



## Care & Repair Grant Program Criteria & Steps to Apply

The *Care & Repair Grant Program* is designed to assist low-income elderly or disabled owners of manufactured homes who live in Wisconsin and need a roof repair/replacement made to their primary residence.

### Program Criteria

1. The homeowner must be the primary applicant; applicant must own the home for 12 months or longer **AND** the home must have been built in 1976 or later.
2. The manufactured home must be considered decent, safe, and sanitary and the cost of repairs cannot exceed 50% of the home's value.
3. The household income must be at or below 50% of the Wisconsin Median Income level. See below:

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$36,700	\$41,950	\$47,200	\$52,400	\$56,600	\$60,800	\$65,000	\$69,200

4. Maximum funding is \$7,500. ALL approved applicants are required to pay a minimum of 10% of the repair costs, and/or anything above the maximum funding.

Repair/Replacement Requested	Maximum Funding	Applicant OOP Cost*
Roof Replacement quoted at \$7,500	\$7,500	\$750
Roof Replacement quoted at \$10,000	\$7,500	\$2,500

\*The 10% minimum/Applicant OOP Cost is an *estimate* of your out-of-pocket payment; you may be subject to pay more or less depending on the estimates you receive.

5. All payments from Tomorrow's Home Foundation will **ONLY** be made directly to the contractor chosen by the applicant and approved by Tomorrow's Home Foundation.
6. All applications must be approved **BEFORE** the work begins.
7. This is a forgivable loan and will be forgiven 24 months after the date of the grant approval, provided the applicant remains in the home during that time if the home is sold within that period, the loan must be repaid out of the proceeds of the sale.
8. Shed repairs, detached garage repairs, and roof coatings are considered non-eligible items.
9. All grant programs through Tomorrow's Home Foundation are limited to one approved application per household, per lifetime.
10. A home inspection may be scheduled to verify that your home is considered decent, safe, and sanitary and/or to get an estimate on the value of your home.

### Steps to Apply

1. **Read through the above Care & Repair Grant Program criteria to confirm your eligibility to apply.**
2. Obtain two written estimates from qualified, licensed, contractors.
3. Fill out the entire application form (page 3) in detail, sign and date signature page (page 4) by both applicant and co-applicant.
4. Submit completed application packet with **ALL REQUIRED DOCUMENTS** via mail or email.

Tomorrow's Home Foundation  
258 Corporate Dr. Suite 200C  
Madison, WI 53714

**OR**

thf@housingalliance.us

5. **WAIT** for a response from Tomorrow's Home Foundation. Our staff will process your application as quickly as possible, please keep in mind that we have very few staff members. It is anticipated that all applications will be accepted or denied within 10 business days upon receipt of all required documents.



## Care & Repair Grant Program Required Application Documents

### Incomplete applications will not be considered!

Use the check boxes below to verify your application is complete and that **ALL** required documentation is being submitted. Do **NOT** submit any original documents, items submitted will **NOT** be sent back.

For your application to be considered, **YOU MUST SUBMIT ALL OF** the following:

- ☐ **Completed and Signed Application** – Signature page of application (page 4) **MUST** be signed by both the applicant and co-applicant (if applicable), application packet **MUST** include all required documents.
- ☐ **A copy of proof of household income** - *Example:* a copy of the most recent year's income tax statement, a copy of your Social Security or Disability Benefits statement/award letter, etc.)
- ☐ **A copy of proof of home ownership** - *Example:* title or previous year's property tax statement. \*Documentation provided **MUST** show that you have owned the home for at least 12 months **AND** that your home was built in 1976 or later. \*
- ☐ **TWO estimates for the requested repairs/replacement** – The repair contractor **MUST** be licensed with the WI Dept. of Safety and Professional Services to do the requested repairs/replacement. Estimates from the chosen contractor must be on professional business letterhead and include their contact information. Tomorrow's Home Foundation will **NOT** accept do-it-yourself repairs or estimates from unlicensed handymen under this program. **All contractors must provide a signed W-9.**

**Do you live in a land leased community?** If **NO**, proceed to the next step. If **YES**, the additional documents **MUST** be submitted:

- ☐ **A copy of the first page of your CURRENT one-year lease** – This must show 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 tenant a written one-year lease. If you do not have one, ask your landlord to provide one.
- ☐ **A copy of your monthly municipal permit fee** – If you don't have this, please ask your landlord to provide you with a copy.

