

HomeNet. Application

Date: _____

Applicant Name: _____ County of

Residence: _____

Current mailing address

Email Address

Telephone Number

Please attach:

- Last report card
- Last internet bill (if applicable)
- Last phone bill (if using data)

What school(s) do your child/children attend?

Please describe their regular school assignments that may require internet access:

Please describe how your child was previously completing these assignments:

FOUNDATION FOR RURAL HOUSING, INC.

Please indicate your housing unit: ___ Apartment ___ Mobile Home ___ House
 ___ Boarding house ___ Room of a friend/family ___ Camper/RV ___ Other

RETURN TO: WRH, Po Box 314, Oregon, WI 53575
Fax: 608-238-2084 or wrh@wisconsinruralhousing.org

HOUSEHOLD INFORMATION

APPLICANT	HOUSEHOLD MEMBER #1	HOUSEHOLD MEMBER #2	HOUSEHOLD MEMBER #3
Full Name:	Full Name:	Full Name:	Full Name:
Date of Birth:	Date of Birth:	Date of Birth:	Date of Birth:
	Relationship to the Applicant:	Relationship to the Applicant:	Relationship to the Applicant:
Male/Female/Other	Male/Female/Other	Male/Female/Other	Male/Female/Other
Veteran: Yes No	Veteran: Yes No	Veteran: Yes No	Veteran: Yes No
Health Insurance: <div style="text-align: right;">Yes</div> No Medicaid Medicare Private Health Insurance Other _____	Health Insurance: <div style="text-align: right;">Yes</div> No Medicaid Medicare Private Health Insurance Other _____	Health Insurance: <div style="text-align: right;">Yes</div> No Medicaid Medicare Private Health Insurance Other _____	Health Insurance: <div style="text-align: right;">Yes No</div> Medicaid Medicare Private Health Insurance Other _____
Disabled: Yes No Social Security Benefits received: Yes No	Disabled: Yes No Social Security Benefits received: Yes No	Disabled: Yes No Social Security Benefits received: Yes No	Disabled: Yes No Social Security Benefits received: Yes No

FOUNDATION FOR RURAL HOUSING, INC.

Are you working? Yes No Hours per week _____ Hourly wage _____	Are you working? Yes No Hours per week _____ Hourly wage _____	Are you working? Yes No Hours per week _____ Hourly wage _____	Are you working? Yes No Hours per week _____ Hourly wage _____
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If you have additional family members please attach an extra sheet of paper

EXPENSES THAT YOU CURRENTLY PAY EACH MONTH

EXPENSES	AMOUNT PAID	Comments:
Mortgage/rent		
Property taxes		
Home Owners Insurance		
Water/Sewer		
Electricity		
Trash		
Phone		
Cable		
Internet		
Fuel for vehicles		
Groceries		
Child Care Expense		
Clothing Expenses		
Child Support Paid		
Loans		
Credit Cards		
Car Payments		
Auto Insurance		
Other Debt		
Entertainment		

OTHER BENEFITS RECEIVED		AMOUNT RECEIVED
SNAP	Yes No	
WIC or TANF	Yes No	
ENERGY ASSISTANCE CREDITS	Yes No	
HOMESTEAD TAX CREDIT	Yes No	
OTHER	Yes No	

Do you own a computer? YES NO

Do you have a wireless data plan? YES NO

If yes, is it unlimited? YES NO

FOUNDATION FOR RURAL HOUSING, INC.

Do you currently have internet? YES NO
If yes, why are you in need of assistance?

If no, please explain why this has not been affordable:

FOUNDATION FOR RURAL HOUSING, INC.

MONTHLY INCOME
WE MUST RECEIVE PROOF OF INCOME FOR CURRENT JOB

	MONTHLY INCOME BEFORE ANYTHING IS TAKEN OUT
WAGES FROM WORK Member #1	Jan. _____ Feb. _____ March _____ April _____ May _____ June _____ July _____ Aug. _____ Sept. _____ Oct. _____ Nov. _____ Dec. _____
WAGES FROM WORK Member #2	Jan. _____ Feb. _____ March _____ April _____ May _____ June _____ July _____ Aug. _____ Sept. _____ Oct. _____ Nov. _____ Dec. _____
WAGES FROM WORK Member #3	Jan. _____ Feb. _____ March _____ April _____ May _____ June _____ July _____ Aug. _____ Sept. _____ Oct. _____ Nov. _____ Dec. _____
CHILD SUPPORT Rc'd	\$ _____
W2	\$ _____
PENSION/RETIREMENT	Member # _____ \$ _____
DISABILITY PAYMENTS	Member # _____ \$ _____
SELF EMPLOYMENT	Member # _____ \$ _____
UNEMPLOYMENT	Member # _____ \$ _____
OTHER INCOME	Member # _____ \$ _____

- We use gross income for all programs

Are you interested in budgeting coaching? YES NO

If you are searching for other types of assistance, please list your current needs:

FOUNDATION FOR RURAL HOUSING, INC.

RELEASE OF INFORMATION

I authorize the release of information and verification of any and all information necessary regarding my/our pension, social security, or other benefits or income received to verify income. I further authorize the Foundation for Rural Housing, Inc., to obtain verification of any and all information necessary regarding my/our: rental history, property ownership, mortgage standing, assets, gas and electric utility usage and billing information. I authorize the release of such information to the Foundation for Rural Housing, Inc.

I specifically authorize the Foundation for Rural Housing, Inc., to speak to:

I/We understand that this information will be kept confidential by Foundation for Rural Housing, Inc. and will be used solely for the purpose of determining eligibility for participation in our grant or loan programs.

Applicant signature Date _____

Co-Applicant signature Date _____

This Release of Information is valid 6 months from the date of signature. After this time a new application and release of information will be required.

CERTIFICATION

I/We certify that the information provided in this application made by me and other household members and attachments are true, complete and correct to the best of my/our knowledge. I/We further understand that false statements will void this application and disqualify me from receiving any housing assistance through the Foundation for Rural Housing, Inc., in the future.

I understand if I/We qualify for any financial assistance we are eligible only once every 3 years for this assistance.

I understand that if my application is for Security Deposit assistance, that any balance of that Security Deposit when moving out will be returned to the Foundation for Rural housing.

Applicant signature Date _____

Co-Applicant signature Date _____