



## Helping Hands Assistance Program Application Form & Requirements

The Helping Hands Assistance Program is designed to assist low-income manufactured home owners 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 greatest need that meet all requirements of the program.

### **Incomplete applications will not be considered!**

Use the check boxes below to verify that your application is complete and that all 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 NOT submit any additional items that are NOT requested. Items submitted will not be sent back.**

**SEND BACK THE FOLLOWING!** For your application to be considered, YOU MUST submit the following:

- Completed and signed application.
- 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 homeownership certificate (title) or previous year's property tax statement.  
**Documentation 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, **submit a copy of the 1<sup>st</sup> page of your current 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** phone listing and an official quote on 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!)  
***NOTE:** If you are using a contractor from the list we provide and are happy with the estimate, you only need to submit that one estimate.*
- If you are in a land-lease community, include a copy of the monthly municipal permit fee. If you do not receive this directly, ask your landlord for a copy.

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.

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

**Tomorrow's Home Foundation**

258 Corporate Drive, Suite 200C, Madison, WI 53714

Email [thf@housingalliance.us](mailto:thf@housingalliance.us) | Fax 608.255.5595 | Phone 608.255.1088

## Helping Hands 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. (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
\$31,450	\$35,950	\$40,450	\$44,900	\$48,500	\$52,100	\$55,700	\$59,300
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 are 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. 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. (One grant per applicant per lifetime.)
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

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

1. Obtain two written estimates from qualified repair contractors.
2. Read program 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. Send **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**  
**Fax to (608) 255-5595 or email to [thf@housingalliance.us](mailto:thf@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 few staff. It is anticipated that non-emergency grant requests will be accepted or denied within 20 business days.

### 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.

***This page does not need to be returned. It is for your reference to make sure you submit all required information.***



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

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

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

Email \_\_\_\_\_

**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 home ownership.)**

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

Size of Home \_\_\_\_\_ Approx. Value of Home \_\_\_\_\_

Mobile/Manufactured Home Park Name \_\_\_\_\_

**INCOME (You must submit proof of income for all adults living in the home.)**

**ALL** Household Income \$ \_\_\_\_\_ /year

**Source(s) of Income** (Complete all that apply)

Social Security \$ \_\_\_\_\_ /month

Pension \$ \_\_\_\_\_ /month

Unemployment \$ \_\_\_\_\_ /month

Other \$ \_\_\_\_\_ /month

Wages \$ \_\_\_\_\_ /month

Disability \$ \_\_\_\_\_ /month

Child Support \$ \_\_\_\_\_ /month

**Total \$ \_\_\_\_\_ /month**

**REQUEST FOR ASSISTANCE** (Must submit **TWO** 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.**

Examples: 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? \_\_\_\_\_

\_\_\_\_\_

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

What was the 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

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## Helping Hands Assistance Program – 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 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 \_\_\_\_\_

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

Date \_\_\_\_\_

Manufactured Housing Service Companies						
Company	Address	City	State	Zip	Phone #	Website
Adkins Home Installation	15019 W Ahara Rd Lot 17	Evansville	WI	53536	608-290-1093	
Chuck Grasser Construction	2811 S Beaumont Ave	Kansasville	WI	53139	262-332-0057	
Curt's Mobile Home Repair, LLC	13 Malibu Dr	Madison	WI	53713	608-513-1159	
Evergreen Homes & Service	30972 Cty Rd XX #219	Platteville	WI	53818	608-778-3825	
Goin Mobile	704 11 1/2 Ave	Almena	WI	54805	715-357-3769	
Klitzman, Inc.	4671 Hayes Ave	Plover	WI	54467	715-340-6346	
M.R. TEAS, Inc.	7065 Woodenshoe Rd	Neenah	WI	54956	920-850-9015	
Manufactured Housing Specialists	3146 Meadow Circle	Green Bay	WI	54311	920-676-3790	
Mobile Home Stuff Store, Inc.	N7428 Osborn Way	Fond du Lac	WI	54937	800-637-3780	<a href="http://www.mobilehomestuffstore.com">www.mobilehomestuffstore.com</a>
Modular Home Improvement	1793 118th St	Chippewa Falls	WI	54729	715-829-0837	
Pepco Construction	N6311 Rods Ln	Cecil	WI	54111	715-745-2119	
Price Home Service, LLC	2600 Cold Spring Rd	Appleton	WI	54914	920-731-8666	
Sandstone Consulting, LLC	S5553 State Rd 113	Baraboo	WI	53913	608-853-0303	
Schuler's Manufactured Home Service, LLC	1846 Pine Bluff Rd	Stevens Point	WI	54481	715-347-6558	
Silva's Manufactured Home Service	PO Box 1152	Janesville	WI	53547	608-449-1928	
Spring Creek Homes	E4162 Airport Road	Ironwood	MI	49938	906-285-0950	<a href="http://www.springcreekhomesmi.com">www.springcreekhomesmi.com</a>
Strive MH Solutions	326 W Jefferson St	Elkhorn	WI	53121	262-949-3823	
TC Bourke Construction, LLC	1124 Washburn Ave North	Minneapolis	MN	55411	612-207-5865	
Wade's Mobile	1400 W Poplar Ave	Cameron	WI	54822	715-210-6909	

This list of service providers is distributed across Wisconsin, so not every one will work for you location-wise. These providers are members of the Wisconsin Housing Alliance. As with any contractor, it is wise to check for licensing, references and any complaints filed with the Department of Agriculture, Trade & Consumer Protection. This list is for informational purposes and should not be considered a recommendation or endorsement.