



## Service and Housing Assistance Request Agreement – Re-Entry

Participant Name \_\_\_\_\_ ETO Case # \_\_\_\_\_ Date \_\_\_\_\_

Community Corrections Agent \_\_\_\_\_

### W2W Service Agreement

1. Participant met W2W eligibility requirements.
2. Participant has provided employment verification.
3. Participant has reached out to other community resources.
4. Participant is in good standing with their current Community Corrections Agent.
5. Participant has completed budget worksheet.
6. Participant has provided complete Intent to Rent/W-9 form from prospective landlord.
7. Participant has reasonable accommodations and ability to pay future rental payments.
8. Participant’s Community Corrections Agent will be made aware of the participant service agreement.
9. Participant will submit monthly employment verification to Program Specialist.
10. Participant must notify Program Specialist of any employment change or loss of employment within 10 days.

I, the participant, understand the pre-requirement/requirement criteria above.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Program Specialist Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

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## Housing Assistance Request and Agreement

1. Please explain what situation(s) caused your crisis.

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2. Please list the amount of assistance you are requesting \$ \_\_\_\_\_

3. Please explain how you will be able to meet this expense(s) in the future.

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4. Have you requested assistance from any other community resource? Yes No If yes, what resource:

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I have requested housing assistance payment in the amount listed above. My Program Specialist has explained the housing payment process and requirements. I understand that the housing assistance payment are only issued once per program year. I am aware and understand that the use of these funds that I received are for my documented housing need. If I should have any further questions, I will forward all questions and/or concerns to my Program Specialist.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Routing  
Original- File  
Copy - Fiscal Dept.

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