



## 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 who 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. Repair company estimates must have the name of the business, business address, business phone, and business email. The repair contractor must also be licensed with the WI Dept. of Safety of Professional Services if 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. 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
\$34,100	\$39,000	\$43,850	\$48,700	\$52,600	\$56,500	\$60,400	\$64,300
3. Maximum funding is \$3000, and **all funding recipients must provide a minimum of 10% of the repair costs.** (Example: Repair cost is \$2800 - homeowner pays \$280 and Tomorrow's Home Foundation pays \$2520.)
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. Sign and date all requested documents.
4. 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.***



# Helping Hands Assistance Program Application

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 \_\_\_\_\_

**HOME DESCRIPTION (You must also submit proof of home ownership.)**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 Size of Home \_\_\_\_\_ Approx. Value of Home \_\_\_\_\_  
 Manufactured Home Community 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	Wages \$ _____/month
Pension \$ _____/month	Disability \$ _____/month
Unemployment \$ _____/month	Child Support \$ _____/month
Other \$ _____/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. Check the box of the contractor you prefer.

**Repair Needed:** \_\_\_\_\_

- Contractor Name 1: \_\_\_\_\_ Estimated Amount 1 \$ \_\_\_\_\_
- Contractor Name 2: \_\_\_\_\_ Estimated Amount 2 \$ \_\_\_\_\_

**The MAXIMUM grant is \$3000. All applicants must provide funding of at least 10% of the project costs.**

Examples: Repair costs \$3400 – applicant pays \$400 Tomorrow's Home Foundation pays \$3000  
 Repair costs \$2800 – applicant pays \$280 Tomorrow's Home Foundation pays \$2520

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 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 \_\_\_\_\_

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## Acknowledgement

I understand that the Helping Hands Assistance Program through Tomorrow's Home Foundation provides financial assistance only and does not provide assurance regarding the repair company you choose to use through this program. I take full responsibility for evaluating my chosen repair company for this program.

Homeowner Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_