

# Water Heater or Furnace Replacement Program Application Form & Requirements

The Water Heater or Furnace Replacement Program is designed to assist **low-income elderly, or disabled** manufactured home owners who need a water heater or furnace replacement to their primary residence.

#### Incomplete applications will not be considered!

Use the check boxes below to verify that your application is complete and that <u>all</u> required documentation is being submitted. This page does not need to be returned. It is for your reference to make sure you submit all required information.

Do <u>NOT</u> submit any additional items that are <u>NOT</u> requested. Items submitted will not be sent back.

SEND BACK THE FOLLOWING! For your application to be considered, <u>YOU MUST</u> submit the following:

- 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 yourincome.)
- Attach a copy of homeownership certificate (title) or previous year's property tax statement. <u>Documentation</u> provided must show that home has been in your possession for more than 12 months.
- If the home is in a manufactured home community on leased land, <u>submit a copy of the 1<sup>st</sup> page of your</u> <u>current lease</u> 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 <u>TWO</u> estimates for the water heater or furnace replacement from qualified repair companies. An approved repair company must have a **business** phone listing and an official quote on a company letterhead. The contractor must also be licensed with the WI Dept. of Safety of Professional Services as required by law.
  Tomorrow's Home Foundation will not accept do-it-yourself repairs under this program. (There are no exceptions to this requirement!)
  - If you are in a land-lease community, include a copy of the monthly municipal permit fee.

There is a very limited amount of funding for this program. If any of the requested items are not submitted, the **<u>entire</u>** 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.

### **Read the ENTIRE application packet before contacting Tomorrow's Home Foundation.**

#### **Tomorrow's Home Foundation**

258 Corporate Drive, Suite 200C, Madison, WI 53714 Email <u>thf@housingalliance.us</u> | Fax 608.255.5595 | Phone 608.255.1088

## Water Heater or Furnace Replacement Program Criteria

- 1. The homeowner must be the applicant for repair assistance. The homeowner must also have owned the home for <u>more than 12 months</u> to be eligible. The home <u>model year must be 1976 or newer</u> and the home's value will be considered in the approval process. (The cost of the repairs cannot exceed 50% of the value of the home.)
- 2. The household income must be at or below 50% of the Wisconsin Median Income. See chart below.

| 1 person | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person | 8 person |
|----------|----------|----------|----------|----------|----------|----------|----------|
| \$33,250 | \$38,000 | \$42,800 | \$47,550 | \$51,350 | \$55,150 | \$58,950 | \$62,750 |

- 3. Maximum funding is \$2000 for a water heater replacement OR \$3000 for a furnace replacement. <u>All funding recipients must provide a minimum of 10% of the repair costs or anything above the</u> <u>maximum funding.</u> (Example: Repair cost is \$4000 - homeowner pays \$1000 and Tomorrow's Home Foundation pays \$3000.)
- 4. All payments are made directly to the repair company. <u>No payments will be made directly to homeowners.</u>
- 5. All repairs and all contractors must be approved for funding **<u>BEFORE</u>** the work begins.
- 6. This program is a forgivable loan. Loans will be forgiven after 24 months provided the applicant remains in the home. 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 roof coatings and roofing for sheds or garages.
- 8. This repair program is limited to one application per household. (One grant per applicant per lifetime.)
- 9. A home inspection may be scheduled to verify that the home is decent, safe, and sanitary and to evaluate the home's value.

### **Application Steps**

#### Submit your application with ALL required documents. Incomplete applications will be returned without review.

- 1. Obtain 2 written estimates from qualified contractors.
- 2. Read program criteria to be certain you qualify for the program.
- **3.** Complete application form in detail.
- 4. Sign and date all requested documents.
- 5. Send <u>ALL</u> 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 Fax to (608) 255-5595 or email to thf@housingalliance.us

6. <u>WAIT for response from Tomorrow's Home Foundation</u>. We will process the application as quickly as possible, but please understand we have very few staff. It is anticipated that non-emergency grant requests will be accepted or denied within 10 business days of receiving all documentation.

#### 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 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. All contractors must provide a signed W-9.

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# Water Heater or Furnace Replacement Program Application

| Applicant's N  | Name   |                               | Date of Birth                               |                                       |  |  |  |
|--|--|-------------------------------|---|---------------------------------------|--|--|--|
| Address  |  |                               | City  |                                       |  |  |  |
| ZipCounty  |  |                               | Phone                                       |                                       |  |  |  |
| Email  |  |                               |   |                                       |  |  |  |
| List all other   | rs in household:   |                               |   |                                       |  |  |  |
| Name   |  | Relationship to               | applicant                                   | Age                                   |  |  |  |
| Name   |  | Relationship to               | applicant                                   | Age                                   |  |  |  |
| Name   |  | Relationship to               | applicant                                   | Age                                   |  |  |  |
|  | RIPTION (You must also   | •                             | • •   |                                       |  |  |  |
| Make   |  | Model                         | Yea   | r                                     |  |  |  |
| Size of Home   | e  | Approx. Valu                  | ue of Home                                  |                                       |  |  |  |
| Mobile/Man   | ufactured Home Park Na   | ame                           |   |                                       |  |  |  |
|  |  |                               |   |                                       |  |  |  |
| •  | ou must submit proof of<br>old Income \$                           |                               | ving in the home.)                          |                                       |  |  |  |
| Source(s) of   | Income (Complete all th  | nat apply)                    |   |                                       |  |  |  |
| Social Security \$   |  |                               | -   | /month                                |  |  |  |
| Pension \$   |  |                               |   | /month                                |  |  |  |
| Unemployment \$<br>Other \$  |  | /month<br>/month              | Child Support \$                            | /month                                |  |  |  |
| Othe   | _۱ <u>۲</u>  | Jmonth                        | Total \$                                    | /month                                |  |  |  |
| REQUEST FO   | <b>DR ASSISTANCE</b> (Must st                                      | ıbmit <b>TWO</b> bids from co | ontractors.)                                |                                       |  |  |  |
|  | UM grant is <mark>\$2000 for a</mark><br>ding of at least 10% of t |                               | nent OR \$3000 for a fur                    | nace replacement. All applicants must |  |  |  |
| Examples: Repair costs \$3000 - appl<br>Repair costs \$3500 - appl |  |                               |   | Home Foundation pays \$2700           |  |  |  |
|  |  | applicant pays \$500          | licant pays \$500 Tomorrow's Home Foundatio |                                       |  |  |  |
| What other   | agencies have been con   | tacted for assistance? _      |   |                                       |  |  |  |
| Agency Contact Person  |  |                               | Agency Phone                                |                                       |  |  |  |
| What was th  | ne reason for denial?  |                               |   |                                       |  |  |  |
|  |  |                               |   |                                       |  |  |  |

#### 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** 

#### Water Heater or Furnace Replacement – Repayment Agreement

The Water Heater or Furnace Replacement program 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 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 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 |
|------|
|------|

Date

Co-Applicant Signature\_\_\_\_\_