

# FOUNDATION FOR RURAL HOUSING, INC.

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

Applicant Name: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Current mailing address

\_\_\_\_\_

\_\_\_\_\_

Email Address

Telephone Number

## Check the box of the program you are applying for:

	<u>Delinquent</u> Rental Assistance (up to \$400)	Under 50% of Median Income by family size, housing cost are less than 50% of gross income, must be at risk of homelessness, and cannot live in Section 8 or subsidized housing. We cannot pay for hotels or boarding houses.
	Security Deposit (Up to \$400)	Under 50% of Median Income by family size, housing costs are less than 50% of gross income, must have a valid reason for moving not because you want to change apartments, must be at risk of homelessness
	Mortgage Assistance (Up to \$1,000)	Under 50% of Median Income by family size, housing costs are less than 50% of gross income, must be at risk of foreclosure, generally this is 3 months behind, must be owner occupied. <u>Send us a copy of your most recent mortgage statement and/or letters from your financial institution.</u>
	Utility Assistance (Up to \$400)	Under 50% of Median Income by family size, housing costs are less than 50% of gross income. Must be at risk of eviction. You cannot live in Section 8 housing or subsidized housing. Your name must appear on the utility bill. You must show proof of your last payment. Not payment from another agency.
	Property Tax Assistance (Up to \$1,000)	Under 50% of Median Income by family size, housing cost are less than 50% of gross income, must be at risk of a property lien, generally 3 years behind, owner occupied. <u>Send us a copy of your property tax bill and/or letters from your Treasurer's office.</u>

**This does not constitute an entire list of qualifications for assistance, it is meant to provide some guidance while completing your application.**

- **You are eligible for one type of assistance once every 3 years.**
- **It will take up to 5 business days to process your application.**

**RETURN TO: WRH, Po Box 314, Oregon, WI 53575**  
**Fax: 608-238-2084 or wrh@wisconsinruralhousing.org**

# FOUNDATION FOR RURAL HOUSING, INC.

## HOUSEHOLD INFORMATION

APPLICANT	HOUSEHOLD MEMBER #1	HOUSEHOLD MEMBER #2	HOUSEHOLD MEMBER #3
Full Name:	Full Name:	Full Name:	Full Name:
Social Security #	Social Security #	Social Security #	Social Security #
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
<b>Veteran:</b> Yes No	<b>Veteran:</b> Yes No	<b>Veteran:</b> Yes No	<b>Veteran:</b> Yes No
<b>Ethnicity</b> Hispanic Non-Hispanic	<b>Ethnicity</b> Hispanic Non-Hispanic	<b>Ethnicity</b> Hispanic Non-Hispanic	<b>Ethnicity</b> Hispanic Non-Hispanic
<b>Race – See Codes</b>	<b>Race – See Codes</b>	<b>Race – See Codes</b>	<b>Race – See Codes</b>
<b>Health Insurance:</b> Yes No Medicaid Medicare Private Health Insurance Other _____	<b>Health Insurance:</b> Yes No Medicaid Medicare Private Health Insurance Other _____	<b>Health Insurance:</b> Yes No Medicaid Medicare Private Health Insurance Other _____	<b>Health Insurance:</b> Yes No Medicaid Medicare Private Health Insurance Other _____
<b>Disabled:</b> Yes No Social Security Benefits received: Yes No	<b>Disabled:</b> Yes No Social Security Benefits received: Yes No	<b>Disabled:</b> Yes No Social Security Benefits received: Yes No	<b>Disabled:</b> Yes No Social Security Benefits received: Yes No
<b>Are you working?</b> Yes No Hours per week _____ Hourly wage _____	<b>Are you working?</b> Yes No Hours per week _____ Hourly wage _____	<b>Are you working?</b> Yes No Hours per week _____ Hourly wage _____	<b>Are you working?</b> Yes No Hours per week _____ Hourly wage _____
<b>Is any family member a victim/survivor of domestic violence?</b> ____ Member Number	<b>Is any family member formerly a ward of child welfare/Foster Care?</b> ____ Member Number	<b>Has any member stayed on the streets, in emergency shelter or at Safe Haven in the past 3 years?</b>  Number of times _____  Number of months _____ ____ Member Number	<b>RACE</b> American Indian/Alaska Native (I) Asian (A) Black/African American (B) Native Hawaiian or Pacific Islander (P) White (W) Other (O)
<b>If you have additional family members, please attach an extra sheet of paper</b>			

