

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	
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?  Yes  No

If yes, when did you receive it?

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

Are you seeking a new home because your rental housing is in foreclosure?  Yes  No

If yes, when must your family leave your current rental housing?

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?  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

If yes, what help has your family obtained already?

**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	<b>Self</b>
			<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.
- \_\_\_\_\_ 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.

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 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.

**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 assist you in completing page 4 with information that you provide. Please review this page with the agency staff person 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);
- 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.