



City of West Allis CARES: Emergency Mortgage Payment Program

Eligible Properties: Owner occupied properties located in West Allis.

Eligible Households: Households that have a gross annual income not exceeding the following limits:

INCOME LIMITS * FOR CARES Emergency Mortgage Payment Program

Household Size	1	2	3	4	5	6	7	8
30% County Median Income	17,650	20,150	22,650	25,150	27,200	29,200	31,200	33,200

*Income includes that of all family members 18 years and over and includes wages, pensions, social security benefits, rents, and interest from all assets. (Unearned income must be included regardless of age.)

Income limits effective 7/20

Maximum Grant: Applicants may be eligible to receive up to a total of \$550 per month in mortgage assistance for a period not to exceed three (3) months.

Repayment: Grant must be repaid if the household receives additional funding from another state, federal or local resource.

Conditions: Grant approval is contingent upon a number of factors including:

- Income eligibility
- Ability to demonstrate a gap between unemployment benefits and regular income.
- Ability to provide household income, asset and expense verifications for the timeframe prior to and after the household member being laid off or terminated.
- Sign and comply with a Declaration of Benefits (DOB) statement and agreement to pay the City of West Allis back if funding is received from another state, federal or local resource.
- Incomplete applications will not be considered.

For more information: Contact Robert Ahlm, Rehabilitation Specialist at (414)302-8426 or rahlm@westalliswi.gov





Dear Applicant:

Thank you for inquiring about the City of West Allis CARES: Emergency Mortgage Payment Program. We are happy to provide you with assistance during these trying times. Attached is an application to be filled out and returned to the Housing Division. These forms include:

1. CARES: Emergency Mortgage Payment Program application
2. Authorization for Release of Information

Please read and keep the following items attached to this application for your information:

Step by step approach to process your loan application
Terms and Conditions of grant

When returning your completed application, please include a copy of last year's Federal Income Tax forms, or if you did not file Federal Income Tax, a copy of the previous year's Homestead Credit Form.

If you have any difficulty in filling out this application form or if you have any questions, please do not hesitate to call me at 302-8426. Incomplete applications will not be considered.

Thank you.

Robert Ahlm
Rehabilitation Specialist
rahlm@westalliswi.gov

**CITY OF WEST ALLIS
CARES: EMERGENCY MORTGAGE PAYMENT PROGRAM**

You must meet the following terms and conditions in order to qualify for a Home Repair Loan from the City of West Allis Housing Division:

1. Home must be an owner occupied residence in the City of West Allis.
2. Applicant must be the owner as registered with the Milwaukee County Register of Deeds Office.
3. Applicant must be within the income limits as set by the City of West Allis Housing Division.
4. Applicant must sign and comply with a Declaration of Benefits (DOB) statement and agreement to pay the City of West Allis back if funding is received from another state, federal or local resource.
5. Grant requests will not a total of \$550 per month in mortgage assistance for a period not to exceed three (3) months.
6. City Hall is currently closed to the public. All applications and required documentation must be submitted electronically via e-mail, via USPS or delivered to the drop box near the City Hall entry doors.
7. Incomplete applications will not be processed. Applications will be processed on a first come, first completed, first served basis until all funds have been expended.

**CITY OF WEST ALLIS
GRANT APPROVAL PROCESS**

To help you understand the steps involved in our approval process, we have listed our procedures below:

1. Homeowner submits completed application, verification of income assets and expenses, and federal income tax return.
2. The Housing Division verifies applicant income, assets and expenses to determine eligibility.
3. The Housing Division sends an approval letter and a Declaration of Benefits/Agreement to repay to the applicant. The homeowner must sign and return the Declaration of Benefits/Agreement to repay to the Housing Division.
4. If the grant is denied, the owner will have the right to appeal as described in the program description.
5. An approval letter is sent to the applicant and the Housing Division pays the mortgage holder.

**City of West Allis Rehabilitation Loan
Check List**

This checklist will assist you in expediting our loan process.

Submit your loan application to the Housing Division. Make sure you include all of the information listed below that pertains to you, your spouse or any household member over the age of 18.

- Signed City of West Allis CARES: Emergency Mortgage Payment Program Application
- Signed Release of Information form
- Photocopy of most recent copy of Federal Income Tax return
- Provide employment verification for timeframe prior to when household member(s) were laid off or terminated; and income verification for timeframe after lay off or termination.
- Provide bank or financial institution verification - most recent monthly statement for each account.
- Submit most recent monthly, quarterly or yearly statement regarding any investments
- Submit most recent property tax bill for any property owned (other than current residence)
- Submit Federal Social Security and/or Federal and State Social Security Disability award letters for the current year. If you do not have your award letter, Federal Social Security verifications can be obtained by calling 1-800-772-1213. State Social Security verifications can be obtained by calling 1-800-362-3002. Ask them to fax the verification to the Housing Division at 414-302-8417.
- Submit pension information (year end statement from previous year or letter from pension provider showing monthly disbursements for the current year)
- Submit W2 verification showing disbursements for the last 12 months.
- Submit a child support or alimony verification showing payments received for the last 12 months.
- Submit unemployment and workers compensation verification showing benefits for the last 12 months.
- If a child over the age of 18 is living in the household and is also a full time student, please provide verification from the school registrar and you will not be required to submit income verifications for that person.
- Submit verifications for any other income not listed above.
- Submit most recent monthly mortgage statement. Include name of mortgage company, routing and account number.
- Submit documentation of relief programs applied for including history of benefits received or estimated benefits.

