



## Heating & Cooling 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. This program is for the replacement of furnaces, water heaters and (medically necessary) air conditioners. The Heating & Cooling Assistance Program assists people with the most need that meet all requirements of the grant program.

Use the check boxes below to verify that your application is complete and that all required documentation is being submitted – incomplete applications will not be considered!!

*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.*

In order for an application to be considered, YOU MUST submit the following items:

- 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 the homeownership certificate, the previous year's property tax statement, a copy of the monthly municipal permit fee (if in a land-lease community) or the home title. The documentation provided must show that this 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 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. This document should show the fair market value of your home.

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.

Laurie Mercurio  
Tomorrow's Home Foundation  
258 Corporate Drive, Suite 200C, Madison, WI 53714  
[laurie@housingalliance.us](mailto:laurie@housingalliance.us) Email / 608.255.5595 Fax

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



## Heating & Cooling 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.
2. The household income must be at or below 50% of the County Median Income. You may check the median income for your county at <http://www.tomorrowshomefoundation.org/>.
3. Maximum funding is \$2000 and all funding recipients must provide a minimum of 10% of the repair costs. (Example: Repair cost is \$2000 - homeowner pays \$200 and Tomorrow's Home Foundation pays \$1800.)
4. All payments will be 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. The 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. This repair program is limited to one application per household. (One grant per lifetime.)
8. 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 grant 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 or fax 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 [laurie@housingalliance.us](mailto:laurie@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. A volunteer will be assigned by the Tomorrow's Home Foundation to visit your home to complete a home valuation and inspection. You will be contacted for scheduling.

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### 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 is included in this packet and another 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.*



# Heating & Cooling Assistance Program Application

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

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

County \_\_\_\_\_ Phone Number \_\_\_\_\_

**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 ownership.**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Age of home \_\_\_\_\_

Size of home \_\_\_\_\_ Approx. value of home \_\_\_\_\_

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

**Income – You must submit proof of income for all people living in the home.**

|                                     |   |                              |
|-------------------------------------|---|------------------------------|
| ALL Household Income \$ _____ /Year | <b>Source(s) of Income</b><br>(Circle all that apply) | Social Security _____ /Month |
|                                     |   | Wages _____ /Month           |
|                                     |   | Pension _____ /Month         |
|                                     |   | Disability _____ /Month      |
|                                     |   | Unemployment _____ /Month    |
|                                     |   | Child Support _____ /Month   |
|                                     |   | Other _____ /Month           |

**Request for Assistance – You must submit 2 bids from contractors for the work you want to have completed.**

Describe (in detail) the critical home repairs needed.

\_\_\_\_\_  
\_\_\_\_\_

**The Maximum grant is \$2000. All applicants must provide funding of at least 10% of the project costs.**

**Examples:**    Repair costs \$3000 - applicant pays \$1000    Tomorrow's Home Foundation Pays \$2000  
                   Repair costs \$2200 - applicant pays \$220     Tomorrow's Home Foundation Pays \$1980

What other agencies have been contacted for assistance? \_\_\_\_\_

Who was the contact person for the agency? \_\_\_\_\_ Phone # for agency \_\_\_\_\_

What was the reason for denial? \_\_\_\_\_

# Monthly Budget Worksheet – Attach Proof of Income

**Household Income (Sources/Amount)**

|                     |                 |
|---------------------|-----------------|
| Wages               | \$ _____        |
| Social Security     | \$ _____        |
| SSI or SSD          | \$ _____        |
| Pension             | \$ _____        |
| W2                  | \$ _____        |
| Alimony             | \$ _____        |
| Child Support       | \$ _____        |
| Interest            | \$ _____        |
| <b>Total Income</b> | <b>\$ _____</b> |

**Food**

|                   |                 |
|-------------------|-----------------|
| Groceries         | \$ _____        |
| Eating Out/snacks | \$ _____        |
| School Lunches    | \$ _____        |
| Other             | \$ _____        |
| <b>Total</b>      | <b>\$ _____</b> |

**Housing Expenses**

|                       |                 |
|-----------------------|-----------------|
| Lot Rent              | \$ _____        |
| Mortgage/Loan Payment | \$ _____        |
| Property Taxes        | \$ _____        |
| Electricity           | \$ _____        |
| Heat                  | \$ _____        |
| Water/Sewer           | \$ _____        |
| Telephone             | \$ _____        |
| Cable                 | \$ _____        |
| Insurance             | \$ _____        |
| <b>Total</b>          | <b>\$ _____</b> |

**Clothing/Personal Care**

|                        |                 |
|------------------------|-----------------|
| Clothing               | \$ _____        |
| Diapers                | \$ _____        |
| Laundry                | \$ _____        |
| Hair Care              | \$ _____        |
| Personal Care Products | \$ _____        |
| <b>Total</b>           | <b>\$ _____</b> |

**Transportation Expenses**

|                     |                 |
|---------------------|-----------------|
| Automobile Payments | \$ _____        |
| Gas                 | \$ _____        |
| Insurance           | \$ _____        |
| Other               | \$ _____        |
| <b>Total</b>        | <b>\$ _____</b> |

**Miscellaneous**

|                      |                 |
|----------------------|-----------------|
| Education            | \$ _____        |
| Recreation           | \$ _____        |
| Medical              | \$ _____        |
| Dental               | \$ _____        |
| Credit Card Payments | \$ _____        |
| Other                | \$ _____        |
| <b>Total</b>         | <b>\$ _____</b> |

**Child Care & Support**

|                        |          |
|------------------------|----------|
| Child care             | \$ _____ |
| Child Support payments | \$ _____ |

|                      |                 |
|----------------------|-----------------|
| <b>Total Income</b>  | <b>\$ _____</b> |
| <b>Total Expense</b> | <b>\$ _____</b> |
| <b>Balance</b>       | <b>\$ _____</b> |

I certify that all information provided is correct and complete.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant

**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

**Heating & Cooling Assistance – Repayment Agreement**

The Heating & Cooling 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 the 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 the 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\_\_\_\_\_

\_\_\_\_\_  
Laurie Mercurio, Executive Director, Tomorrow’s Home Foundation

Date\_\_\_\_\_