Emergency Grant Application (Movin' Out Clients Only Please)

UPDATE: We now have funds available for Movin' Out clients only. All of the funds we had available for non-clients has been awarded.

Movin' Out, Inc.
902 Royster Oaks Drive, #105
Madison, WI 53714
www.movin-out.org

Movin' Out is working to help households that include someone with a disability, who are struggling to maintain their housing due to COVID-19.

We invite Movin' Out clients with household incomes at or below 80% of the county median that include someone with a PERMANENT DISABILITY (not related to aging) to apply for an emergency grant of up to $500 for rent or mortgage payment.

A limited amount of funding is available for applicants who are Movin' Out clients outside Dane County and/or for housing stability expenses other than rent or mortgage payments.

Clients are those who live in Movin' Out rental housing or have received down payment assistance or home repair assistance from Movin’ Out.

Movin' Out clients who are low-income households that include someone with a disability - please complete the form below to request up to $500. Movin’ Out will review applications and provide funds to eligible families on a first-come, first-served basis while funds last. Households are eligible to receive this grant one time only.

If you need help completing this application, please email: info@movin-out.org or call: 608-628-4879 (weekdays between 9 and 5).

* Required
INCOME ELIGIBILITY - This emergency assistance is available while funds last to households with income at or below 80% of the county median income. Household income includes all sources of income: wages, self-employment, social security, retirement income, alimony, etc. Documentation of income will be requested from applicants prior to final approval. Please review the information below to determine if your annual household income falls within our eligibility criteria.

<table>
<thead>
<tr>
<th>Number in household</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual household income</td>
<td>54,950</td>
<td>62,800</td>
<td>70,650</td>
<td>78,500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number in household</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual household income</td>
<td>84,800</td>
<td>91,100</td>
<td>97,350</td>
<td>103,650</td>
</tr>
</tbody>
</table>

1. Is your annual household income at or below the amount for your household size shown above? *

   Mark only one oval.

   ☐ Yes
   ☐ No

2. How many adults (ages 18+) live in your household? *

   __________________________________________

3. How many children (ages 0-17) live in your household? *

   __________________________________________

4. Annual household income *

   __________________________________________
5. **DISABILITY ELIGIBILITY** - This emergency assistance is available while funds last to households that include at least one member who has a permanent disability. Documentation of disability will be requested from applicants prior to final approval (e.g. SSI/SSDI). Does at least one member of the applicant's household have a permanent disability? *

*Mark only one oval.*

- [ ] Yes
- [ ] No

If you meet the INCOME AND DISABILITY criteria above, please complete the following.

6. First Name *

   __________________________________________

7. Last Name *

   __________________________________________

8. Street address *

   __________________________________________

9. Apartment number

   __________________________________________

10. City *

    __________________________________________
11. County *

12. ZIP code *

13. Phone number (10 digits, e.g. 6086284879) *

14. Email address

15. Are you a Movin' Out client? (Do you live in Movin' Out rental housing or have you received down payment assistance or home repair assistance from Movin' Out?) *

Mark only one oval.

☐ Yes
☐ No
☐ Not sure
16. Is there anyone else you would like us to contact to discuss your application (i.e., guardian, family member, case manager, etc.)? If so, please list that person's name and contact information (phone or email).


17. Has your household experienced a recent loss of income or resources due to the current pandemic situation? *

   Mark only one oval.
   
   ☐ Yes
   ☐ No

18. Why do you need emergency funding due to the current pandemic situation? *


19. How much emergency funding do you need (up to $500)? *


20. Rent or mortgage payment is made out to (company name that you pay your rent or mortgage payment to):


21. Mailing address where you send your rent or mortgage payment (street address, unit #, city, state, ZIP)


22. If this funding request is for a mortgage payment, what is your mortgage account number?


23. If approved, would you be willing to share your story of how these funds helped you?

Mark only one oval.

☐ Yes
☐ No

OPTIONAL DEMOGRAPHIC QUESTIONS

The following information is used for reporting purposes. Responses are not required, and will not be used to determine your eligibility for assistance.

24. Ethnicity

Mark only one oval.

☐ Hispanic, Latino or Spanish origins
☐ Not Hispanic, Latino or Spanish origins
25. Race

*Mark only one oval.*

☐ American Indian/Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Multi-race (2 or more of the above)
☐ Other: ________________________________

26. Household Status

*Mark only one oval.*

☐ Single person
☐ Two adults with no dependent children
☐ Female single parent
☐ Male single parent
☐ Two parent household
☐ Non-related adults with dependent children
☐ Multi-generational household
☐ Other:
By submitting this application, you verify that the information given in this application is true to the best of your knowledge and belief, and that, if received, the funds will be used for the emergency purpose stated (e.g. rent, mortgage payment, or other approved housing stabilization emergency need).

We will do our best to respond to your application within three (3) business days.

If you qualify and emergency funding is available, Movin Out will contact you and ask you to provide income verification (for example, copies of pay stubs, other documents showing proof of income or public benefits).

We will do our best to mail checks within 3 business days of final approval.

Please visit our website for additional information:  www.movin-out.org