After receiving the above documents, we can begin processing your grant.

If you have any questions regarding this process, please call the Housing Division at 414-302-8426. Our office hours are Monday – Friday, 8:00 a.m. to 4:30 p.m.



City of West Allis CARES: Emergency Mortgage Payment Grant Application

The information collected below will be used to determine whether you qualify for a grant under the City of West Allis CARES: Emergency Mortgage Payment Program. It will not be disclosed outside the City of West Allis Housing Division without your consent. You do not have to provide the information requested, but if you do not, your application for a grant may be delayed or rejected.

PROPERTY INFORMATION

Address of Property:

APPLICANT INFORMATION

Applicant's Name			Home Phone	
(Last)	(First)	(MI)		
Present Street Address	City	State	Zip Code	No. of Years <input type="checkbox"/> Own <input type="checkbox"/> Rent
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, or Widowed) <input type="checkbox"/> Separated			e-mail address:	
Name and address of employer				Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Phone No.	Position/Title	Type of Business	No. of Yrs on Job	WI Driver License Number
Are you a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain:				

CO-APPLICANT INFORMATION

Co-Applicant's Name			Home Phone	
(Last)	(First)	(MI)		
Present Street Address	City	State	Zip Code	No. of Years <input type="checkbox"/> Own <input type="checkbox"/> Rent
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, Divorced, or Widowed) <input type="checkbox"/> Separated			e-mail address:	
Name and address of employer				Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Phone No.	Position/Title	Type of Business	No. of Yrs on Job	WI Driver License Number
Are you a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain:				

HOUSEHOLD COMPOSITION (List the head of your household and all members who live in your home. Give relationship of each family member to the head.)

Member No.	Full Name	Relationship	Date of birth	Social Security No.
1				
2				
3				
4				
5				
6				
7				

Briefly describe the reason for your grant application, what your situation currently is and circumstances for the decrease in your income ie. Lay off, temporary closure, permanent closure, etc.

CURRENT ANNUAL INCOME

Source	Applicant	Co-Applicant	Other household member 18 or older	Total
Salary				
Overtime Pay				
Commissions				
Tips				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, Etc.				
Unemployment Benefits/Workers Compensation				
Alimony, Child Support				
Other				
			TOTAL	

ASSETS: List any assets you own. Please include account numbers and location of the main offices for each.

Type	Cash Value	Annual Income From Assets	Bank Name And Address
Checking Account (Provide Account Numbers)			
Savings Account (Provide Account Numbers)			
Stocks (Provide Account Numbers)			
Other (i.e. rental property)			
Estimated Value of Home:		////////////////////	

LIABILITIES: List outstanding obligations (your debts) including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date

West Allis is able to offer this service/program through a grant from the federal government. One requirement of this grant is that the City keep track of all the individuals this program assists by family size and income level. To help with this requirement, we ask for your assistance. Please complete the information required below so that we may track the individuals we are assisting through this program. Please be aware the information is completely confidential and will not be released but is for record keeping and required federal reporting purposes only. Thank you for your cooperation.

ETHNICITY: Hispanic Non-Hispanic

RACE: (Please mark one)

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> American Indian/Alaskan and Black/African | <input type="checkbox"/> Asian Pacific Islander |
| <input type="checkbox"/> Other Multi-Racial | |

MONTHLY HOUSING EXPENSE

Item	Monthly Payment	Unpaid Principal Balance	Balloon Payment		Amount Balloon \$	Due Date
			Yes	No		
a. First Mortgage (P&I)	\$	\$			List the amount of fire insurance coverage you have on your home: \$ _____ Name and address of your insurance agent:	
b. Other financing secured by property (P&I)	\$	\$				
c. Hazard & Flood Insurance	\$	\$				
d. Real Estate Taxes	\$	\$				
e. Other (please specify)	\$	\$				
g. TOTAL	\$	\$				

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant

Date

Co-Applicant

Date



Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing and
Urban Development
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

City of West Allis Department of Development
Housing Division
7525 West Greenfield Avenue
West Allis, WI 53214

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 522a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HA's for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures improper uses of the income information that is obtained based on the consent form.
Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunities
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian Housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to unearned income (i.e., interest and dividends).

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e. interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Ref. Handbooks 7420.7, 7420.8 & 7465.1

form HUD-9886 (7/94)

Original is retained by the requesting organization

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____ Head of Household	_____ Date		
_____ Social Security Number (if any) of Head of Household		_____ Other Family Member over age 18	_____ Date
_____ Spouse	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security number of all household members' six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purpose cited on the form HUD9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization.

Ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

You will have the ability to attach additional documents to your email, after clicking the Submit button below. To properly use the PDF form, please make sure you have Adobe Acrobat installed on your device. If you are unable to use the Submit button in the form, please email the completed form to rahlm@westalliswi.gov