Stepping Stone Logo BLACK.eps

**Stepping Stone Supportive Housing**

**PO Box 4**

**Wisconsin Dells WI 53965**

**Phone: (608) 253-3120**

**steppingstonewisdells@gmail.com**

Dear Applicant,

We are pleased to have you apply for housing at Stepping Stone Supportive Housing. **The complex offers 2 BR, 3BR and 4 BR** 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.

**\*\*Monthly rental rates are based on income as verified at time of application**.

***Please read and complete the documents carefully!***

**Your family must meet ALL of the following criteria to be considered for *residency*:**

* Have a steady consistent source of income.

* 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, OR have worked at a business located within Wisconsin Dells School District boundaries for at least 6 months and be willing to enroll children in the Wisconsin Dells School District prior to move-in (if approved.)
* Families must be income eligible according to the table below:

|  |  |
| --- | --- |
| 2 Persons | $35,520 |
| 3 Person | $39,960 |
| 4 Person | $44,400 |
| 5 Person | $48,000 |
| 6 Person | $51,540 |
| 7 Person | $55,080 |

* Must be willing to participate in case management and programming

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/or you will receive a letter acknowledging the reasons for denial.

Please complete the information on the back side. You may return your pre-qualification information in the mail slot under the window at Stepping Stone OR fax the information to 608-742-5481

If you have any questions, please contact 608-253-3120 OR 608-742-5329 X242.

**Household Information:**

Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Family Members

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Family Member** | **Social Security #** | **Date of Birth** | **Relationship to Applicant** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Income from all sources must be included for all individuals 18 year of age and older.

**Release of Information**

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to Stepping Stone Supportive Housing and Renewal Unlimited, Inc. to obtain a background check, verify my employment / income, bank accounts, contact landlords or any other agency involved with my family for the purpose of verifying information contained in the application.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_