



Helping Hand Assistance Program Application Form & Requirements



The Tomorrow's Home Foundation program is designed to assist low-income mobile and manufactured homeowners who need critical repairs to their primary residence. Critical home repairs are those that are essential to remain in the home. The program does not include those items deemed to be cosmetic in nature. The Helping Hand Assistance Program assists people with the most need that meet all requirements of the grant program.

Use the check boxes below to verify that your application is complete and that all required documentation is being submitted – **incomplete applications will not be considered!!**

This page does not need to be returned. It is for your reference to make sure you submit all required information. Do NOT submit any additional items that are not requested.

In order for an application to be considered, **YOU MUST** submit the following items:

- Completed and signed application and budget worksheet
- Attach proof of household income. (Submit a copy of the most recent year's income tax return, a copy of your Social Security or disability benefits statement or other documentation which will verify your income.)
- Attach a copy of the homeownership certificate, the previous year's property tax statement, a copy of the monthly municipal permit fee (if in a land-lease community) or the home title. The documentation provided must show that this home has been in your possession for more than 12 months.
- If the home is in a manufactured home community on leased land, submit a copy of the lease showing that the lease is for a period of at least one year. (Month-to-month leases are not acceptable.) Landlords are required by law to offer tenants a written one-year lease. If you do not have one, ask your landlord to provide one.
- Enclose two estimates for the requested repairs from a qualified repair company. An approved repair company must have a business telephone listing and an official quote on company letterhead. The contractor must also be registered with the WI Dept. of Safety of Professional Services as required by law. The Tomorrow's Home Foundation will not accept do-it-yourself repairs under this program. (There are no exceptions to this requirement.)

There is a very limited amount of funding for this program. If any of the requested items are not submitted, the entire application will be returned for completion. All program rules must be followed and there are no exceptions. All questions can be answered by reading this application very closely.

Laurie Mercurio
Tomorrow's Home Foundation
258 Corporate Drive, Suite 200C
Madison, WI 53714

laurie@housingalliance.us Email / 608.255.5595 Fax

Do not call the Tomorrow's Home Foundation until you have read this entire application packet.



Helping Hand Assistance Program Criteria

1. The homeowner must be the applicant for repair assistance. The homeowner must also have owned the home for more than 12 months to be eligible. The home model year must be 1976 or newer and the home's value will be considered in the approval process.
2. The household income must be at or below 50% of the County Median Income. You may check the median income for your county at <http://www.tomorrowshomefoundation.org/>.
3. Maximum funding is \$2500 and all funding recipients must provide a minimum of 10% of the repair costs. (Example: Repair cost is \$2100 - homeowner pays \$210 and Tomorrow's Home Foundation pays \$1890.)
4. All payments will be made directly to the repair company or supplier providing the materials. No payments will be made directly to homeowners.
5. All repairs and all contractors must be approved for funding before the work begins.
6. This program is a forgivable loan. Loans will be forgiven after 24 months provided the applicant remains in the home. The Tomorrow's Home Foundation reserves the right to file a lien on the home during the 24 month period. The lien will be removed upon expiration of 24 months. If the home is sold within that period, the loan must be repaid out of the proceeds of the home.
7. Non-eligible items include: removable appliances, roof coatings, cosmetic repairs and sheds. [This list is not all inclusive and all applications are subject to review.]
8. This repair program is limited to one application per household.
9. A home inspection will be scheduled to verify that the home is decent, safe and sanitary and to evaluate the home's value.

Application Steps

Do not mail your application until all information is available for submission. Incomplete applications will be returned without review.

1. Obtain two written estimates from qualified repair contractors.
2. Read grant criteria to be certain you qualify for the program.
3. Complete application form and budget worksheet in detail.
4. Sign and date all requested documents.
5. Mail or fax all forms and copies of 2 estimates, income verification and home ownership documentation to:

Tomorrow's Home Foundation
258 Corporate Drive, Suite 200C
Madison, WI 53714
(608) 255-5595 FAX or email to laurie@housingalliance.us
6. Wait for response from Tomorrow's Home Foundation. We will process the application as quickly as possible, but please understand we have very little staff. It is anticipated that non-emergency grant requests will be accepted or denied within 20 business days. A volunteer will be assigned by the Tomorrow's Home Foundation to visit your home to complete a home valuation and inspection. You will be contacted for scheduling.

After Repairs are Completed:

1. Submit the bill to Tomorrow's Home Foundation.
2. Submit completed and signed work verification sheet and evaluation form. (A copy of this form is included in this packet and another form will be mailed to you with your approval letter.)
3. Upon receipt of the bill and verification sheet, a check will be mailed directly to the contractor or supplier of materials. All contractors must provide a tax identification number for mailing year end tax documents.

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Helping Hand Housing Assistance Application

Applicant's Name _____ Date of Birth _____

Address _____ City, State, Zip _____

County _____ Phone Number _____

List all others in household:

Name _____	Relationship to applicant _____	Age _____
Name _____	Relationship to applicant _____	Age _____
Name _____	Relationship to applicant _____	Age _____

Home Description – You must also submit proof of ownership.

Make _____ Model _____ Year _____ Age of home _____

Size of home _____ Approx. value of home _____

Mobile / Manufactured Home Park Name _____

Income – You must submit proof of income for all people living in the home.

ALL Household Income \$ _____ /Year	Source(s) of Income	Social Security _____ /Month
	(Circle all that apply)	Wages _____ /Month
		Pension _____ /Month
		Disability _____ /Month
		Unemployment _____ /Month
		Child Support _____ /Month
		Other _____ /Month

Request for Assistance – You must submit 2 bids from contractors for the work you want to have completed.

