Newcap
Advocating. Delivering. Achieving.

Initial Criteria for Eligibility

City of Green Bay Mortgage Assistance Program

Eligibility for The City of Green Bay Mortgage Assistance Program is initially determined by income guidelines as established by HUD. This program will serve applicant Household income equal to or less than 80 % of the median income for the Green Bay Area, as follows:

1 Person Household - $46,100.00

2 Person Household - $52,700.00

3 Person Household - $59,300.00

4 Person Household - $65,850.00

5 Person Household - $71,150.00

6 Person Household - $76,400.00

7 Person Household - $81,700.00

8 Person Household - $86,950.00

Please circle the number of Household members above, and list all on the Newcap Intake Form, attached.

Do you certify that your ability to pay your Mortgage has been/is currently affected by COVID? Please explain:

_____

Do you reside within the City Limits of Green Bay? (Note, surrounding municipalities that may have a Green Bay mailing address, such as Allouez, Bellevue, Howard, or Ashwaubenon, are NOT eligible.)

_____

Are you in foreclosure now, or have you been given notice of Foreclosure by your lender:

_____

If your Mortgage is brought current by this program, are you able to continue making your normal Payments? Please explain: _____

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CITY OF GREEN BAY MORTGAGE ASSISTANCE PROGRAM

1st Applicant Name **2nd Applicant Name**	
Address	
Mailing Address (if different)	
City, State, Zip	
Total Assistance Requested	$
Email Address **Phone Number**	
Description of Assistance Requested	❒Mortgage

MORTGAGE :

Account Number:	
Monthly Mortgage Amount	$
Name and full Address of where your mortgage payment is sent to:	)
Total Past Due Amount, if any	$ Does this include late fees? ❒ Yes ❒ No If so, how much is late fees? $

By signing this form, I certify that the above information is true and accurate. I also certify that I have the authority to verify if this information. I am allowing eligible mortgage or past due mortgage do to COVID to be paid directly to the Financial Institution that holds my Mortgage.

_____ _____

Signature of Verifying Party Date

_____ _____

Signature of Applicant Date

For Office Use Only:

Was this information verified? ❒ Yes ❒ No
Who verified the information? _____(name of Newcap staff)
Who did you speak with? _____
What information did you verify? _____
_____
_____

City of Green Bay Mortgage Assistance Program

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Monthly Income

Base Income – Required for all household members Age 18 and over	Applicant	Applicant	Dependent(s)	Additional Adult(s) in Household
Wages, including Overtime, Bonuses, Commission	$	$	$	$
Social Security, SSI, Pensions, Annuities, etc.	$	$	$	$
Other Income (*please name sources)	$	$	$	$
Totals:	**$**	**$**	**$**	**$**

Employment Information

Applicant's current or most recent employer: _____ Phone number: _____

Wage or Salary $_____ Hours per week: _____ *Start/End Date:* _____

Co-Applicant's current or most recent employer: _____ Phone number: _____

Wage or Salary: $_____ Hours per week: _____ *Start/End Date:* _____

Dependent's current or most recent employer: _____ Phone number: _____

Wage or Salary $_____ Hours per week: _____ *Start/End Date:* _____

Dependent's current or most recent employer: _____ Phone number: _____

Wage or Salary $_____ Hours per week: _____ *Start/End Date:* _____

REQUIRED DOCUMENTATION
Please provide ALL that pertain to you!

- Current Mortgage Statement WITH PAYSTUB
- One Recent Paycheck Stub or Income Tax Return (if self-employed
- Social Security Verification
- SSI/SSDI Verification
- Pension Information
- Public Assistance Verification
- Child Support Statement
- Tribal Payments
- Homeowner's Insurance Policy
- All default letters and/or bankruptcy document
- Property Tax Statement
- Stocks, Bonds, Certificates of Deposits
- Other Real Estate
- Current Months Bank Statements

Assistance can not be given without proper supporting documentation.

