

Wisconsin Emergency Rental Assistance (WERA) Program Income and Housing Attestation

Shaded area to be completed by WERA agency.

**Please return this form to: Racine – 2113 N. Wisconsin Street, Racine, WI 53402
Kenosha – 2000 – 63rd St. Kenosha, WI 53143**

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.

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.		
I hereby certify that the information given is complete and accurate to the best of my knowledge and: <input type="checkbox"/> <i>I am unable to provide written proof of household income as this documentation is unavailable to me at this time</i> OR <input type="checkbox"/> <i>I have provided written proof of household income.</i>		
<input type="checkbox"/> I have been or currently am unable to pay rent/utilities and am at risk of losing my housing or facing eviction. I not currently receiving or requesting other federally funded emergency rental assistance.		

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