Once you've completed **ALL** the above steps, submit your **COMPLETED** application packet via **MAIL or EMAIL:** Tomorrow's Home Foundation **OR** [thf@housingalliance.us](mailto:thf@housingalliance.us)  
258 Corporate Dr. Suite 200C  
Madison, WI 53714

**Funding for this program is very limited!** All program rules must be followed with no exceptions. All questions can be answered by reading this application very closely, **please read the ENTIRE application packet** before contacting Tomorrow's Home Foundation.



## Care & Repair Grant Program Application

### Applicant & Household Information

Homeowner's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### List all others living in the household:

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_ Age \_\_\_\_\_

### Home Description – Proof of homeownership **MUST** be submitted.

Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Size of Home \_\_\_\_\_ Approximate Value of Home \_\_\_\_\_

Manufactured Home Community Name \_\_\_\_\_

### Income – Proof of income for **ALL** adults living in the home **MUST** be submitted.

Combined Household Income \$ \_\_\_\_\_ / year

### Source(s) of Income – fill in all that apply

Social Security	\$ _____ /month	Pension	\$ _____ /month
Disability	\$ _____ /month	Wages	\$ _____ /month
Unemployment	\$ _____ /month	Child Support	\$ _____ /month
Other	\$ _____ /month	<b>TOTAL</b>	<b>\$ _____ /month</b>

### Repair/Replacement Request – two estimates **MUST** be submitted.

Repair/Replacement Needed \_\_\_\_\_

Contractor of choice, if approved \_\_\_\_\_

*Applicants will be responsible for paying a minimum of 10% of the approved contractor's estimate. Please see page 1 for the maximum funding list and a minimum payment. **ALL PAYMENTS** will be sent directly to the approved contractor; no payments will be exchanged between the applicant and Tomorrow's Home Foundation.*

### Other Agency Information

Tomorrow's Home Foundation is willing to work with other Agencies or Non-profit organizations to help lower the cost of your out-of-pocket cost. We will **NOT** reach out to other agencies on your behalf. If you're currently working with another agency, please include their contact information below so we can update them on your application status.

Agency/Non-profit Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Homeowner's Printed Name \_\_\_\_\_

Co-Applicant's Printed Name \_\_\_\_\_

### 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.

\_\_\_\_\_  
*Homeowner's Signature*

\_\_\_\_\_  
*Co-Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

### Care & Repair Grant Program – Repayment Agreement

The Care & Repair Grant Program is structured as a forgivable loan. If the applicant retains ownership of the property for a 24-month period after the date of the grant approval, the loan is forgiven, and no repayment is required. If the applicant chooses to sell the property prior to the expiration of the 24-month period, a re-payment of the loan must be made to Tomorrow's Home Foundation.

#### Agreement:

I/we agree to accept \$ \_\_\_\_\_ from Tomorrow's Home Foundation. I/we understand that this is a forgivable loan program and that after a 24-month period from the grant approval, the loan will be forgiven. I/we also understand that if I/we choose to sell the property prior to the 24-month period expiring, this loan shall be repaid to Tomorrow's Home Foundation on a pro-rated basis.

\_\_\_\_\_  
*Homeowner's Signature*

\_\_\_\_\_  
*Co-Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

### Acknowledgement

I/we understand that the Care & Repair Grant Program through Tomorrow's Home Foundation provides financial assistance only and does not provide assurance regarding the repair company I/we choose to use through this program. I/we also understand that Tomorrow's Home Foundation will pay the amount that has been awarded for the grant and that the applicant is responsible for the remaining payment to the contractor. I/we take full responsibility for evaluating my chosen repair company for the program.

\_\_\_\_\_  
*Homeowner's Signature*

\_\_\_\_\_  
*Co-Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*