Authorization to Verify Information

I/We verify that the information on this application is true and complete to the best of my knowledge and belief. I consent to the release of such information in order to qualify for City of Green Bay Mortgage Assistance Program. I understand that providing false information or providing false statements may be grounds for denial of my application. I agree to provide verification of all income and assets as required by NEWCAP. I further authorize disclosure of all information that will verify my income and assets. Furthermore, I agree to complete the assigned budget worksheet.

I/we authorize the release of information requested by NEWCAP in order to verify our eligibility for assistance and/or any other services offered by NEWCAP. This information may include inquiries about credit history, rental history, employment, income, pensions, assets, federal, state or local benefits, family composition, social security, residence history, etc. We further grant permission to NEWCAP to contact social services, financial institutions, landlords, employers, credit bureaus, courts, realtors, and other sources of information in order to facilitate our participation in services or programs available through NEWCAP. I/we further authorize the sharing of information, including, but not limited to, such documents as with social service agencies, financial institutions, real estate professionals, courts and attorneys, and other agencies, as listed in this application.

Grievance Procedure

You, as a City of Green Bay Mortgage Assistance Program participant, some time during your program participation, may have a complaint regarding the Foreclosure Prevention Program, its operation, its contractors, or its staff. Should this occur, you are to contact the Complaint Officer. This may be done by telephone, personal contact, or written correspondence, either by you or your legal representative.

If you choose to file a written complaint, please follow these procedures. Once the complaint has been received by NEWCAP, a meeting may be arranged, within seven (7) days, between you and the Complaint Officer to discuss the issue. If a mutually satisfactory resolution of the issue results from this meeting, a written report will be initiated stating the issue and its resolution. The written report will be approved by you and the Complaint Officer, and the matter will then be considered closed.

You may also request a hearing, if you so desire. This request **must** be in writing. NEWCAP will arrange for a formal hearing to take place within thirty (30) days of receipt of the written complaint. The decision resulting from this hearing will be rendered in writing within sixty (60) days of receipt of the written complaint.

Appeals should be addressed to: Newcap City of Green Bay Mortgage Assistance Program-Complaint Officer
1201 Main Street
Oconto, Wisconsin 54153

By signing below, you are acknowledging that you have read and understand the Housing Counseling Authorization to Verify Information and Grievance Procedure.

_____ _____

Applicant Signature Date

_____ _____

Applicant Signature Date

Do you have any family or business ties with these people: NEWCAP, Inc., Cynthia Patterson, Jaime Johnson, Debbie Bushman, or Cheryl Detrick? If so, what is the relationship? Yes/No

If **yes**, disclose the nature of the relationship.

NAMES OF COVERED PERSONS	RELATIONSHIP

*Covered persons includes any person who is an employee, agent, consultant, officer, or elected or appointed official, of the grantee who exercises, or have exercised, any functions or responsibilities with respect to the HCRI housing activities, or who are in a position to participate in a decision-making process or gain inside information with regard to housing activities, either for themselves or those with whom they have family or business ties, during their tenure in the position or for one year thereafter.

The definition of family includes:

- Spouse
- Fiancée/Fiancé
- Children and Children-in-Law
- Brothers and brothers-in-law
- Sisters and sisters-in-law
- Parents and Parents-in-Law
- Anyone who receives more than 50% of their support from the covered person (e.g., adopted child, foster child)

I/We affirm that all the answers given in this application are complete and correct to the best of our knowledge and made for the purpose of obtaining financial assistance. Knowingly making false statements in order to qualify for City of Green Bay Mortgage Assistance Program assistance may make you subject to civil or criminal penalties.

I/We authorize NEWCAP, Inc., to communicate with any person, firm, or corporation and to obtain such information as it may require concerning the statements made in this application and agree that the application shall remain the property of NEWCAP, Inc., whether or not the financial assistance herein requested is granted.

_____ _____

Applicant Signature Date

_____ _____

Applicant Signature Date

Please send completed application to:

NEWCAP, Inc.
Attn: Cynthia Patterson, 1201 Main Street, Oconto, WI 54153
Office: 920-834-4621 ext. 1168 Fax: 920-834-4887
cynthiapatterson@newcap.org

Duplication of Benefits Certification for CDBG-CV funds

A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Duplication of benefits occurs when Federal financial assistance is provided to person or entity through a program to address losses and the person or entity has received (or would receive, by acting reasonably to obtain available assistance) financial assistance for the same costs from any other source (including insurance), and the total amount received exceeds the total need for those costs.

