

Rent Assistance Application

Complete the following fillable form if you need rental assistance.

Spanish: <http://homeenergyplus.wi.gov/docview.asp?docid=29053&locid=25>

Si necesita servicios de interpretación: envíe un correo electrónico a westcap@wcap.org para obtener ayuda.

Hmong: <http://homeenergyplus.wi.gov/docview.asp?docid=29052&locid=25>

Yog tias koj xav tau cov kev pabcuam intrepeter thov xa email mus rau westcap@wcap.org.

How do I qualify?

Your household may qualify if at least one or more individuals in your home meet the following:

- Qualifies for unemployment, or has experienced a reduction in household income or an increase in major costs/financial struggles due to COVID-19.
- Experiencing a risk of being evicted or losing your home.
- Has a household income at or below 80% of the county median.

Link: <http://homeenergyplus.wi.gov/docview.asp?docid=29022&locid=25>

How do I apply?

1. To determine income eligibility you must complete a WHEAP Energy Assistant application for this program year. (Previous form included)
2. You must complete an income attestation form, if COVID-19 pandemic has had a financial impact on your household or at risk for homelessness.
3. You must also complete a renter verification form found within this document or online (must be completed by you and your existing landlord). www.westcap.org Home Page.
4. Email your completed application along with income proof to westcap@wcap.org. Your landlord may choose to send their landlord information separately.

Should you have any questions or need any further information or assistance, please do not hesitate to schedule a phone appointment at www.westcap.org or contact us at 715-265-4271. Please understand that we are experiencing a high volume of calls at this time, but we will return your call as soon as possible.

Wisconsin Emergency Rental Assistance (WERA) Program

Income and Housing Attestation

Shaded area to be completed by WERA agency.

Please return this form to:

Eligible clients qualified for unemployment benefits or experienced a reduction in income, incurred significant costs, or experienced other financial hardship during the pandemic that threaten the household's ability to pay the costs of the rental property when due.

I hereby certify that the information given is complete and accurate to the best of my knowledge.

Application Date	WERA Agency	Person ID
Applicant First and Last Name		
Applicant Phone	Applicant Email	
Income Type impacted during the pandemic:		
Please check why income was impacted: <input type="checkbox"/> Business Closed <input type="checkbox"/> Seasonal Job <input type="checkbox"/> Hours Cut <input type="checkbox"/> Furlough <input type="checkbox"/> Laid Off <input type="checkbox"/> Schools Closed <input type="checkbox"/> Rise in Basic Living Costs* <input type="checkbox"/> Other (Please explain): *Example: clothing, diapers, cleaning supplies, personal hygiene products, fuel, etc.		
Self-Attestation: Please describe your situation.		
<input type="checkbox"/> I hereby certify that the information given is complete and accurate to the best of my knowledge and I am unable to provide written proof of household income as this documentation is unavailable to me at this time.		
<input type="checkbox"/> I hereby certify that the information given is complete and accurate to the best of my knowledge and I have provided written proof of household income.		
<input type="checkbox"/> I have been unable to pay rent/utilities and am at risk of losing my housing or facing eviction and I have not received other federally funded emergency rental assistance.		

I understand that I may be required to present records and documents to support the information provided. I may also provide other forms of documentation, such as digital photos, e-mails, or attestations from employers, landlords, caseworkers, and others who are familiar with my household to establish income eligibility. I understand that inaccurate or incomplete information reported could cause my rental/utility assistance benefit(s) to change. By typing my name in the 'Applicant Signature' field, I indicate that I am the person named, and this entry is the legal equivalent of a manual/handwritten signature. I further understand that I may print out the document and sign by hand.

 Applicant Signature

 Date Signed

Return completed form to:
 West CAP, PO Box 308, Glenwood City, WI 54013
 or email to westcap@wcap.org



Vendor Landlord Agreement (VLA)

Vendor Landlord Agreement (VLA) – one signed form is required per landlord or property management company. Do not complete multiple forms. A separate form is not required for each tenant and may delay the processing of the rental assistance. This form should be submitted directly to the local agency and not sent to the tenant.

NOTE: VLAs previously submitted for the Wisconsin Rental Assistance Program (WRAP) are considered valid for the Wisconsin Emergency Rental Assistance (WERA) program. A new VLA should not be submitted.

