

Community Advocates Rent Assistance Application 2021

The Community Advocates Rent Assistance program assists individuals and families who have experienced a loss or reduction in income are unable to pay their rent or utilities as a result. If you are eligible, financial assistance may include rent, rent arrears, utility assistance, security deposit, and first month's rent. To be eligible for rent assistance with Community Advocates applicants must: 1) Meet income guidelines (80% or less of median county income); 2) Demonstrate a loss or reduction of income in the last 60 days or due to COVID-19. Support documentation verifying income loss must be submitted with this application; and 3) Be at risk of homelessness or housing instability as a result of not being able to pay your rent or utilities.

Applicant/Head of Household Information	
Applicant Type	Tenant <input type="checkbox"/>
Last Name	
First Name	
Middle Name	
Email Address	
Phone Number	
Best way to reach you	Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/>
Date of Birth	
Age	
Social Security Number	
Do you have children under the age of 18?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> I do not want to provide this information <input type="checkbox"/> Unsure <input type="checkbox"/>
Ethnicity	Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> I do not want to provide this information <input type="checkbox"/> Unsure <input type="checkbox"/>
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Other <input type="checkbox"/> I do not want to provide this information <input type="checkbox"/> Unsure <input type="checkbox"/>

Additional Household Member Information							
No. in Household	Additional Household Member Name (First and Last)	Date of Birth	Social Security Number	Relationship to Head of Household	Gender	Race	Ethnicity
2							
3							
4							

5							
6							
7							
8							

Housing Information	
Address	
Apartment Number	
City	
County	Milwaukee <input type="checkbox"/> Waukesha <input type="checkbox"/>
Zip Code	
State	Wisconsin <input type="checkbox"/>
Landlord Last Name	
Landlord First Name	
Landlord Phone Number	
Landlord Email	
Lease agreement type	Month-to-Month <input type="checkbox"/> Annual Lease <input type="checkbox"/> Other <input type="checkbox"/> Unsure <input type="checkbox"/>
What is your monthly rent amount?	\$
Were you required to pay a security deposit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what amount?	\$
How many bedrooms are in your rental unit?	Efficiency <input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom <input type="checkbox"/> Three Bedroom <input type="checkbox"/> Four+ Bedrooms <input type="checkbox"/>
Total number of household members, including applicant	Number:
Total number of other adults living in the household, excluding applicant/head of household	Number:
Total number of children in the household	Number:

Income Information	
Did you or someone in the household have a loss or reduction of income in the past 60 days or due to the COVID-19 outbreak?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please share how your households income was impacted	<input type="checkbox"/> Laid Off or Terminated <input type="checkbox"/> Off Work Without Pay <input type="checkbox"/> Hours Reduced <input type="checkbox"/> Other: _____

If you were laid off or terminated please provide the date this occurred	Date: ____/____/____
Is your loss of income related to the COVID-19 outbreak?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, and you experienced an income loss because of COVID-19, please explain why:	<input type="checkbox"/> My place of employment closed <input type="checkbox"/> My place of employment had to reduce hours <input type="checkbox"/> I was laid off or furloughed <input type="checkbox"/> My children(s) school or daycare closed/ I had to assist with virtual learning <input type="checkbox"/> Me or someone in my household tested positive for COVID-19 <input type="checkbox"/> Someone I came into close contact with tested positive for COVID-19 and I had to quarantine <input type="checkbox"/> Other: _____
Did you file for unemployment due to your income loss?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the date you applied for unemployment?	Date: ____/____/____
If yes, what is the status of your application?	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Other: _____
Are you currently employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the name of your employer?	

Please use this section to list all forms of income and non-cash benefits received by the household:

Sources of Household Income	Gross Documented Current Monthly Income Amount	Annual Gross Income (gross monthly income amount X 12 payments per year)
<input type="checkbox"/> Earned Income		
<input type="checkbox"/> Unemployment Insurance		
<input type="checkbox"/> Supplemental Security Income		
<input type="checkbox"/> Social Security Disability Income		
<input type="checkbox"/> VA Service-Connected Disability Compensation		
<input type="checkbox"/> VA Non-Service-Connected Disability Compensation		
<input type="checkbox"/> Private Disability Insurance		

<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Temporary Assistance for Needy Families		
<input type="checkbox"/> General Assistance		
<input type="checkbox"/> Retirement Income from Social Security		
<input type="checkbox"/> Pension or retirement income from former job		
<input type="checkbox"/> Child Support		
<input type="checkbox"/> Alimony or other spousal support		
<input type="checkbox"/> Other source		
<input checked="" type="checkbox"/> Special Supplemental Nutrition Assistance Program (SNAP)		
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants and Children (WIC)		
<input type="checkbox"/> TANF Child Care services		
<input type="checkbox"/> TANF transportation services		
Total Monthly Income		
Total Monthly Income x 12 (Annual Gross)		

Please circle the box showing number in household and annual income bracket below:

Income Limits: (Effective Date: April 2020) Family Area Median Income: \$83,800

Number in Household	Extremely Low ¹ Income Level	Very Low ² Income Level	Low ³ Income Level	Non Low Moderate Income Level
1	< \$17,650	\$17,651-29,350	\$29,351-46,950	Over \$46,951
2	< \$20,150	\$20,151-33,550	\$33,551-53,650	Over \$53,651
3	< \$22,650	\$22,651-37,750	\$37,751-60,350	Over \$60,350
4	< \$25,150	\$25,151-41,900	\$41,901-67,050	Over \$67,051
5	< \$27,200	\$27,200-45,300	\$45,301-72,450	Over \$72,451
6	< \$29,200	\$29,201-48,650	\$48,651-77,800	Over \$77,801
7	< \$31,200	\$31,201-52,000	\$52,001-83,150	Over \$83,150
8	< \$33,200	\$33,201-55,350	\$55,351-88,550	Over \$88,551

¹ Extremely Low Income Level. As defined by HUD, this income level is at or less than 30% of County Median income.

² Very Low Income Level. As defined by HUD, this income level is between 31% and 50% of County Median income

³ Low Income Level. As defined by HUD, this income level is between 51% and 80% of County Median income

Assistance Requested:

- ☐ Rental Arrears/Past Rent Owed
- ☐ Utilities Arrears/Past Utilities Owed
- ☐ Rent Assistance/Future Rent
- ☐ Security Deposit
- ☐ Other household needs

Amount of assistance needed: \$ _____

Have you received an eviction notice? Yes ☐ No ☐

By answering "Yes" here, I acknowledge that I have been unable to pay rent and am at risk of losing my housing or facing eviction due to COVID-related events. Yes ☐

By answering "Yes" here, I agree that if I am approved Rental Assistance from Community Advocates, I am not able to also receive rent assistance for the same month(s) from any other government or private assistance program. Yes ☐

Do you live in Milwaukee or Waukesha County? Yes ☐ No ☐ Unsure ☐

Did you receive rent assistance from Community Advocates or another program in 2020?
Yes ☐ No ☐ Unsure ☐

I certify that the information provided in this application is true and complete statements of facts. I also understand that I may be required to provide proof of any information given and that giving false information will invalidate this form and may require the return of benefits received based on the false information. By signing my name in the signature field, I indicate that I am the person named and that this entry is the legal equivalent of a manual/handwritten signature.

Applicant Signature: _____ Date: _____

NOTE This form does not complete your application. Please submit the following in addition to this form:

1. Documentation of income loss (termination notice, lay-off notice, letter-indicating place of employment closed, etc.)
2. Eviction notice (if relevant)
3. Proof of income (if relevant)

