

Agency Date Stamp:

EMERGENCY ASSISTANCE APPLICATION – Part 1

Please read each item carefully before you answer. The answers you give will be used to decide if you are eligible for Emergency Assistance. If eligible, some of the answers you give will decide the amount of your Emergency Assistance payment.

Applicant Last Name		Applicant First Name	
CARES Case Number			
Street Address		Telephone Number ()	
City	County	State	ZIP Code
Mailing Address if not the same as above: Street Address, PO Box, City, State, ZIP			
Have you applied for Emergency Assistance before? If yes, when?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide the care and control of either your child or a relative's child in your home?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this child(ren) stay in your care in the future?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMERGENCY

Describe the emergency, what happened, when it happened, and where it happened:

Your emergency must meet one of the following categories: Impending Homelessness, Homelessness, Energy Crisis, Fire, Flood, or Natural Disaster. Check one box and fill out only that one section.

IMPENDING HOMELESSNESS

Do you have an eviction notice or a foreclosure notice? If yes, when did you receive it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
When did you first get behind in your rent or mortgage payment?	What caused this?		
Are you seeking a new home as a result of domestic abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you seeking a new home because your rental housing is in foreclosure? If yes, when must your family leave your current rental housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current landlord/management company name and contact person			
Current landlord/management company phone number			
Current landlord/management company mailing address			

HOMELESSNESS

Do you lack a fixed and regular nighttime place to live, or do you sleep in a place not meant for sleeping? If yes, how did you become homeless and when did it happen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you plan to get a permanent place to live?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you now in a shelter for domestic abuse and seeking a new home as a result?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a building or housing inspector or public health official decided your home is uninhabitable? If yes, when did this happen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a housing inspection report?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

ENERGY CRISIS

Does your family have an immediate threat to its health and safety from an Energy Crisis? If yes, what help has your family obtained already?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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FIRE

FLOOD

NATURAL DISASTER

HOUSEHOLD MEMBERS

Please list all persons in your household at the time of the emergency. List yourself on the first line.

The provision of your Social Security number (SSN) is mandatory under Wisconsin Statutes section 49.138. Your Social Security number will be used to verify information relating to your Emergency Assistance application. If you do not provide the SSNs for each adult in your household, your Application may be denied. You do not have to provide SSNs for children in your household.

Mark *Yes* or *No* to show if each person is a US Citizen or a Qualified Alien.

Name (list yourself first)	SSN	Birth Date	Citizen or Qualified Alien	Relationship
			<input type="checkbox"/> Yes <input type="checkbox"/> No	Self
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

HOUSEHOLD FINANCIAL INFORMATION

Please list all household income and assets.

In the **INCOME** section, list the amount of income in the "Amount" column. In the "Source" column, list where the income is from such as employment, unemployment, child support, or other government resource, etc. In the "Household Member" column, list who the income belongs to.

In the **ASSETS** section, list the name, value and source of each asset for all household members. For example, an asset could be a vehicle, boat or snowmobile, a retirement account, or a savings account. For each asset, list the name of the household member who owns the asset.

INCOME

Amount	Source	Household Member

ASSETS

Name	Value	Source	Owner

SIGNATURES AND ASSURANCES

Initial each line to indicate that you have read and understand these statements.

- _____ I understand the questions and statements on this Application.

- _____ I certify that I am providing true information. I understand that if I do not tell the truth or do not provide true information, I may be fined up to \$10,000 or go to jail for up to nine months or both.

- _____ I agree to provide documents to prove my statements if it is requested and I understand that the W-2 agency may contact other persons or organizations to obtain the necessary proof of my eligibility and level of any payment.

- _____ I reside in and intend to continue residing in Wisconsin. Note: A migrant worker must reside in Wisconsin but does not have to intend to continue residence in Wisconsin.

- _____ I understand that if I do not agree with the agency's decision regarding my Emergency Assistance Application, I may request a Fact Finding Review by writing to or calling the W-2 agency that made the Application decision. I must do this within 45 calendar days of the decision date.

- _____ I authorize the agency to request and receive any information that is appropriate and necessary for the proper administration of the Emergency Assistance program. Sources of information may include, but are not limited to, the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and the Department of Transportation. I also understand that any person, including any financial institution, credit reporting agency, employer, or educational institution is authorized to release this information, according to Wisconsin Statutes section 49.22(2m) and 49.138.

Applicant Signature	Date Signed
Authorized Representative Signature, if applicant is unable to sign	Date Signed
Agency Representative Signature	Date Signed

The Division of Family and Economic Security (DFES) is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternative format, or need it translated to another language, please call (608) 266-3400 or (866) 864-4585 TTY (Toll Free).

For civil rights questions call (608) 266-5335.

Instructions for the Emergency Assistance (EA) Application

Overview: You must apply for Emergency Assistance (EA) at the W-2 agency in the county where you live. If you are homeless, you may apply for EA either in the county where you are, or the county where your family is moving to. The W-2 agency will provide you with an EA Application.

Completing the EA Application: You have the right to complete and sign Part 1 of the EA Application on the same day that you request EA. The W-2 agency will determine whether you are eligible for EA. If you are eligible for EA, the W-2 agency usually will issue payment within five business days of the date you sign the Application.

Complete Part 1 of the application to the best of your ability. Part 2 of the application will be completed by a W-2 agency staff person with information that you provide. When the agency completes Part 2 of the application with you, be sure to review the information with the agency staff person when it has been completed.

The W-2 agency will meet with you in-person. When you come to the W-2 agency, be sure to bring all documents that show relevant information for all Application items (including page 4) such as:

- Social Security Number (SSN) card;
- Pay stubs and other income documents;
- Layoff notice;
- Termination notice;
- Job quit notice (and reason for job quit);
- Eviction notice;
- Mortgage foreclosure notice;
- Notice to vacate property; and
- Other relevant documents.

Financial Eligibility: The W-2 agency will determine financial eligibility based on your income and assets. Your income must be at or below 115% of the Federal Poverty Level and the value of your assets must not exceed \$2,500.

Financial Need: Emergency Assistance may help to pay for certain expenses up to the Maximum Payment Amount.

- Impending Homelessness: Unpaid rent, late fees, court costs.
- Homelessness: First month's rent, security deposit, necessary household items.
- Fire, Flood, Natural Disaster: Temporary housing, first month's rent, security deposit, clothing, medical care, transportation, household appliances, home repairs.
- Energy Crisis: Home heating, electricity, water.

Maximum Payment Amounts:

The Maximum Payment Amount for impending homelessness, homelessness, fire, flood, and natural disaster are:

- \$516 for groups of 2 to 4 members.
- \$645 for groups of 5 members.
- \$110 per group member for groups of 6 or more members.

The Maximum Payment Amount for Energy Crisis is \$500 for any group size.

Signatures and Assurances (page 3 in the Application): A W-2 agency staff person will read through each of these statements with you to make sure you have an opportunity to ask questions. You must initial each statement to show that you understand it.

Fact Finding: You have the right to use the Fact Finding process as a way to resolve disputes. You may request a Fact Finding if (1) the agency does not take action on the EA Application within a reasonable amount of time, or (2) the EA Application amount is not funded in part or whole, or (3) you believe the payment amount was not calculated correctly. The Fact Finding request must be made within 45 days of the agency action that is in dispute.