# FOUNDATION FOR RURAL HOUSING, INC.

## EXPENSES THAT YOU CURRENTLY PAY EACH MONTH

EXPENSES	AMOUNT PAID	ANSWER THE QUESTION FOR EACH BILL
<b>Mortgage/rent</b>		I am paying this amount each month? YES NO
<b>Property taxes</b>		YES NO
<b>Home Owners Insurance</b>		YES NO
<b>Water/Sewer</b>		YES NO
<b>Electricity</b>		YES NO
<b>Trash</b>		YES NO
<b>Phone</b>		YES NO
<b>Cable</b>		YES NO
<b>Entertainment</b>		YES NO
<b>Fuel for vehicles</b>		YES NO
<b>Groceries</b>		YES NO
<b>Child Care Expense</b>		YES NO
<b>Clothing Expenses</b>		YES NO
<b>Child Support Paid</b>		YES NO
<b>Loans</b>		YES NO
<b>Credit Cards</b>		YES NO
<b>Car Payments</b>		YES NO
<b>Auto Insurance</b>		YES NO
<b>Other:</b>		YES NO

OTHER BENEFITS RECEIVED	Yes	No	AMOUNT RECEIVED
<b>SNAP</b>	Yes	No	
<b>WIC or TANF</b>	Yes	No	
<b>ENERGY ASSISTANCE CREDITS</b>	Yes	No	
<b>HOMESTEAD TAX CREDIT</b>	Yes	No	
<b>FREE OR REDUCED SCHOOL LUNCH</b>	Yes	No	
<b>OTHER</b>	Yes	No	

1. Do you live in Section 8 or subsidized housing: YES NO
2. Why are you moving if requesting a Security Deposit: \_\_\_\_\_  
\_\_\_\_\_
3. If applying for Utility Assistance are you at risk of losing your home: YES NO
4. If you are not working, please explain why you are not working? \_\_\_\_\_  
\_\_\_\_\_
5. What other organization have you asked for help from and how much money did you receive: \_\_\_\_\_  
\_\_\_\_\_
6. Have you heard of the Lifeline Link-up program?: YES NO
7. Who is your current phone provider: \_\_\_\_\_
8. If you qualify for the Lifeline Link-up program, we will be sending you additional information to enroll.

# FOUNDATION FOR RURAL HOUSING, INC.

## MONTHLY INCOME

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

	MONTHLY INCOME BEFORE ANYTHING IS TAKEN OUT
<b>WAGES FROM WORK</b> <b>Member #1</b>  <b>*Attach a paystub or letter of hire from your new employer</b>	Jan. _____ Feb. _____ March _____ April _____ May _____ June _____ July _____ Aug. _____ Sept. _____ Oct. _____ Nov. _____ Dec. _____
<b>WAGES FROM WORK</b> <b>Member #2</b>  <b>*Attach a paystub or letter of hire from your new employer</b>	Jan. _____ Feb. _____ March _____ April _____ May _____ June _____ July _____ Aug. _____ Sept. _____ Oct. _____ Nov. _____ Dec. _____
<b>WAGES FROM WORK</b> <b>Member #3</b>  <b>*Attach a paystub or letter of hire from your new employer</b>	Jan. _____ Feb. _____ March _____ April _____ May _____ June _____ July _____ Aug. _____ Sept. _____ Oct. _____ Nov. _____ Dec. _____
<b>CHILD SUPPORT Received</b>	\$ _____ <b>Submit Proof from State system</b>
<b>W2</b>	\$ _____ <b>Submit Proof from caseworker</b>
<b>PENSION/RETIREMENT</b>	Member # _____ \$ _____ <b>Submit Proof (award letter of bank statement)</b>
<b>DISABILITY PAYMENTS</b>	Member # _____ \$ _____ <b>Submit Proof (award letter or bank statement)</b>
<b>SELF EMPLOYMENT</b>	Member # _____ \$ _____ <b>Submit last year's tax return</b>
<b>UNEMPLOYMENT</b>	Member # _____ \$ _____ <b>Submit Proof from State</b>
<b>OTHER INCOME</b>	Member # _____ \$ _____ <b>Submit Proof</b>