Vendor/Landlord Name – Provide the name that the payment should be issued to. If there is a property management company accepting payment for multiple owners, list the property management company – property/owner name. Example: Wisconsin Property is a management property for Odana Hills and Lockwood Estates. If it is necessary to identify payments to different properties (and there are separate TINs for each), two separate VLAs are required. One for Wisconsin Property – Odana Hills and one for Wisconsin Property – Lockwood Estates. Note that the payment will be issued in the name provided in this field. The information provided in this field must match the information provided on the Renter Verification form to ensure that the correct property management/landlord is selected for payment.

Primary Contact – Person who can answer general questions including tenant verification information

Payment Contact – Payment is mailed to the attention of this person. For property management companies that need checks made out to the owner yet sent to the property management company, the Payment Contact must be the Property Management Company Name instead of an individual to ensure delivery by the post office. Example: Vendor/Landlord Name is completed as John Smith (this is to whom the check is issued). The Payment Contact should be listed as Wisconsin Property Management with their address listed. It is not necessary to provide an individual's name in this scenario.

*NOTE: Electric Fund Transfer (ETF) payments and other direct deposits to banks are **not** available. Payments are mailed by check to the payment address provided on the VLA.*

Payment Contact Address – Address where payment is mailed

Taxpayer Identification Number (TIN) – The TIN and TIN type is required. Processing the VLA and rental assistance request will be delayed and ultimately denied if TIN info is not provided. There should only be one VLA per TIN. If multiple VLA's are received for the same TIN, processing of the VLA may be delayed until the landlord information is verified.

Counties/Tribes – Identify all counties/tribes where all rental property is located. Territories should be identified for all rental properties owned. Counties/Tribes table can be updated without completing a new VLA.

Landlord statement: Must be initialed by the landlord to indicate payment will be applied to tenants' rent and cannot be evicted for non-payment of rent for the period that rental assistance is covering.

Vendor/Landlord Signature: Must be signed by an individual. Company name for the signature is not acceptable.

Payment Process

- Rental Assistance applications are processed every Wednesday night with payments issued the following Monday. This payment process is called an 'extraction'. Summary payments are made each week and may include payment for multiple tenants.
- Payment notices are mailed the next day following the extraction (Thursdays) and should arrive prior to receipt of the check. Information provided on the payment notice must be matched up to the associated check to ensure payment is applied to the correct tenant(s). Persons opening mail should be made aware of this and direct these notices to the proper person.
- Payment notices include a summary of the payment issued and includes the tenant name and address. Note that summary payments list each tenant and the amount of assistance that was issued for that tenant/address. See sample below of Payment Details:

Landlord (Vendor) Name and Vendor Number		payment details for 11/18/2020 Extract				
<p>The information contained in this report is confidential and may be used only for purposes of verifying eligibility for the Wisconsin Home Energy Assistance Program (WHEAP).</p> <p>Extraction Date: [Redacted]</p> <p>Report Run Date: 1/26/2021</p> <p>Payment Date: 11/23/2020 Check/Payment Ref. #: 2793484 Document Identification Number (DOCID): [Redacted]</p> <p>Check date is the following Monday. Check number is referenced here. The numbers match the actual check except the actual check number begins with a 'P'.</p>						
Acct Number	Acct Name	Full Name	Address	Type	Territory	Benefit Paid
	Rental Assistance	[Redacted]	[Redacted]	CRPAY	CAP Services, Inc. - WRAP	\$615.00
		[Redacted]	[Redacted]	CRPAY	NEWCAP, INC. - WRAP	\$2,265.00
<p>Tenant name displayed here is based on the tenant/applicant who signed the Energy Assistance application/Rental Assistance forms.</p>		<p>Tenant's complete address</p>				

Inquiries

For questions regarding how to complete the VLA, contact the Division of Energy, Housing and Community Resources (DEHCR) Help Desk via heat@wisconsin.gov or (608) 267-3680. If contacting DEHCR via phone, follow the prompts and select 'Vendor'.

For questions regarding checks already issued, contact (DEHCR) Help Desk via heat@wisconsin.gov or (608) 267-3680.

For Questions regarding the Renter Verification Form and/or tenant status of WERA request, contact the local rental assistance agency that provided the Renter Verification Form. Tenants should contact the local agency where they applied for Rental Assistance.



