

### Emergency Assistance Application

Agency Date Stamp  
[Redacted]

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. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. Information you give is used only to process this application.

You must apply for Emergency Assistance (EA) with the W-2 agency that provides services in the county where you live. If you are homeless or in a domestic abuse situation, you may apply for EA either in the county where you are, or the county where your family is moving to. If you have any concerns about your safety or the safety of your children, please let us know and we can arrange a safe time for you to apply, make your case file confidential, and/or refer you to a domestic abuse agency.

|   |  |  |                      |
|---|--|--|----------------------|
| Last Name – Applicant<br>[Redacted]   |  | First Name – Applicant<br>[Redacted]       |                      |
| CARES Case Number (if known)<br>[Redacted]  |  | Telephone Number – Applicant<br>[Redacted] |                      |
| Address – Applicant (Street, City, State, Zip Code)<br>[Redacted]   |  |  | County<br>[Redacted] |
| Mailing Address – Applicant (if not the same as above) (Street, PO Box, City, State, ZIP Code)<br>[Redacted]  |  |  |                      |
| What is the best way to reach you? <input type="checkbox"/> Telephone <input type="checkbox"/> Email (Provide email address) [Redacted]   |  |  |                      |
| If telephone is selected, is it safe to receive messages at that number? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |                      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received an Emergency Assistance payment in the past 12 months?<br>If "Yes", you can only get an Emergency Assistance payment once every 12 months, so you may not be eligible for another payment at this time.<br>If you do not know when you last received an EA payment, contact your local W-2 agency. |  |  |                      |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you take care of and make decisions for 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?  |  |  |                      |

#### TYPE OF EMERGENCY

Your emergency must be because of one of the following situations. Check the type(s) of emergency that you have:

- IMPENDING HOMELESSNESS**  
You need to leave your current housing. Examples include: your housing is not safe to live in (for example, because of the condition of the house, or because you are experiencing domestic abuse), rental housing being foreclosed, or receiving a notice to leave due to non-payment of rent or mortgage.
- HOMELESSNESS**  
You do not have housing. Examples include: you are living in a place that is not meant for sleeping such as a car, you are living in a temporary place such as someone else's home or a motel, you left your home because it was not a safe/healthy place to live in, or you left your home due to domestic abuse.
- ENERGY CRISIS**  
You do not have or could lose heating, electric, water, or sewer service.
- FIRE**  
You have a financial emergency because you had a fire in your home.
- FLOOD**  
You have a financial emergency because you had a flood in or around your home.
- NATURAL DISASTER**  
You have a financial emergency because of a natural disaster such as a tornado.

Please describe the emergency you have. For example, what happened and when the emergency happened.

[Redacted]

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**If you checked the IMPENDING HOMELESSNESS box, answer the following questions:**

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Yes  No Do you have an eviction notice or a foreclosure notice?

If "Yes", when did you get the eviction or foreclosure notice?  (Enter a date in mm/dd/yyyy format)

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Please describe what happened to make it difficult to pay your rent or mortgage payment?

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Provide current landlord / management company name and name of contact person.

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Provide current landlord / management company telephone number.

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Provide current landlord / management company mailing address (Street, City, State Zip Code)

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Yes  No Do you need a different home because of domestic abuse?

Yes  No Do you need a different home because your rental housing is in foreclosure?

If "Yes", when does your family have to leave?  (Enter a date in mm/dd/yyyy format)

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Yes  No Has a building or housing inspector or public health official decided your home is not safe to live in?

If "Yes", when did the building or housing inspector or public health official decide this?  (Enter a date in mm/dd/yyyy format)

Yes  No Do you have a housing inspection report?

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**If you checked the HOMELESSNESS box, answer the following questions:**

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Yes  No Do you lack a regular place to live, sleep in a place not meant for sleeping, or sleep in someone else's household temporarily?

If "Yes", when did this start?  (Enter a date in mm/dd/yyyy format)

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

Yes  No Are you staying in a shelter for domestic abuse?

Yes  No Has a building or housing inspector or public health official decided your home is not safe to live in?

If "Yes", when did the building or housing inspector or public health official decide this?  (Enter a date in mm/dd/yyyy format)

Yes  No Do you have a housing inspection report?

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**If you checked the ENERGY CRISIS box, answer the following questions:**

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Yes  No Does your family need financial assistance to get or keep heat, electricity, water, or sewer service?

If "Yes", please describe what happened to make it difficult to pay your utility bill.

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If "Yes", what help has your family applied for already?

