**ORGANIZATION’S NAME**

**HOME AMERICAN RESCUE PROGRAM (HOME-ARP)**

**HOUSEHOLD DEMONSTRATION OF NEED FOR RENTAL ARREARS**

**Need**

The household needs assistance with **Rental Arrears** to (select one):

Maintain Housing

Remove Barrier to Obtaining Housing

**Type of Documentation**

All households must have a lease signed by the household and owner/landlord covering the arrears period, and documentation of the outstanding balance (in some instances oral leases are allowed, see [Program Manual](https://energyandhousing.wi.gov/Pages/AgencyResources/home-arp.aspx) for more information). In addition, documentation demonstrating the household’s insufficient resources compared to expenses must be collected. *All supporting documents must accompany this form.*

Documentation of Outstanding Balance:

Eviction notice

Letter and proof of unpaid rent from landlord (ledger)

Past due rent bill

Documentation of Household’s Lack of Resources:

Record of actual monthly bills for recurring costs, household monthly income, and limited financial resources (bank statements)

Staff Analysis

State why, based on the documentation collected, Staff believes the household cannot pay the rental arrears without assistance.

**Staff Attestation**

Based on the information provided by the household seeking assistance and evident by my due diligence, I believe everything stated above is true and correct.

Staff Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_