- We use gross income for all programs

**Please explain why you are requesting assistance. What did you spend your money on other than housing cost?** \_\_\_\_\_

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# FOUNDATION FOR RURAL HOUSING, INC.

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## 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:

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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

# FOUNDATION FOR RURAL HOUSING, INC.

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## INSPECTION INFORMATION FOR HOUSING UNIT

All housing assisted programs must provide safe and sanitary housing that is in compliance with the habitability standards outlines below and any state or local requirements. Answer the questions below:

The structure is structurally sound and provides adequate shelter?	YES	NO	NOT SURE
Does the unit have acceptable places to sleep?	YES	NO	NOT SURE
Does the housing unit provide adequate heating and ventilation up to 65 degrees?	YES	NO	NOT SURE
Does the housing unit have indoor plumbing and cooking facilities?	YES	NO	NOT SURE
Does the housing unit provide adequate natural or artificial lighting?	YES	NO	NOT SURE
Does the housing unit have smoke detectors present?	YES	NO	NOT SURE
Was the building built/rehabbed before 1978?	YES	NO	NOT SURE
Will there be children under the age 6 living in this housing unit?	YES	NO	NOT SURE
Will there be a pregnant woman living in the housing unit?	YES	NO	NOT SURE

**Please indicate what type of housing unit you are applying for assistance with:**

Apartment       Mobile Home       House       Boarding house  
 Room of a friend/family       Camper/RV       Other \_\_\_\_\_  
 Second home

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

**RETURN THIS FORM TO: FOUNDATION FOR RURAL HOUSING**

**PO BOX 314**

**OREGON, WI 53575**

**FAX: 608-238-2084 or EMAIL: [wrh@wisconsinruralhousing.org](mailto:wrh@wisconsinruralhousing.org)**

FOUNDATION FOR RURAL HOUSING, INC.

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**REQUEST FOR VERIFICATION OF EMPLOYMENT**

Employee Name: \_\_\_\_\_

I hereby authorize my employer \_\_\_\_\_ to provide verification of my employment to Foundation for Rural Housing, Inc.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Contact Person:	Phone:
Email Address:	Fax:
Mailing Address:	
City:	State: Zip:

\_\_\_\_\_ I have attached my payroll stubs or a copy of my bank statement verifying my employment. If you have done this your Employer does NOT need to complete this form.

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**EMPLOYER TO COMPLETE**

Start date of Employment:	Position:	Rate of Pay:
Average Monthly Gross Income: (include tips)		
How many hours per week does this employee work:	<b>Is this a full time or part time position:</b>	<b>If seasonal when is this expected to end:</b>

\_\_\_\_\_  
SIGNATURE OF EMPLOYER

\_\_\_\_\_  
DATE

**RETURN THIS FORM TO: FOUNDATION FOR RURAL HOUSING  
PO BOX 314  
OREGON, WI 53575  
FAX: 608-238-2084 or EMAIL: [wrh@wisconsinruralhousing.org](mailto:wrh@wisconsinruralhousing.org)**



# Wisconsin HMIS Client Informed Consent and Release of Information

## PERMISSION TO SHARE CONFIDENTIAL INFORMATION TO SECURE NECESSARY SERVICES *Please read the following notice and authorization (or ask to have it read to you) before signing.*

This agency \_\_\_\_\_ participates in the Wisconsin statewide Homeless Management and Information System. Agencies that participate in the Wisconsin HMIS belong to an internet-based network. This network is administered by the Institute for Community Alliances (ICA). The name of the software vendor that developed and maintains the software is called Bitfocus. The name of the software that stores this data is called Clarity Human Services.