The CARES Act requires HUD to ensure that there are adequate procedures in place to prevent any duplication of benefits as required by section 312 of the Stafford Act, as amended by section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.

HUD requires each grantee to have procedures in place to prevent the duplication of benefits when it provides financial assistance with CDBG-CV funds. Grant funds may not be used to pay for a cost if another source of financial assistance is available to pay for the same cost.

A. **This certification must be completed by any subrecipient, individual or family, business, direct beneficiary, or other entity that receives assistance and serves to document compliance with the CARES Act requirement to ensure that there are adequate procedure in place to prevent any duplication of benefits as required by Section 312 of the Stafford Act, as amended by Section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115-254; 42 U.S.C. 5121 et seq.) and all applicable Federal Register notices, including FR-6218-N-01.**

I, _____

(Name/title of business owner(s), sub grantee (Public Social Service Entity), sub recipient, direct beneficiary, other entity)

Hereby certify that:

A. **The Community Development Block Grant-CV Funds, awarded to the City of Green Bay through the Coronavirus Aid, Relief and Economic Security Act (CARES Act) does not duplicate/replace any other funds, and/or any funds from the following sources:**
    1. **The Paycheck Protection Program**
    2. **Unemployment compensation benefits**
    3. **Insurance claims/proceeds**
    4. **Federal Emergency Management Agency (FEMA) funds**
    5. **Small Business Administration funds**
    6. **Other Federal, State or local funding**
    7. **Other nonprofit, private sector, or charitable funding.**

B. **Further, this executed certification serves to acknowledge that any subgrantee, subrecipient, individual or family, business, direct beneficiary, or other entity understands and agrees that the CDBG-CV funds must be repaid if it is determined that such assistance is determined to be duplicative.**

Signature and date of:

Business owner(s), subgrantee (Public Social Service Entity), subgrecipient, direct beneficiary, or other entity

COMMUNITY DEVELOPMENT BLOCK GRANT
SELF CERTIFICATION
2020 INCOME STATUS DOCUMENTATION

Please find your household size and place an "X" in the income range box that represents your income.

	1 Person Hshld
	0 – 17,300
	17,301 – 28,850
	28,851 – 34,620
	34,621 – 46,100
	Over 46,101

	2 Person Hshld
	0 – 19,800
	19,801 – 32,950
	32,951 – 39,540
	39,541 – 52,700
	Over 52,701

	3 Person Hshld
	0 – 22,250
	22,251 – 37,050
	37,051 – 44,460
	44,461– 59,300
	Over 59,301

	4 Person Hshld
	0 – 24,700
	24,701– 41,150
	41,151 – 49,380
	49,381 – 65,850
	Over 65,851

	5 Person Hshld
	0 – 26,700
	26,701 – 44,450
	44,451 – 53,340
	53,341 – 71,150
	Over 71,151

	6 Person Hshld
	0 – 28,700
	28,701 – 47,750
	47,751 – 57,300
	57,301 – 76,400
	Over 76,401

	7 Person Hshld
	0 – 30,650
	30,651 – 51,050
	51,051 – 61,260
	61,261 – 81,700
	Over 81,701

	8 Person Hshld
	0 – 32,650
	32,651 – 54,350
	54,351 – 65,220
	65,221 – 86,950
	Over 86,951

_____ _____

Address Date

_____

Sign

The following is voluntary information. It will be used for reporting to the U.S. Department of Housing and `Urban Development. Names will not be associated with the information reported.

Client Characteristics												
Sex		Single Race					Multi-Race					Ethnicity
M	F	White	Black/ African American	Asian	American Indian/ Alaskan Native	Native Hawaiian/ Pacific Islander	American Indian/ Alaskan Native & White	Asian & White	Black/ African American & White	American Indian/ Alaskan Native & Black/African American	Other	Hispanic

NEWCAP INTAKE FORM – Please complete this form in its entirety to avoid a delay in services.

