

Helping Hands Assistance Program Application Form & Requirements

Tomorrow's Home Foundation 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 greatest need that meet <u>all</u> requirements of the program.

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

ENL	DBACK THE FULLOWING! For your application to be considered, YOU MUST submit the following:
	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 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 st 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 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. 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.

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.

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

Tomorrow's Home Foundation

258 Corporate Drive, Suite 200C, Madison, WI 53714 thf@housingalliance.us Email | 608.255.5595 Fax | 608.255.3131 Phone

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. (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 \$28,100 \$32,100 \$36,150 \$40,150 \$43,350 \$46,550 \$49,800 \$53,000

- 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

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 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.** Mail/fax/email **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 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 little 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 or supplier of materials. All contractors must provide a tax identification number for mailing year-end tax documents.

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



Helping Hand Housing Assistance Program Application

Applicant's N	ame		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
	RIPTION (You must also su	•	• •	_
Size of Home		Approx. Value	of Home	
Mobile/Manu	ufactured Home Park Nam	e		
Pensi Unem	Security	/month /month	Disability \$_	/month/month/month /month
			ntractors for the work	you want to have completed.)
Describe (in d	letail) the critical home rep	pairs needed.		
The MAXIMU	IM grant is \$2500. All app	-	_	
Examples:	Repair costs \$3000 – ap Repair costs \$2200 – ap			e Foundation pays \$2500 e Foundation pays \$1980
What other a				e Foundation bays \$1980
Agency Conta	act Person		Agency I	Phone
	reason for denial?			

MONTHLY BUDGET WORKSHEET (Attach Proof of Income)

Household Income (So	ources/Amount)	Food Expenses	
Wages	\$	Groceries	\$
Social Security	\$	Eating Out/Snacks	\$
SSI or SSD	\$	School Lunches	\$
Pension	\$	Other	\$
W2	\$	-	
Alimony	\$	Total \$	
Child Support	\$		
Interest	\$	Clothing/Personal Ca	re Expenses
Total Income \$		Clothing	\$

Housing Expenses	
Lot Rent	\$
Mortgage/Loan	\$
Property Taxes	\$
Electricity	\$
Heat	\$
Water/Sewer	\$
Phone	\$
Cable	\$
Insurance	\$
Total \$	

Transportation Expens	es
Automobile Payments	\$
Gas	\$
Insurance	\$
Other	\$
Total \$	

Childcare/Child Support	Expenses	
Childcare	\$	
Child Support Payments	\$	

Clathing/Daysanal Care	- Fyrances
Clothing/Personal Care	e expenses
Clothing	\$
Diapers	\$
Laundry	\$
Hair Care	\$
Personal Care	\$
Total \$	_

Miscellaneous Expens	es	
Education	\$	
Recreation	\$	
Medical	\$	
Dental	\$	
Credit Card Payments		
Other	\$	
Total \$		

Total Income	\$
Total Expenses	\$
Balance	\$
I certify that all the info and complete.	ormation provided is correct
Signature of Applicants	(5)
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.

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 Tomorrow's Home Foundation.

Agreement:			
grant program and that aft to the loan being forgiven,	from the Tomorrow's Home Four er two-years the loan is forgiven. I also ur this loan shall be repaid to Tomorrow's Ho Foundation reserves the right to place a l	derstand that if I choose to sell ome Foundation on a pro-rated b	the property prior pasis. I also agree
Homeowner Signature		Date	
Co-Applicant Signature		Date	
Tomorrow's Home Founda	tion Representative	Date	

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

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 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 This list is for informational purposes and should not be considered a recommendation or endorsement.