





## 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](mailto: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](mailto: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.





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.

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Signature of owner, landlord or rental agent

Date

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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	<b>Please describe any other information about crisis(s) and case.</b>	
Total WERA Assistance		



# WERA: Application

**Please complete the following information in order for us to advance your application.**

*If you need assistance completing this application, please call 800-833-8333.*

Print Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Monthly Housing Payment: \_\_\_\_\_ Own  or Rent

Day Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Other Contact Information: \_\_\_\_\_

**Complete information for you and all members in your household. See below CODES for reference:**

First Name	MI	Last Name	Last 4-digits of Social Security Number	Relationship to Head of Household	Sex	Date of Birth	Active Military or Veteran Y/N	Race Code see below	Hispanic Y/N	Highest Level of Education Completed	Disability Code (see below)	Medical Ins Code (see below)
				SELF <sub>SS</sub>								

**Race Code:** AI – American Indian/Alaska Native, NH – Native Hawaiian/Pacific Islander, A – Asian, B – Black/African American, W – White, MR – Multi-Racial, O – Other  
**Disability Code:** M – Mental Illness, L – Learning, C - Cognitive, V – Visual, B – Blind, S – Speech, H – Hearing, D – Deaf, BR - Breathing, O – Orthopedic, P – Physical, OT – Other  
**Medical Code:** E – Employer Based, ME – Medicare, MD – Medicaid, VA – Military Health Care, S – State of WI (Forward Health/BadgerCare), D – Direct Purchase, N – None, O – Other

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**INCOME SOURCE(S)**

*Only complete for household members 18 years of age and over.*

Household Member	Employment Status	Type of Income (see below list)	Gross Monthly Wage

**“Type of Income”:** Employment Wages, Child Support, Alimony, Pension/Retirement, Self-Employment, Social Security/SSI/SSD, TANF, Tips/Commission, Unemployment, US Military Pay, VA Payment, Work Comp, Other.

**Please check any of the following non-cash benefit(s) you receive:**

<input type="checkbox"/> SNAP	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> Other
<input type="checkbox"/> WIC	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Childcare Voucher	
<input type="checkbox"/> LIHEAP	<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Affordable Care Act Subsidy	

**Is applicant(s) or any household member a friend or family to any West CAP employee or Board of Director?** (family includes self, spouse, Fiancée/Fiancé, children and children-in-law, brothers, brother(s)-in-law, sisters, sister(s)-in-law, parents, and parent(s)-in-law, and/or anyone who received more than 50% of their annual support from the person (e.g. adopted child, foster child)) **Yes\_\_\_ No\_\_\_ If Yes, please explain:**

EEOC Statement:

*West CAP is an equal opportunity organization and no otherwise qualified applicant for service or service participant shall be excluded for participation, be denied benefits, or otherwise be subject to discrimination in any manner or on the basis of race, color, national origin or ancestry, sex, religion, age, political belief or affiliation, disability or association with a person with a disability. This policy covers eligibility for the access to service delivery, and treatment in all of the programs and activities.*

With my signature, I authorize West CAP to release information stated on this form and/or in my case/project files to designated staff and/or other agencies to which my case/project pertains. I have voluntarily provided the information above and it is true and correct to the best of my knowledge. I am aware that providing false information or not reporting pertinent information is fraud. If I provide any false information, I understand that services may be denied. I understand that completion of this application does not guarantee that I will receive assistance. I also understand that the information will be held in confidence and used specifically to determine eligibility and program planning.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

***If your contact information changes, please notify us at 715-598-4750.***