Benefits to Data Sharing for the Consumer	
Eliminates Duplicate intakes	Faster access to the Coordinated Entry System, resulting in receiving services more quickly
Reduces the amount of time spent answering basic questions regarding your situation	Allows agencies to focus on meeting your unique service needs
Reduces the amount of times you have to tell your story to service providers	Multiple Services can be easily coordinated and streamlined

*\*Bitfocus ensures the security of its system. Please see below for detailed information on security measures.*

Because this network is made up of many service providers, you have the option to share your information with other service providers from whom you might be seeking services. Your identity and information collected in the WI HMIS will be shared, with your written consent, in the network and with network partners who have written agreements with ICA. WI HMIS includes your demographic information and other essential personal information needed to best determine your service needs.

The computer program used for this purpose has industry standard security protocols and is updated regularly to meet these security requirements. The information you provide will only be shared with this agency, the network, network partners and limited staff of the Institute for Community Alliances. Personally identifying information will not be shared with any State or Federal department for the purposes of determining your eligibility in other State or Federal programs (for example, Food Share). Information collected is housed in a secure server owned and hosted by Bitfocus in Virginia, Ohio, Oregon, and California. Limited Bitfocus staff have access to this server and the data for the purposes of network support and maintenance. Data collected for the network will be maintained for at least seven years from the last date of service.

*The list of agencies participating in the network and network partners can be accessed on the ICA website here, [HMIS Release of Information](#). This list may change.*

**Please note if you grant permission for your information to be shared, that agreement will be in effect until you revoke it in writing. You may end your agreement in writing and your personal and service information will no longer be shared from that date going forward. If you do not give permission for this agency to release your information, no other agency in the network or network partner will have access to it.**

Maintaining the privacy and the safety of those using our services is very important. Your record will only be shared if you give permission. You cannot be denied services that you would otherwise qualify for if you choose not to share information. However, even if you choose not to share your information with other agencies, federal and state regulations may require limited data collection for funding purposes.





# Wisconsin HMIS Client Informed Consent and Release of Information

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## Type of Information to be shared:

- Personal Identifying Information: Name (First, Middle and Last), Social Security Number, Date of Birth, Gender, Race, Ethnicity, Last Residence Information, Military Status
- Housing/Program Specific: Program Enrollments, Assessments, Services, Case Notes, Referrals, File Attachments

## \*Please indicate your choice regarding data sharing\*

- **Option 1:**  Verbal Consent

\_\_\_\_\_ By initialing here, I agree to share my and my child/children's above specified information and coordinate services with all participating agencies in the network and network partners.

- **Option 2:**  Verbal Consent

\_\_\_\_\_ By initialing here, I agree to share my and my child/children's specified information, *except* for the information identified below. I do not want to share my and my child/children's:

- Program Enrollments
- Assessments
- Services
- Case Notes
- Referrals
- File Attachments

- **Option 3:**  Verbal Consent

\_\_\_\_\_ By initialing here, I agree I do not want to share my and my child/children's above specified information and coordinate services with other agencies/network partners.

**I understand that signing below relates only to data sharing within the WI HMIS and does not guarantee I will receive assistance. Alternatively, I understand that I will NOT be denied services if I refuse to consent to data sharing.**

**Print Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Adult #2 Print Name:** \_\_\_\_\_

**Adult #2 Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Verbal Consent obtained by phone (Agency Staff Initials): \_\_\_\_\_ **Date:** \_\_\_\_\_