



Helping Hands Assistance Program Criteria & Steps to Apply

The *Helping Hands Assistance Program* is designed to assist low-income owners of manufactured homes who live in Wisconsin and need critical home repairs.

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 County Median Income. You may check the median income for your county at <https://www.tomorrowshomefoundation.org/applications> or call Tomorrow's Home Foundation to find out your income limit.
4. Maximum funding is \$3000. ALL approved applicants are required to pay a minimum of 10% of the repair costs, or anything above the maximum funding. Please see examples below.

Repair/Replacement Requested	Maximum Funding	10% Minimum*
Sub-floor Repair quoted at \$3,000	\$3,000	\$300
Door Replacement quoted at \$1,800	\$1,620	\$180
Roof Replacement quoted at \$5,000	\$3,000	\$2,000

*The 10% minimum 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 the above Helping Hands Assistance 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 **OR** **thf@housingalliance.us**
Madison, WI 53714
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.



Helping Hands Assistance 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** 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
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.



Helping Hands Assistance 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	TOTAL	\$ _____ /month

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 and mortgage standing.

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

Helping Hands Grant Program – Repayment Agreement

The Helping Hands 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 repayment 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 Helping Hands 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