

Application for Assistance: Mortgage Payments

General Guidelines:

- Must be under 50% County Median Income by family size, call for specific \$ limit
- Housing costs must be affordable, less than 50% of gross income spent on housing
- You will have to pay towards your housing costs to be eligible
- Must be at risk of foreclosure due to delinquent mortgage (generally 3 months behind)
- Property must be owner-occupied and primary residence

All questions and a copy of your most recent mortgage statement are required. Because of the volume of applications we receive, we cannot guarantee the evaluation of incomplete applications.

Client Name _____ County of Residence _____

Please provide your **current** mailing address and phone number: We may call you for additional information.

Street Address _____ Apt. # _____ City _____ Zip _____

Phone # where we can reach you: (_____) - _____ - _____

A letter containing your decision on this application will be sent to you. Please indicate how you would like to receive your decision letter: Mail or Email address: _____

Please explain how you got behind on your mortgage: _____

What is your monthly mortgage payment? \$ _____ Does it include property taxes? Yes No

What is past due on your mortgage? \$ _____ Are you over 2 months behind? Yes No

What action is the lender taking against you? _____

Do you have any funds to pay towards your past due mortgage? Yes No If yes, how much? \$ _____

What, if anything, is past due on your property taxes? \$ _____

What is the total owed on your home? \$ _____ What is your home assessed at? \$ _____

What is your marital status? Married Separated Unmarried (Includes single, divorced, widowed)

Is your home a manufactured or mobile home? Yes No If yes, do you pay lot rent? Yes No

Have you filed for the Wisconsin Homestead Tax Credit? Yes No

Please complete this chart for all members of your household. If greater than 6, record on back

First Name	MI	Last Name	Social Security Number	Date of Birth mm/dd/yyyy	Relationship to Client	Sex M/F	Ethnicity (See Codes Below)	Race (See Codes Below)
1.								
2.								
3.								
4.								
5.								
6.								

Ethnicity Codes: Hispanic/Latino (H), All Other (O)

Race Codes: White (WH), American Indian/Alaska Native (AI), Black or African American (BL), Asian (AS), Native Hawaiian or Pacific Islander (PI), Other (O)

Please complete the following questions about your household:

Are you or a member of your household a U.S. Military Veteran? Yes No

If yes, please list person's name: _____

Are you or a member of your household fleeing a domestic violence situation? Yes No

Were you or a member of your household formerly a ward of Child Welfare/Foster Care? Yes No

If yes, please list person's name(s) AND how long ago: _____

How long have you lived at your present address? _____

In the last 7 days have you stayed on the street, in an emergency shelter or at a Safe Haven?

Yes No If yes, how many months were you homeless: _____ months

Do you have health insurance? Yes No

If yes please indicate what kind of insurance:

Medicaid___ Medicare___ Badger Care___ Private Pay___ Employer Provided___ Other: _____

Are all household members covered by this insurance? Yes No

If no, who is not covered? _____

Does anyone in your household have a disability? Yes No

If yes, please list the individual's name(s) and type of disability:

If yes, are they currently receiving Social Security Disability Income or other disability benefits Yes No

Please complete the following chart for your current expenses:

Average Monthly Housing Costs	\$ Amount	Average Monthly Expenses	\$ Amount	Monthly Loan Payments	\$Amount
Mortgage		Telephone		Credit Cards –list each one	
Electricity		Cable			
Heating Fuel		Auto Expenses			
Water & Sewer		Gas			
Home Insurance		Oil changes, repairs		Personal Loans	
Garbage		Auto Insurance		Car Payment	
Lot Rent		Health Insurance		Other	
Property Taxes- if not escrowed		Food- if greater than FoodShare amount			
		Clothing		Other monthly payments	
		Childcare		Child Support (paying)	
		Personal Expenses			
		Other			
Total Housing Costs	\$	Total Expenses	\$	Total Loan Payments	\$

Please complete the following chart for your household’s current income:

Head of Household:

Income Source	Average \$/month	Estimated Start Date
Wages		
Self-Employment		
SS Retirement		
SSI		
SSDI		
Child Support		
W2		
Pension		
Unemployment		
Tribal Per Capita		
Other:		
Other:		
Total Income	\$	

Other Adults in Household:

Income Source	Average \$/month	Estimated Start Date
Wages		
Self-Employment		
SS Retirement		
SSI		
SSDI		
Child Support		
W2		
Pension		
Unemployment		
Tribal Per Capita		
Other:		
Other:		
Total Income	\$	

Budget Summary:

Total Income minus **Housing Costs** minus **Expenses** minus **Loan payments** = **Remaining**

\$_____ - \$_____ - \$_____ - \$_____ = \$_____

4510 Regent St. Madison, WI 53705

Phone: 608-238-3448

Toll Free: 888-400-5974

Fax: 608-238-2084

email: ruralhousing@tds.net

Income Information Continued:

Please list any previous income from this past year, if any, and the time period received:

Source of Income: _____ # of months received _____ gross monthly income: _____

Source of Income: _____ # of months received _____ gross monthly income: _____

Source of Income: _____ # of months received _____ gross monthly income: _____

If you and/or other members of your household are currently unemployed please tell us how long you or they have been unemployed: _____

If you and/or other members of your household are unemployed are you receiving unemployment? Yes No

Or have you applied for unemployment? Yes No Date of Unemployment Application: _____

Other Benefits Information:

Are you currently receiving FoodShare/Food Stamps? Yes No

If yes, SNAP amount \$ _____ WIC amount \$ _____

Are you currently receiving other forms of assistance (TANF, W2, or other)? If yes, please list:

Have you applied for assistance with your property taxes outside of this application? Yes No

If yes, where have you applied and are they able to assist you? _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

Client Name: _____

I authorize my employer to provide the following information to Rural Housing.

