

EMERGENCY ASSISTANCE APPLICATION

Agency Date Stamp:

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.

Last Name		First Name		
Street Address		Telephone Number ()		
City	County	State	Zip Code	
Mailing Address if not the same as above: Street Address, PO Box				
City		State	Zip Code	
Have you applied for Emergency Assistance before? 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 that box and fill out only that section.

IMPENDING HOMELESSNESS

Do you have an eviction notice or a foreclosure notice?
If yes, when did you receive it? Yes 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? Yes 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, regular, nighttime place to live, or do you sleep in a place not meant for sleeping? Yes No

If yes, how did you become homeless and when did it happen?

Do you plan to get a permanent place to live? Yes No

Are you now in a shelter for domestic abuse and seeking a new home as a result? Yes No

Has a building or housing inspector or public health official decided your home is uninhabitable? Yes No

If yes, when did this happen? Do you have a housing inspection report? Yes No

ENERGY CRISIS

Does your family have an immediate threat to its health and safety from an Energy Crisis? Yes No

FIRE **FLOOD** **NATURAL DISASTER**

Complete this page.

FINANCIAL REQUEST

What amount of Emergency Assistance (EA) funds are you requesting?

\$

HOUSEHOLD MEMBERS

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

You must provide the Social Security Number (SSN) for each adult in your household. If you do not provide the SSNs for adults, your Application may be denied. We will use these SSNs to verify information relating to your Emergency Assistance Application. 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. Then in the Source column list where the income is from, such as employment, unemployment, child support, or other government resource, etc. Then in the Owner 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 or a boat or a snowmobile, a retirement account, or a savings account. Then for each asset list the name of the household member who owns the asset.

INCOME			ASSETS			
Amount	Source	Owner	Name	Value	Source	Owner

Complete this page.

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 to reside in Wisconsin.

_____ All persons listed on this Application are US citizens or qualified aliens.

_____ 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.

SIGNATURES

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

The Division of Family Supports (DFS) 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.

Bring documents and information regarding this page with you to the W-2 agency. The W-2 agency will complete this page.

EA FINANCIAL WORKSHEET

Number in EA Group x \$150 (a) \$ _____
 (Note: The above amount does not apply to an EA Payment for Energy Crisis.)

Amount Requested by Applicant (FINANCIAL REQUEST from page 2) (b) \$ _____

Countable Income for the Household (does not include disregarded income types)	Date Available:	
Earned Income	_____	\$ _____
Any other income your household receives	_____	\$ _____
Anticipated insurance payment	_____	\$ _____
Community resources available	_____	\$ _____
Assets that can be liquidated within 31 days of this Application	_____	\$ _____

Sum of Countable Income above (c) \$ _____

Expenses Resulting from the Emergency (not covered by other assistance programs or resources)		Paid
Temporary Housing	\$ _____	<input type="checkbox"/>
Past Due Rent (due to a financial crisis)	\$ _____	<input type="checkbox"/>
Food	\$ _____	<input type="checkbox"/>
Utilities (heat or electricity)	\$ _____	<input type="checkbox"/>
Clothing	\$ _____	<input type="checkbox"/>
Home Repairs	\$ _____	<input type="checkbox"/>
Household Items or Appliances	\$ _____	<input type="checkbox"/>
1 st Month's Rent & Security Deposit	\$ _____	<input type="checkbox"/>
Medical expenses	\$ _____	<input type="checkbox"/>
Transportation needs	\$ _____	<input type="checkbox"/>

Usual and Necessary Monthly Expenses (not covered by other assistance programs or resources)		
Rent/Mortgage	\$ _____	<input type="checkbox"/>
Child Care	\$ _____	<input type="checkbox"/>
Food	\$ _____	<input type="checkbox"/>
Utilities	\$ _____	<input type="checkbox"/>
Transportation	\$ _____	<input type="checkbox"/>
Medical Care (not covered by insurance)	\$ _____	<input type="checkbox"/>
Other _____	\$ _____	<input type="checkbox"/>

Sum of all Expenses listed above (= e plus f) (d) \$ _____

Sum of Paid Expenses (e) \$ _____

Sum of Unpaid Expenses (f) \$ _____

Available Income = c minus e (g) \$ _____

Financial Needs = f minus g (h) \$ _____

EA Payment Amount = a, b, or h (whichever is less) (i) \$ _____

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 your family is homeless, you may apply for EA in the county where you are at this time, or you may apply for EA in the county where your family is moving to for a permanent place to live if that is in a different county. The W-2 agency will provide you with an EA Application.

The time frame for an EA Application is in the same month as when the emergency happens or in the next month.

Once you have completed the Application, the W-2 agency will process your request and issue any payments for which you qualify.

Completing the EA Application: You have the right to complete and sign the Application the same day as 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.

To complete the EA Application, complete pages 1, 2, and 3 to the best of your ability. A W-2 agency staff person will complete page 4. Please review this page after 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);
- Receipts for medical expenses not covered by insurance;
- Receipts for vehicle repairs not covered by insurance and other transportation expenses;
- Receipts for any exceptional, unexpected and necessary expenses;
- Receipts for other expenses you report on the EA Application;
- Eviction notice;
- Mortgage foreclosure notice;
- Notice to vacate property; and
- Other relevant documents.

Financial Eligibility: The W-2 agency will add up your expenses and compare it to your income and assets in the month of your EA Application.

Emergency Shelter: EA funds can only be used to pay for temporary shelter in emergencies due to fire, flood or natural disaster. In these situations, EA can pay for temporary shelter and transportation to a shelter.

Permanent Place to Live: For fire, flood or natural disaster, EA funds can be used to pay for temporary shelter and a permanent place to live. For impending homelessness or homelessness, EA funds can be used to pay for a permanent place to live but not for temporary shelter. When EA funds can be used to pay for a permanent place to live, if there is any EA payment amount left over after establishing this permanent place to live, EA can pay for additional household needs typically incurred when establishing a home, for example furniture, household goods, etc.

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

Penalties for giving false information are defined in Wisconsin Statute section 49.95. Penalties vary from forfeitures to felony charges of up to a \$10,000 fine or jail for up to nine months or both, depending on the false information.

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.