

The Stepping Stone Supportive Housing Project
2900 Red Fox Run
Portage, WI 59301
Phone: (608) 742-5329, Ext 42
Fax: (608) 742-5481



Dear Applicant,

We are pleased to have you apply for housing at The Stepping Stone Supportive Housing Project. The complex will offer beautiful new apartments and supportive services for struggling and/or homeless families where they will have an opportunity to create and meet personal goals, become financially fit, and potentially transition to home ownership in the community or non-supportive housing.

Please read and complete the documents carefully!

Your family must meet all of the following criteria to qualify for residency:

- Have a steady consistent source of income and able to pay the following:

Apartment Size	Monthly Rent
2 bedroom	\$ 475.00
3 bedroom	\$ 675.00
4 bedroom	\$ 775.00

Utilities included are gas, electric, water, and garbage

- Be a parent (s) or guardian (s) of children under the age of 18 who are currently enrolled or if under 4 will be enrolled in the Wisconsin Dells School District. Stepping Stone also accepts families who home school or choose a charter or private schools as long as they reside within the Wisconsin Dells School District.
- Must have resided within the Wisconsin Dells School District no less than 60 days at the time of application.
- Families must be income eligible according to the table below:

Family Size	Max. Annual Income
2	\$ 35,400.00
3	\$ 39,840.00
4	\$ 44,220.00
5	\$ 47,760.00

If your family is larger than 5 please call (608) 742-5329 Ext. 42 for income guidelines

- Must be willing to participate in case management and programming (see pg. 12 for an explanation.)
- Must follow rules. (ask for a copy if not included)

If your family meets the qualifications listed above, a housing case manager will contact you within 14 business days to schedule a meeting which will determine final acceptance. If your family submits an application and does not meet the qualifications, you will be contacted by phone and you will also receive a letter acknowledging the reasons for denial.

While we would like to accommodate more families, there is limited availability. Therefore, applicants who are actively homeless and long-term residents of the Wisconsin Dells School District will take priority over other

applicants. When the units are full, all other applicants will be placed on a waiting list. If you have questions, please contact (608)742-5329 ext. 42.

The following documentation MUST BE INCLUDED with your completed application or you will not be considered for residency. This information will be treated with the utmost privacy and confidentiality.

1. Proof of residency within the Wisconsin Dells School District
2. Two most recent paystubs from all working adults in the household
3. A bank statement dated within the past 30 days
4. Social Security Award letter (only for those on SSI or SSDI)
5. Food Share Statement (only for those receiving food share)
6. Child Support Statement (only for those who receive child support)
7. Unemployment Statement (only for those who receive Unemployment)
8. Verification of any other income source

Please mail or deliver the completed application to:

**Stepping Stone Supportive Housing
2900 Red Fox Run
Portage, WI 53901**

Completed applications can also be faxed to (608) 742-5481.



Applicant Information:

Date:	Name:
Social Security Number:	Date of Birth:
Mailing Address (if applicable):	County:
Email address:	
Phone Number: (Primary)	(Secondary)
Place of Employment:	Employer Phone: Employer Fax: Employer Email: Supervisor Name:

Co-Applicant (if applicable)

Social Security Number:	Name: Date of Birth:
Mailing Address (if applicable):	County:
Email address:	
Phone Number: (Primary)	(Secondary)
Place of Employment:	Employer Phone: Employer Fax: Employer Email:



Housing Status:

Are you currently living in a homeless shelter?	Yes or No If yes, which shelter and for how long?
Are you currently staying in a Hotel or Campsite?	Yes or No If yes, what hotel/campsite and how long?
Are you currently staying in your car?	Yes or No If yes, how long?
Are you currently staying with Family or Friends?	Yes or No If yes, how long?
Is this your first time being homeless?	Yes or No If no, how many times and for how long have you been homeless?
Have you ever been evicted?	Yes or No If yes, how many times and for what reason?

Housing History

List your current and past 2 years of rental history including how long you lived there and the amount of monthly rent and utilities. Please provide complete landlord information including name, address, city, state, zip, phone number and email address if available. Failure to provide complete information will result in slower processing of your application.



Household Information

Please list all members of your Household below:

Name	Age	Date of Birth	Social Security Number	Relationship to Head of Household	Income Source
				Self	

Is anyone in your household disabled?	Yes or No
In anyone in your household a Veteran?	Yes or No
Is everyone in your household a US Citizen?	Yes or No
Have you or anyone in your household been convicted of a felony or misdemeanor?	Yes or No If yes, who, for what, and when?
Are your children enrolled in the Wisconsin Dells School District?	Yes or No If no, why not?
How long have you lived in the Wisconsin Dells?	

