

## Application for Rental Assistance

Due to limited funding, this agency has to rely on government grants to provide rental assistance. This application will screen for grant eligibility requirements.

Once you have spoken with a Client Advocate regarding your application, you may be given a Landlord Notice. Have your landlord fill out the notice, then bring it back to this agency as soon as possible. You must bring it back within 14 days or you will have to reapply. When you bring that form back, we will schedule an appointment for you to discuss your need for rental assistance and provide documents to a caseworker.

**Individual Information:**

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Street Address (Where you are requesting assistance): \_\_\_\_\_

City/Zip: \_\_\_\_\_

Are you currently homeless?  Yes or  No If Yes, Where are you staying? \_\_\_\_\_

**Other Adults or Children Living in the Household:**

Last Name	First Name	Date of Birth

**Estimated Income:**

Please list all types of income you currently receive as well as any types of income you may have received within the last six months. Please include any jobs you had in the last six months also, even if you no longer hold those jobs.

Type of Income (Job, SSDI, etc.)	Amount per Month	When did you start receiving this income?	Did this income stop? When?

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### Information about the Home:

Veteran member of household?  Yes or  No

(Optional) Do you have any mental health issues or concerns?  Yes or  No

If Yes, would you like a referral to PATH for additional case management assistance?  Yes or  No

Are you behind on your rent?  Yes or  No      Are you seeking help from another agency?  Yes or  No

Do you need 1<sup>st</sup> month rent or security deposit help?  Yes or  No

Are you on section 8 or living in subsidized housing?  Yes or  No

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

How long have you lived in Rock County? \_\_\_\_\_

Circle which type of unit you live in:  Apartment    House    Trailer    Duplex    Fourplex    Other

Rent amount per month: \$ \_\_\_\_\_ How many bedrooms? \_\_\_\_\_ How much do you owe? \$ \_\_\_\_\_

Landlord's name (Where you are requesting assistance): \_\_\_\_\_

Landlord contact phone (Where you are requesting assistance): \_\_\_\_\_

Have you received an eviction notice?  Yes or  No

Reason for requesting assistance (other bills are not a reason to be behind, rent must be your priority. This program is for emergencies only):

Which utilities are you responsible for? \_\_\_\_\_ Are you current on your utility bills?  Yes or  No

Did the landlord provide a refrigerator and a stove for you to use?  Yes or  No

**Applicant Signature:** By signing this, you declare that all of the above information is accurate and true. False statements could result in your application being denied immediately. Your application will also be denied immediately if you are disrespectful to staff or volunteers at this agency. You give permission that ECHO may contact your landlord regarding information on this application.

Note: You will only be allowed three chances to complete this assistance request. Meaning, if you don't show up to your appointment three times, you will have to start the process over.

If you are unhappy with the outcome of this application, you may request and submit a grievance form.

You understand that by submitting this application, you give ECHO permission to contact the following housing and homeless service providers: Community Action of Rock and Walworth Counties, Edgerton Community Outreach, Beloit Housing Authority, Janesville Neighborhood and Community Services.

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