc’d** | **$ \_\_\_\_\_\_\_\_** |
| **W2** | **$ \_\_\_\_\_\_\_** |
| **PENSION/RETIREMENT** | **Member # \_\_\_\_\_ $\_\_\_\_\_\_\_\_** |
| **DISABILITY PAYMENTS** | **Member # \_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_** |
| **SELF EMPLOYOMENT** | **Member # \_\_\_\_\_ $ \_\_\_\_\_\_\_\_** |
| **UNEMPLOYMENT** | **Member # \_\_\_\_\_\_ $\_\_\_\_\_\_\_\_** |
| **OTHER INCOME** | **Member # \_\_\_\_\_ $\_\_\_\_\_\_\_\_** |

* We use gross income for all programs

**Are you interested in budgeting coaching? YES NO**

**If you are searching for other types of assistance, please list your current needs:**

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

**RELEASE OF INFORMATION**

I authorize the release of information and verification of any and all information necessary regarding my/our pension, social security, or other benefits or income received to verify income. I further authorize the Foundation for Rural Housing, Inc., to obtain verification of any and all information necessary regarding my/our: rental history, property ownership, mortgage standing, assets, gas and electric utility usage and billing information. I authorize the release of such information to the Foundation for Rural Housing, Inc.

I specifically authorize the Foundation for Rural Housing, Inc., to speak to:

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

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

Applicant signature Date

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

Co-Applicant signature Date

**This Release of Information is valid 6 months from the date of signature. After this time a new application and release of information will be required.**

**CERTIFICATION**

I/We certify that the information provided in this application made by me and other household members and attachments are true, complete and correct to the best of my/our knowledge. I/We further understand that false statements will void this application and disqualify me from receiving any housing assistance through the Foundation for Rural Housing, Inc., in the future.

I understand if I/We qualify for any financial assistance we are eligible only once every 3 years for this assistance.

I understand that if my application is for Security Deposit assistance, that any balance of that Security Deposit when moving out will be returned to the Foundation for Rural housing.

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

Applicant signature Date

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

Co-Applicant signature Date