What program/s are you interested in (check all that apply): ☐ Rental Assistance ☐ Weatherization ☐ Furnace ☐ Health Services ☐ Homebuyer/Homeowner Programs ☐ Transportation ☐ Entrepreneur ☐ Newcap rentals ☐ Budget Counseling ☐ Job Search ☐ Education ☐ Other: _____

CUSTOMER INFORMATION			
Last Name	First Name MI	Date of Birth	Intake Date
Phone ( ) Cell ( )	Email	SSN	Office Location/Site
Primary Address: Mailing Address:	City: County/Tribe:		Zip Code

GENDER	**MARITAL STATUS**	**ETHNICITY**
☐ Male ☐ Female ☐ Other	☐ Single ☐ Separated ☐ Married ☐ Divorced ☐ Domestic Partner ☐ Widowed	☐ Hispanic/Latino ☐ Non-Hispanic/Latino

HOUSEHOLD TYPE	**INDICATE YOUR RACE (SELECT ONE)**	
☐ Single parent female ☐ Single parent male ☐ Two parent household ☐ Single person ☐ Two or more adults NO CHILDREN	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Caucasian (White)	☐ Hawaiian/Pacific Islander ☐ Multi-Race ☐ Other ☐ Unspecified

INDICATE YOUR EDUCATION (SELECT ONE)		
☐ 0-8th Grade ☐ 12+ Some Postsecondary ☐ 2 Year Degree ☐ 4 Year Degree	☐ 9-12 Education ☐ GED ☐ Graduate Degree	☐ High School Graduate ☐ Vocational School ☐ Unspecified

INDICATE YOUR HEALTH INSURANCE (SELECT ONE)		
☐ No Health Insurance ☐ Direct Purchase ☐ Employment Based	☐ Medicaid ☐ Medicare ☐ Military Health Care	☐ State Children's Health Insurance ☐ State Insurance for Adults ☐ Unknown

MILITARY STATUS (SELECT ONE)	**DO YOU RECEIVE FOOD STAMPS?**	**ARE YOU DISABLED?**
☐ Active Military ☐ Veteran ☐ No Military Status ☐ Unknown	☐ Yes ☐ No ☐ Decline to Answer	☐ Yes ☐ No ☐ Decline to Answer

FARMER (SELECT ONE)	**WORK STATUS (SELECT ONE)**	
☐ Farmer ☐ Migrant ☐ Migrant Seasonal ☐ Not a Farmer	☐ Employed Full-Time ☐ Employed Part-Time ☐ Migrant Seasonal Farm Worker ☐ Retired	☐ Unemployed (Long-Term) ☐ Unemployed (Not in Workforce) ☐ Unemployed Short Term >6mos ☐ Unknown

RESIDENT? (SELECT ONE)	**NON-CASH BENEFITS (SELECT ONE)**	
☐ US citizen ☐ Documented Alien ☐ Undocumented Alien	☐ Affordable Care Act Subsidy ☐ Childcare Voucher ☐ Housing Choice Voucher ☐ HUD-VASH	☐ LIHEAP ☐ Other ☐ SNAP ☐ Public Housing ☐ WIC ☐ None ☐ Permanent Supportive Housing

INDICATE YOUR MONTHLY INCOME AMOUNT AND SELECT INCOME SOURCE: | $

☐ Employment	☐ Unemployment	☐ Work Comp	☐ EITC
☐ TANF	☐ Pension	☐ Private Disability	☐ None
☐ Public Assistance	☐ Alimony	☐ SSI	☐ VA Service-Connected Compensation
☐ Child Support	☐ Rental	☐ SSDI	☐ VA Non-Service Connected Pension
☐ Self-Employment	☐ Interest/Dividends	☐ Social Security Retirement	

HOUSING STATUS (SELECT ONE)

☐ Own
☐ Rent to Own
☐ Rent
Rent amount per month: _____

Landlord name: _____
LL Address: _____
LL Phone number: _____
Who pays for heating?
☐ Landlord or ☐ Tenant

