

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. Grants change often. If you are not eligible today, please check back in a month or so to see if we have a different grant that you may qualify for. However, there are some situations that no grant will cover. Please call 2-1-1 to find out about other resources.

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: _____ City/Zip: _____

Other Adults or Children Living in the Household:

Does everyone in the household have a social security number? Yes or No

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 1st 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? _____ Landlord contact phone: _____

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

Homelessness:

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

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.

Signature: _____ Date: _____

Applicant - do not write below this line. Office use only.

Homeless HUD Definition OR 5-Day Notice? Yes No

CMI 0-14% 15-30% 31+%

Under Fair Market Rent? Yes No