

Select Program:

My Home

Housing First

MY HOME BASIC INFORMATION

Date _____

APPLICANT: COMPLETE ITEMS 1 & 2 ONLY

- Housing Applicant:
Name _____
Address _____ Telephone _____
City _____ State _____ Zip Code _____
- Case Manager:
Name _____ Agency _____
Address _____ Telephone _____
City _____ State WI Zip Code _____
Email _____

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

- _____ # of Bedrooms
- \$_____ Fair Market Rent (FMR)
- \$_____ Contract Rent
- \$_____ Total of Utility Allowance
- \$_____ Total Rent (Lines 4 & 5)
- \$_____ Tenant's share of rent
- \$_____ County's share of rent
- \$_____ Security Deposit
- HQS PASS DATE: _____
- Lease: Effective Date: _____
Termination Date: _____

Utility Allowance

		T	LL
\$_____ Heat	<input type="checkbox"/> Gas <input type="checkbox"/> Elec. <input type="checkbox"/> Oil	<input type="checkbox"/>	<input type="checkbox"/>
\$_____ Hot Water	<input type="checkbox"/> Gas <input type="checkbox"/> Elec.	<input type="checkbox"/>	<input type="checkbox"/>
\$_____ Cooking	<input type="checkbox"/> Gas <input type="checkbox"/> Elec.	<input type="checkbox"/>	<input type="checkbox"/>
\$_____ Electricity/Lighting		<input type="checkbox"/>	<input type="checkbox"/>
\$_____ Water/Sewer		<input type="checkbox"/>	<input type="checkbox"/>
\$_____ Range		<input type="checkbox"/>	<input type="checkbox"/>
\$_____ Refrigerator		<input type="checkbox"/>	<input type="checkbox"/>
Fixed Charges: \$_____ Gas	\$_____ Elec.		
6. Total Utility Allowance	\$_____		

13. Additional Comments: _____

Completed by _____ Date _____