Signed: _____ Date _____

Employer's Name or Company Name: _____

Contact Person:	Phone # () -
Contact E-Mail Address:	Fax # () -
Mailing Address:	
City	State Zip

The remainder of this form is to be completed by the employer.

Start Date of Employment _____

Position _____

Rate of Pay: \$ _____ per hour _____ hours per week (average)

Average or estimated income/month from: Commission \$ _____ Tips \$ _____

Employee is paid: Weekly Bi-weekly Monthly Bi-Monthly

Year-to-date earnings \$ _____ Last year's earnings \$ _____

This position is Full time year round Part time year round Seasonal Temporary

If the position is seasonal or temporary, please state expected end date _____ / _____

Will the employee be eligible for unemployment benefits? Y N

Employer's Signature _____ Date _____

Inspection and Certification: To be Completed by Homeowner

INSPECTION INFORMATION FOR HOUSING UNIT:

- Does the housing provide adequate shelter? Yes No
Does the housing have operable indoor plumbing and cooking facilities? Yes No
Does the housing provide heat to 65 degrees safely? Yes No
Does the housing have adequate and safe electrical service? Yes No
Does the housing provide for sufficient space to not be overcrowded? Overcrowded is defined as more than two persons per sleeping area which may include the living room or family room? Yes No
Was the housing built before 1978? Yes No
If yes, does the housing have lead paint hazards? Yes No Do not know

Wisconsin Service Point- Permission to Share Information:

Rural Housing receives funding from the State of Wisconsin. A requirement of this funding is that this agency participates in the Wisconsin Homeless Management Information System (HMIS). The collection and use of all personal information is guided by strict standards of confidentiality. A copy of our Privacy Notice describing our privacy practices is available to all consumers upon request. If you grant permission for your information to be shared, that agreement will be in effect until you revoke it in writing. If you do not give permission for this agency to release your information, no other agency in the network will have access to it. You cannot be denied or approved for services based on your response.

If you have questions about this or do not understand any part of the above statement, please contact us.

You have the right to control how your information is shared within HMIS:

Type of Information to be shared: Name (First, Middle and Last), Social Security Number, Date of Birth, Ethnicity, Gender, Last Residence Information, Military Status • Housing/Program Specific: Entry/Exits, Agency Assessments, Services, Coordinated Entry, Case Notes, Referrals • Income, Non-cash Benefits, Disability, Domestic Violence

I agree to ALLOW all of my and my child/children's above specified information to be share with all participating agencies in the network

I agree to ONLY share my and my child/children's above specified information with this agency and the agencies listed below:

I do NOT want to share my and my child/children's information with other agencies

Client Signature: Date:

Client Signature: Date:

AUTHORIZATION FOR RELEASE OF INFORMATION—Mortgage Payments

TO WHOM IT MAY CONCERN:

As evidenced by my/our signature, I/we hereby authorize Rural Housing, Inc to obtain verification of any and all information necessary for this application regarding my/our: pension, social security, or any other benefits received. Please send information regarding my/our: rental history, credit history, 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 Rural Housing, Inc.

I/we understand that this information will be kept confidential by Rural Housing, Inc, and will be used solely for the purpose of determining eligibility for participation in grant and loan programs.

Client Signature _____ **Social Security #** _____ **Date** _____

Co-Client Signature _____ **Social Security #** _____ **Date** _____

I certify that statements made by me in this application and attachments are true, complete and correct to the best of my knowledge. I further understand that false statements will void this application and disqualify me from receiving housing assistance through the Foundation for Rural Housing, Inc.

Client's signature: _____ **Date** _____

Co-Client's signature: _____ **Date** _____

Please list any other important information you would like us to know:



Rural Housing, Inc. operates in accordance with the Fair Housing Act. For a copy of our more detailed non-discrimination policy please contact us.



Please submit the application by fax, mail or email to the information below:

Phone: 608-238-3448

4510 Regent St. Madison, WI 53705

Toll Free: 888-400-5974

Fax: 608-238-2084

email: ruralhousing@tds.net

Proof of Income Checklist

What forms of income do you currently receive? Check all that apply:

Type of Income:	Proof of Income:
Job	Pay stubs, employer verification of earnings (page 5), job offer letter from employer
Social Security	Award letter, bank statement showing monthly deposit
Disability (SSI or SSDI)	Award letter, bank statement showing monthly deposit
Unemployment	Approval letter from unemployment office
Pension	Pension statement, bank statement
W2	Benefits statement from W2 office
Self-Employment Income	Tax return, summary of average gross monthly income
Child Support	Statement from Wisconsin Department of Children and Families
Financial support from family or friends	Signed statement from family or friends
Tribal Income	Award letter
Other:	

You must attach valid proof of income for all forms of income you receive. Your application cannot be processed without proof of income.

You do not need to return this page of the application. It is for your reference.

If you have any questions about what counts as proof of income, please call us at 1-888-400-5974.