

# 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 (AI) Asian (AS) Black/African American (BL) Native Hawaiian or Pacific Islander (PI) White (WH) Other (O)
If you have additional family members, please attach an extra sheet of paper			

# FOUNDATION FOR RURAL HOUSING, INC.

## EXPENSES THAT YOU CURRENTLY PAY EACH MONTH

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

OTHER BENEFITS RECEIVED		AMOUNT RECEIVED
SNAP	Yes No	
WIC or TANF	Yes No	
ENERGY ASSISTANCE CREDITS	Yes No	
HOMESTEAD TAX CREDIT	Yes No	
OTHER	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. When was the last time you paid your utility bill? \_\_\_\_\_
5. If you are not working, please explain why you are not working? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. What other organization have you asked for help from and how much money did you receive:  
 \_\_\_\_\_  
 \_\_\_\_\_

# 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> Member #1	Jan. _____	Feb. _____	March _____
	April _____	May _____	June _____
	July _____	Aug. _____	Sept. _____
	Oct. _____	Nov. _____	Dec. _____
<b>WAGES FROM WORK</b> Member #2	Jan. _____	Feb. _____	March _____
	April _____	May _____	June _____
	July _____	Aug. _____	Sept. _____
	Oct. _____	Nov. _____	Dec. _____
<b>WAGES FROM WORK</b> Member #3	Jan. _____	Feb. _____	March _____
	April _____	May _____	June _____
	July _____	Aug. _____	Sept. _____
	Oct. _____	Nov. _____	Dec. _____
<b>CHILD SUPPORT Rc'd</b>	\$ _____	<b>Submit Proof</b>	
<b>W2</b>	\$ _____	<b>Submit Proof</b>	
<b>PENSION/RETIREMENT</b>	Member # _____	\$ _____	<b>Submit Proof</b>
<b>DISABILITY PAYMENTS</b>	Member # _____	\$ _____	<b>Submit Proof</b>
<b>SELF EMPLOYMENT</b>	Member # _____	\$ _____	<b>Submit Proof</b>
<b>UNEMPLOYMENT</b>	Member # _____	\$ _____	<b>Submit Proof</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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## **Wisconsin Service Point-Permission to Share Information:**

Foundation for Rural Housing, Inc., receive funding from the State of Wisconsin. A requirement of this funding is that this agency participating in the Wisconsin Homelessness Information System \*(HMIS). The collection and use of the all personal information are guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy policies 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 services based on your response.

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

You have the right to control how your information is shared with 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 Specifics, Entry/Exit, Agency Assessments, Services, Coordinated Entry, Case Notes, Referrals, Income, Non-cash Benefits, Disability, Domestic Violence.

I agree to allow all of my information and other household members, including my children or other related or non-related members of my household with all participating agencies in the network.

I agree to allow all of my information and other household members, including my children or other related or nonrelated members of my household only with the Foundation for Rural Housing, Inc.

I do not want to share any information or other household members, including my children or other related or nonrelated members of my household only with the Foundation for Rural Housing, Inc.

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

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**SIGNATURE OF APPLICANT**

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**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.

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.

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:	Is this a full time or part time position:	If seasonal when is this expected to end:

\_\_\_\_\_  
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 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.*

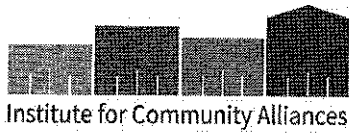
Because this network is made up of many service providers, you have the option to share your information with other service providers from whom you might be seeking services. Your identity and information collected in the WI HMIS will be shared, with your written consent, in the network and with network 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 Eligibility, Entry/Exits, Agency Assessments, Services, Coordinated Entry, Case Notes, Referrals
- Assessment Specific: Income, Non-cash Benefits, Disability, Domestic Violence

**\*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 limit sharing of my and my child/children's above specified information and coordination of services with this agency and the agencies listed below:

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

# FOUNDATION FOR RURAL HOUSING, INC.

## RENTAL ASSISTANCE: LANDLORD VERIFICATION

This form is required to be completed by your landlord or agent of the landlord. This form must be returned to our office with your application. Failure to do so will delay the processing of your application.

<b>Renter:</b>	<b># Bedrooms:</b>
<b>Rental Address:</b>	
<b>City:</b>	<b>State:</b> <span style="float: right;"><b>Zip:</b></span>

<b>Past Due Rent Amount \$</b>  What month(s) are they past due on:	<b>Does this renter have a payment plan with you to pay back the balance of rent due:</b> Yes No	<b>If yes what is the payment plan?</b>
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<b>Monthly Rent Amount \$</b>		
<b>Has this Unit been inspected and approved to meet HUD Housing Quality Standards? YES NO</b> If YES what organization or individual did the inspection? _____		
Is this Unit a: <b>Manufactured Home</b> <b>Mobile Home</b> <b>Apartment</b> <b>Other: __</b> We do not pay for motels/boarding houses or rooms in individual houses		

<b>Which of the following is the renter responsible for?</b>		
<b>Electricity: Yes No</b> Average Monthly Cost: \$ _____	<b>Water/Sewer: Yes No</b> Average Monthly Cost: \$ _____	<b>Heat: Yes No</b> Average Monthly Cost: \$ _____
<b>Garbage: Yes No</b> Average Monthly Cost: \$ _____	<b>When was this unit occupied by the renter?</b>	<b>Is this unit subsidized?</b> Yes      No

<b>Landlord Name:</b>	<b>Phone:</b>
<b>Fax:</b>	<b>Email:</b>
<b>Mailing Address:</b>	<b>City:</b>
<b>State:</b> <b>Zip:</b>	

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

In many cases the amount we can assist with is less that 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 \$ \_\_\_\_\_ dollars per month for \_\_\_\_\_ months.

\_\_\_\_\_  
Landlord or representative signature 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)**