Return Completed Form to:
 West CAP
 P O Box 308
 Glenwood City, WI 54013

**Vendor/Landlord Number
 (Department Use Only)**

**Vendor/Landlord Agreement
 Wisconsin Emergency Rental Assistance (WERA) Program**

Vendor/Landlord Name (payment is issued in this name)

Primary Contact	Primary Contact Phone	Customer Service Phone*	
Primary Fax	Primary Contact E-mail		
Primary Contact Address	City	State	Zip
Payment/Check Contact	Payment/Check Contact Phone		
Payment/Check Fax	Payment/Check Contact E-mail		
Payment/Check Contact Address	City	State	Zip

*Appears on WERA customer notices

Legal Name
Taxpayer Identification Number (TIN) _____ Identify the TIN type below <input type="checkbox"/> Employer ID Number (FEIN) <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN) <input type="checkbox"/> Social Security Number (SSN)
Type of Entity: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government Entity

Counties/Tribes with rental property (Please check all that apply for all rental properties for this landlord)				
<input type="checkbox"/> 1-Adams	<input type="checkbox"/> 2-Ashland	<input type="checkbox"/> 3-Barron	<input type="checkbox"/> 4-Bayfield	<input type="checkbox"/> 5-Brown
<input type="checkbox"/> 6-Buffalo	<input type="checkbox"/> 7-Burnett	<input type="checkbox"/> 8-Calumet	<input type="checkbox"/> 9-Chippewa	<input type="checkbox"/> 10-Clark
<input type="checkbox"/> 11-Columbia	<input type="checkbox"/> 12-Crawford	<input type="checkbox"/> 13-Dane	<input type="checkbox"/> 14-Dodge	<input type="checkbox"/> 15-Door
<input type="checkbox"/> 16-Douglas	<input type="checkbox"/> 17-Dunn	<input type="checkbox"/> 18-Eau Claire	<input type="checkbox"/> 19-Florence	<input type="checkbox"/> 20-Fond du Lac
<input type="checkbox"/> 21-Forest	<input type="checkbox"/> 22-Grant	<input type="checkbox"/> 23-Green	<input type="checkbox"/> 24-Green Lake	<input type="checkbox"/> 25-Iowa
<input type="checkbox"/> 26-Iron	<input type="checkbox"/> 27-Jackson	<input type="checkbox"/> 28-Jefferson	<input type="checkbox"/> 29-Juneau	<input type="checkbox"/> 30-Kenosha
<input type="checkbox"/> 31-Kewaunee	<input type="checkbox"/> 32-La Crosse	<input type="checkbox"/> 33-Lafayette	<input type="checkbox"/> 34-Langlade	<input type="checkbox"/> 35-Lincoln
<input type="checkbox"/> 36-Manitowoc	<input type="checkbox"/> 37-Marathon	<input type="checkbox"/> 38-Marinette	<input type="checkbox"/> 39-Marquette	<input type="checkbox"/> 40-Milwaukee
<input type="checkbox"/> 41-Monroe	<input type="checkbox"/> 42-Oconto	<input type="checkbox"/> 43-Oneida	<input type="checkbox"/> 44-Outagamie	<input type="checkbox"/> 45-Ozaukee
<input type="checkbox"/> 46-Pepin	<input type="checkbox"/> 47-Pierce	<input type="checkbox"/> 48-Polk	<input type="checkbox"/> 49-Portage	<input type="checkbox"/> 50-Price
<input type="checkbox"/> 51-Racine	<input type="checkbox"/> 52-Richland	<input type="checkbox"/> 53-Rock	<input type="checkbox"/> 54-Rusk	<input type="checkbox"/> 55-St. Croix
<input type="checkbox"/> 56-Sauk	<input type="checkbox"/> 57-Sawyer	<input type="checkbox"/> 58-Shawano	<input type="checkbox"/> 59-Sheboygan	<input type="checkbox"/> 60-Taylor
<input type="checkbox"/> 61-Trempealeau	<input type="checkbox"/> 62-Vernon	<input type="checkbox"/> 63-Vilas	<input type="checkbox"/> 64-Walworth	<input type="checkbox"/> 65-Washburn
<input type="checkbox"/> 66-Washington	<input type="checkbox"/> 67-Waukesha	<input type="checkbox"/> 68-Waupaca	<input type="checkbox"/> 69-Waushara	<input type="checkbox"/> 70-Winnebago
<input type="checkbox"/> 71-Wood	<input type="checkbox"/> 72-Menominee	<input type="checkbox"/> 85- Red Cliff Tribe	<input type="checkbox"/> 86-Stockbridge-Munsee Tribe	
<input type="checkbox"/> 88-Lac du Flambeau Tribe	<input type="checkbox"/> 89-Bad River Tribe	<input type="checkbox"/> 91-Mole Lake/Sokaogon Tribe	<input type="checkbox"/> 92-Oneida Tribe	<input type="checkbox"/> 94 - Lac Courte Oreilles Tribe