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

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## HOUSEHOLD MEMBERS

Please list all people in your household at the time of the emergency and who will stay in your household if moving. List yourself on the first line.

Giving 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 everyone in your household, your application may be denied.

Mark "Yes" or "No" to show if each person is a US Citizen or a Qualified Non-Citizen.

| Name (list yourself first) | Social Security Number | Birth Date | Citizen or Qualified Non-Citizen                         | 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 |              |

## HOUSEHOLD FINANCIAL INFORMATION

### INCOME

List all income received in the previous 30 days for all household members. For example, a type of income could be employment, unemployment, child support, or other government resource, etc. The first two rows are listed as examples.

| Type of Income                   | Monthly Income | Verification                      | Household Member |
|----------------------------------|----------------|-----------------------------------|------------------|
| Part-time work at BP gas station | \$750.00       | Check stubs from the last 30 days | John Doe         |
| SSI benefit                      | \$873.00       | Printout from SSA.gov             | Jane Doe         |
|                                  | \$             |                                   |                  |
|                                  | \$             |                                   |                  |
|                                  | \$             |                                   |                  |
|                                  | \$             |                                   |                  |
|                                  | \$             |                                   |                  |
|                                  | \$             |                                   |                  |

### ASSETS

List all current assets for all household members. For example, an asset could be a vehicle, boat or snowmobile, a retirement account, or a savings account. The first two rows are listed as examples.

| Type of Asset     | Current Value | Verification              | Asset Owner |
|-------------------|---------------|---------------------------|-------------|
| Checking Account  | \$95.00       | BMO Harris Bank statement | John Doe    |
| 1998 Toyota Camry | \$950.00      | Kelly Blue Book           | John Doe    |
|                   | \$            |                           |             |
|                   | \$            |                           |             |
|                   | \$            |                           |             |

|  |    |  |  |
|--|----|--|--|
|  | \$ |  |  |
|  | \$ |  |  |

**SIGNATURES AND ASSURANCES**

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 indicate that you have read and understand it.

\_\_\_\_\_ I understand the questions and statements on this Application.

\_\_\_\_\_ I understand that I must not give false information about myself or my household members. This includes:

1. Make false or misleading statements.
2. Misrepresent or withhold facts.
3. Act in a way intended to mislead or misrepresent or withhold facts.

\_\_\_\_\_ I understand that if I, or one of my household members with my knowledge, is found to have intentionally given false information so that I can be eligible for EA I can be denied EA payments.

- If I, or one of my household members with my knowledge, am found to have intentionally given false information 1 time, I will be denied EA eligibility for 6 months. If I, or one of my household members with my knowledge, am found to have intentionally given false information 2 times, I will be denied EA eligibility for 12 months. If I, or one of my household members with my knowledge, am found to have intentionally given false information 3 times, I will be denied EA eligibility permanently. I understand that I may also be prosecuted for fraud if I intentionally give false information to receive payments at any time.
- I understand that I have to pay back any EA payments that I get by mistake.

\_\_\_\_\_ 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 the emergency I am applying for cannot be caused by refusing to accept employment or training for employment without good cause.

\_\_\_\_\_ 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.

|  |             |
|--|-------------|
| <b>SIGNATURE</b> – Applicant (or Telephonic Signature Interaction ID)        | Date Signed |
| _____  | _____       |
| <b>SIGNATURE</b> – Other adult EA Group Member                               | Date Signed |
| _____  | _____       |
| <b>SIGNATURE</b> – Authorized Representative, if applicant is unable to sign | Date Signed |
| _____  | _____       |
| <b>SIGNATURE</b> – W-2 Agency Representative                                 | Date Signed |
| _____  | _____       |

## Additional Information for the Emergency Assistance (EA) Application

**Completing the EA Application:** You have the right to complete and sign 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 working days of the date you sign the Application.

Complete the application to the best of your ability. The remaining application questions will be completed by a W-2 agency staff person with information that you provide. When the agency completes 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 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/mortgage, first month's rent, security deposit, 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, food, medical care, transportation, necessary household appliances and household items, necessary 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.

**Fact Finding Review:** You have the right to use the Fact Finding Review process as a way to resolve disputes. You may request a Fact Finding Review if (1) the agency does not take action on the EA Application within a reasonable amount of time, or (2) the EA Application was denied, (3) The EA Payment amount was modified or cancelled, or (4) you believe the payment amount was not calculated correctly. The Fact Finding Review request must be made within 45 days of the agency action that is in dispute.