Describe (in detail) the critical home repairs needed.

The Maximum grant is \$2500. All applicants must provide funding of at least 10% of the project costs.

Example: Repair costs \$3000 - applicant pays \$500 Tomorrow's Home Foundation Pays \$2500
 Repair costs \$2200 - applicant pays \$220 Tomorrow's Home Foundation Pays \$1980

What other agencies have been contacted for assistance? _____

Who was the contact person for the agency? _____ Phone # for agency _____

What was the reason for denial? _____

You are not required to answer the questions below.
If you choose not to answer them, please check this box.



Hispanic	___ Yes ___ No
Female Head of Household	___ Yes ___ No
Person w/ Disability	___ Yes ___ No

Racial/Ethnic Background, Check one:

___ White	___ American Indian/Alaskan Native & White
___ Black/African American	___ Asian & White
___ Asian	___ Black/African American & White
___ American Indian/Alaskan Native	___ American Indian/Alaskan Native & Black/African American
___ Native Hawaiian/Other Pac. Islander	___ Other _____

Monthly Budget Worksheet – Attach Proof of Income

Household Income (Sources/Amount)

Wages	\$ _____
Social Security	\$ _____
SSI or SSD	\$ _____
Pension	\$ _____
W2	\$ _____
Alimony	\$ _____
Child Support	\$ _____
Interest	\$ _____

Total Income \$ _____

Housing Expenses

Lot Rent	\$ _____
Mortgage/Loan Payment	\$ _____
Property Taxes	\$ _____
Electricity	\$ _____
Heat	\$ _____
Water/Sewer	\$ _____
Telephone	\$ _____
Cable	\$ _____
Insurance	\$ _____

Total \$ _____

Transportation Expenses

Automobile Payments	\$ _____
Gas	\$ _____
Insurance	\$ _____
Other	\$ _____

Total \$ _____

Child Care & Support

Child care	\$ _____
Child Support payments	\$ _____

Food

Groceries	\$ _____
Eating Out/snacks	\$ _____
School Lunches	\$ _____
Other	\$ _____

Total \$ _____

Clothing/Personal Care

Clothing	\$ _____
Diapers	\$ _____
Laundry	\$ _____
Hair Care	\$ _____
Personal Care Products	\$ _____

Total \$ _____

Miscellaneous

Education	\$ _____
Recreation	\$ _____
Medical	\$ _____
Dental	\$ _____
Credit Card Payments	\$ _____
Other	\$ _____

Total \$ _____

Total Income \$ _____

Total Expense \$ _____

Balance \$ _____

I certify that all information provided is correct and complete.

Signature of Applicant

Date

Authorization for Release of Information

To Whom It May Concern:

As evidenced by my/our signature, I/we hereby authorize Tomorrow’s Home Foundation, Inc. to obtain verification of any and all information necessary for this application regarding my/our: pension, social security, or any other benefits received: and for information regarding my/our: property ownership, mortgage standing, assets, gas and electric utility usage and billing information.

Furthermore, I/we authorize the release of such information at the request of Tomorrow’s Home Foundation, Inc.

I/we understand that this information will be kept confidential by Tomorrow’s Home Foundation, Inc., and will be used solely for the purpose of determining eligibility for participation in grant and loan programs.

Applicant’s Signature

Co-Applicant’s Signature

Helping Hand Assistance – Repayment Agreement

The Helping Hand Assistance grant is structured as a forgivable loan. If the applicant retains ownership of the property for a two-year period, the loan is forgiven and no repayment is required. If the applicant chooses to sell the property prior to the two-year anniversary date of the grant, a re-payment of the loan must be made to the Tomorrow’s Home Foundation.

Agreement:

I agree to accept \$_____ from the Tomorrow’s Home Foundation. I understand that this is a forgivable loan grant program and that after two-years the loan is forgiven. I also understand that if I choose to sell the property prior to the loan being forgiven, this loan shall be repaid to the Tomorrow’s Home Foundation on a pro-rated basis. I also agree that the Tomorrow’s Home Foundation reserves the right to place a lien on the home during that two-year period.

Homeowner Signature_____

Date_____

Co-Applicant Signature_____

Date_____

Amy Bliss, Executive Director, Tomorrow’s Home Foundation

Date_____

Work Completion Verification

This page of the form is to be filled out and returned to the Tomorrow's Home Foundation upon completion of the authorized work.

Do not return this page until the repairs are completed.

Applicant Name: _____

Address: _____

City/St/Zip: _____

Project completion date _____

Contractor Name: _____

I certify that the repair work has been completed to my satisfaction and that funds should be paid in accordance with the bill submitted. I also certify that the repair work has been completed to my satisfaction and that the Tomorrow's Home Foundation is not responsible for complaints after the work has been completed and paid for. By signing this form, it certifies that the applicant is satisfied with all materials and workmanship. If future problems arise, the applicant must resolve any conflicts directly with the contractor or material supplier.

Signed _____ Date _____

Return to:

Tomorrow's Home Foundation
258 Corporate Drive, Suite 200C
Madison, WI 53714
(608) 255-5595 Fax

Before and after photos of your project and testimonials about the assistance provided are greatly appreciated!
If the work is not completed within 60 days from the approval date, the authorization for funding will be revoked.



Program Evaluation

Was this program helpful in improving your living situation? Yes No

Were you happy with the end results of the project? Yes No

Were you pleased with the contractor you chose? Yes No

Was the staff of the Tomorrow's Home Foundation helpful to you? Yes No

Suggestions, Recommendations or Comments:

Please provide any feedback for us that you feel would be beneficial in keeping this program available to others.