FINANCIAL WORKSHEET

Name _____ Date _____

Income Source	Monthly GROSS – Self	Monthly GROSS – Partner/Spouse/Other Adult
Wages/Salary		
Child Support		
W2/DVR/Job Training		
Food Share		
SSI, Disability, Social Sec.		
Worker’s Comp, unemployment		
Pension/Other Income		
Other		
Totals		

Expenses	Monthly Payments	Balance (if applicable)
Rent/Mortgage		
Utilities – Water/gas/electric		
Heat – LP/Oil		
Tobacco/Alcohol		
Food		
Vehicle Payment		
Insurance – Auto/rent		
Prescriptions/Co-Pays		
Health/Dental Ins. Premiums		
Hospital/Medical Bills		
Alimony/Child Support		
Child Care expenses/daycare		
Bank Loans		
Cable/Satellite TV/Internet		
Phone.		
Household/Clothing/Misc.		
Hygiene/Personal Care		
Other		
Other		
Totals:		



By signing below you are confirming that all information on this application is true to the best of your knowledge. If it is determined that an applicant has been dishonest on their application it will result in an immediate denial for housing now and in the future. If this information is found after you are a tenant of Stepping Stone, it could result in immediate eviction.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



Release of Information

I _____, give my permission to Stepping Stone Supportive Housing Project to run a background check, contact my employer, previous landlords or any other agencies involved with my family for the purposes of verifying the information on this application.

Applicant Signature: _____ Date: _____

Print Name _____

Applicant Signature: _____ Date: _____

Print Name _____

Please list other States that you have lived in

<u>State</u>	<u>Estimate dates lived there</u>
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____



Verification of Employment

To the Employer: The employee listed below has applied for housing at Stepping Stone Supportive Housing Project. Employment verification is required to process his/her application. Please complete the information below and fax or mail back to _____.

Company Name:	
Employee Name:	
Date of Employment:	
Current Wage:	
Hours:	
Overtime rate:	
Date of pay increase:	
In the next 12 months will this employee receive bonuses or commissions? If so, in what amount.	
Signature of Authorized Representative for Company:	
Title:	
Address:	
Phone:	



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Address:	
Phone:	



GRIEVANCE PROCEDURE

Stepping Stone Supportive Housing Project is funded through St. Vincent De Paul from the State of Wisconsin and Private Community Funders within the Wisconsin Dells.

Stepping Stone Applications are accepted without regard to age, race, religion, color, handicap, sex, physical condition, developmental disability, sexual orientation or national origin.

Applications are reviewed on a case-by-case basis. Applications for Stepping Stone may be denied for one or more of the following reasons:

1. Over qualifying income
2. No current income
3. Applicant has capacity to pay market rent without assistance
4. No children in the household
5. Applicant is not a resident of the Wisconsin Dells School District
6. Damage to previous rental properties and/or evictions
7. Criminal History

You have the right to know the reason(s) if you are denied assistance. If you have been denied assistance and have additional information to submit for reconsideration, you may do so in writing within 30 days of notification of denial. All written requests for review must be submitted to the Stepping Stone Board of Directors.

A committee of qualified community members will review each written request for appeal and a decision will be rendered within 14 business days.

By returning this application, I acknowledge receipt of the written grievance/appeal procedure for Stepping Stone Supportive Housing Project.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____



Explanation of Case Management and Programming- Please keep this page for your information.

Case Management and Programming consists of three different components:

1. **Case Management:** All families will be expected to participate in Case Management Services consisting of an initial needs assessment. Once a needs assessment is completed, goals in the following areas will be created:
 - a. **Housing and Financial Stability:** Families will be supported in creating and reaching goals regarding job advancement and/or retention, furthering their education, tenant and neighbor responsibility, and financial fitness. All families living at Stepping Stone will be required to create goals in this area.
 - b. **Physical and Emotional Health:** Families will be supported in creating and reaching goals regarding accessing medical insurance, a primary medical home, primary medical provider, mental health services, nutrition and other supportive health services.
 - c. **Positive Parenting:** Families will be supported in creating and reaching goals regarding positive parenting techniques that decrease parental stress and stop the use of corporal punishment.
 - d. **Healthy Relationships:** Families will be supported in creating and reaching goals regarding healthy relationships with family, friends, and the community.

The Housing Case Manager will support families in meeting these goals during mandatory monthly case management meetings. Goals will be reviewed every 90 days along with an inspection of the apartment unit. If additional support is needed, families may meet with their housing case manager weekly or bi-weekly.

2. **Family Mentors:** All families will be matched with a family mentor. Family Mentors will be volunteer community members who will support families in meeting their goals. The role of the Family Mentor is to coach, counsel, guide, and support the family where needed.
3. **Community Trainings:** Families will be offered monthly trainings that will focus on the four goal areas mentioned above. Although trainings are not mandatory, it is strongly recommended that families take advantage of trainings that pertain to their family goals. Examples of these trainings will include, but are not limited to:

- | | |
|--|--|
| a. Budgeting and Money Control | b. Attaining and Maintaining Good Credit |
| c. Energy Saving Techniques for your Home | d. Being a Good Tenant & Neighbor |
| d. Becoming a Homeowner | f. Nutrition and Healthy Cooking |
| g. Positive Parenting | h. Accessing Community Benefits |
| i. Interviewing Skills for Job Advancement | j. And many more! |