The landlord may not evict for non-payment of rent during the period of time they are receiving Wisconsin Rental Assistance payments. This may be enforced by the State, the Community Action Agency, or the tenant as a third-party beneficiary. Please initial the statement and provide signature below. By typing my name in the 'Agency/Landlord Agency Signature' field, I indicate that I am the person named, and this entry is the legal equivalent of a manual/handwritten signature. I further understand that I may print out the document and sign by hand.

_____ I verify that I will apply the WERA payment to the tenant's rent.

 Vendor/Landlord Signature

 Date (mm/dd/ccyy)

Send back to West CAP:

mail PO Box 308, Glenwood City, WI 54013, email westcap@wcap.org, or Fax 715-265-4271, att Core Services

Wisconsin Emergency Rental Assistance (WERA) Program Request for Assistance / Renter's Verification

Please return form to:

This document provides a way for the landlord/rental agent to verify the terms of tenancy of the applicant. This document does not replace a written lease between the tenant and landlord. This form must be completed and signed by the landlord/rental agent.

_____ (*initials*) I am using this form in lieu of an official lease. I certify that I am unable to obtain a signed lease or that the landlord does not provide a lease for this property. I have also submitted evidence of rental payments in the form of bank statements, check stubs, or other documentation that proves a pattern of paying rent. I understand that this documentation can be verified by contacting the landlord.

Applicant Name			
Unit Address			
City, State, Zip			
Phone		Email	
Total Assistance Requested	\$	Description of Assistance Requested	
For recertification only	I certify that my income and circumstances have not changed. I am requesting three (3) additional months of rental assistance. <input type="checkbox"/>		

Tenancy Information:

Property Owner			
Manager/Rental Agent			
Address			
City, State, Zip			
Phone		Fax	
Email			
For recertification only	I certify that the tenancy information has not changed. <input type="checkbox"/>		

Rental Agreement Information:

Rent Amount	\$		
Total Past Due Rent	\$		
Rent Due	<input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> other, explain:		
Type of Tenancy	<input type="checkbox"/> one year, term: <input type="checkbox"/> months, term: <input type="checkbox"/> month-to-month, start date: <input type="checkbox"/> week-to-week, start date:		
Payment Method for Heat and Electric	Heat <input type="checkbox"/> Included in the rent <input type="checkbox"/> Separate Payment is made to the Landlord <input type="checkbox"/> Tenant pays directly to utility vendor	Electric <input type="checkbox"/> Included in the rent <input type="checkbox"/> Separate Payment is made to the Landlord <input type="checkbox"/> Tenant pays directly to utility vendor	
For Recertification Only	I agree to accept three additional months of rent for the above named tenant. I understand that I may not evict the tenant for <i>non-payment of rent</i> during the time rent assistance is provided. <input type="checkbox"/>		

By typing my name in the 'Agency/Landlord Agency Signature' field, I indicate that I am the person named, and this entry is the legal equivalent of a manual/handwritten signature. I further understand that I may print out the document and sign by hand. I understand that all information and supplemental documentation may be subject to verification. I understand that providing tenancy information I am authorizing the Wisconsin Department of Administration and its authorized agents to verify the data provided against federal, state, county, energy provider, water utility, employer and landlord databases and records.

Signature of owner, landlord or rental agent

Date

Signature of applicant

Date

Emergency Rental Assistance: Completed by WERA Staff Only:

Crisis	Months Covered	Total Amount
Rent Assistance Arrears		
Rental Assistance Needed		
Lot Assistance Arrears		
Lot Assistance Needed		
Late Fees		
Internet		
Water		
Security Deposit	Count as one month	
Other Housing Costs (list each, count as one month)		
Housing Stability Services	Count as one month	
Other Information	Please describe any other information about crisis(s) and case.	
Total WERA Assistance		