☐ Other
☐ Runaway
☐ Homeless
☐ Temporary - Stable
☐ Temporary - Unstable

HOUSING TYPE (SELECT ONE)

☐ House- year built_____

☐ Duplex (lower/upper level or side by side) - Year built_____

☐ Apartment - # of Units_____
Year built_____

☐ Mobile home
Year built_____

Type of Energy Source

Water Heater
☐ Natural Gas ☐ LP/Propane ☐ Oil ☐ Electric ☐ Unknown

Heating
☐ Natural Gas ☐ LP/Propane ☐ Oil ☐ Electric ☐ Wood ☐ Unknown

RELIABLE TRANSPORTATION: ☐ **YES OR** ☐ **NO**

DO YOU HAVE A VALID DRIVER'S LICENSE: ☐ **YES OR** ☐ **NO**

Are you or any household member related to any Newcap employee or Board of Director? (related to includes self, spouse, Fiancée/Fiancé, children and children-in-law, brothers, brother(s)-in-law, sisters, sister(s)-in-law, parents, and parent(s)-in-law, and/or anyone who received more than 50% of their annual support from the person (e.g. adopted child, foster child))

☐ **Yes or** ☐ **No** **If Yes, please explain:** _____

NOTES:

OTHER HOUSEHOLD MEMBERS

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

BIRTHDATE: _____ /_____ /_____

GENDER: ☐ Male ☐ Female

RELATIONSHIP TO THE APPLICANT

☐ Spouse ☐ Sibling
☐ Boy/Girlfriend ☐ Grandparent
☐ Son/Daughter ☐ Grandchild
☐ Step-child ☐ Aunt/Uncle
☐ Foster-Child ☐ Niece/Nephew
☐ Parent ☐ Cousin
☐ Step-parent ☐ No Relation

ETHNICITY:

☐ Hispanic ☐ Non-Hispanic

RACE:

☐ American Indian ☐ Black
☐ White ☐ Asian
☐ Other: _____

MARITAL STATUS:

☐ Single ☐ Married
☐ Divorced/Separated
☐ Widowed

HIGHEST LEVEL OF EDUCATION:

☐ 0-8 grade
☐ 9-12/Non-Graduate
☐ High School Graduate/GED
☐ 12+ Some Post-Secondary
☐ 2 or 4-year College Graduate

HEALTH INSURANCE STATUS:

☐ Medicaid/Medicare
☐ Government/Tribal Insurance
☐ VA Benefits
☐ No coverage (self-pay)
☐ Other (Please specify)

_____

HUD REQUIRED:

US Veteran: ☐ Yes ☐ No
Disabled: ☐ Yes ☐ No
If yes: ☐ Physical ☐ Mental
☐ Blind ☐ Speech ☐ Deaf
☐ Developmental ☐ Behavioral
Long Term: ☐ Yes ☐ No

EMPLOYMENT STATUS:

Are You Currently Employed?
☐ Yes ☐ No
If yes: ☐ Full Time ☐ Part Time
Hours per week _____
Hourly wage_____
If no, state reason:

_____

STAFF USE Only:

Program: _____
Service Start Date: _____
Service End Date: _____

OTHER HOUSEHOLD MEMBERS

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

BIRTHDATE: _____ /_____ /_____

GENDER: ☐ Male ☐ Female

RELATIONSHIP TO THE APPLICANT

☐ Spouse ☐ Sibling
☐ Boy/Girlfriend ☐ Grandparent
☐ Son/Daughter ☐ Grandchild
☐ Step-child ☐ Aunt/Uncle
☐ Foster-Child ☐ Niece/Nephew
☐ Parent ☐ Cousin
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☐ Hispanic ☐ Non-Hispanic

RACE:

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☐ Government/Tribal Insurance
☐ VA Benefits
☐ No coverage (self-pay)
☐ Other (Please specify)

_____

HUD REQUIRED:

US Veteran: ☐ Yes ☐ No
Disabled: ☐ Yes ☐ No
If yes: ☐ Physical ☐ Mental
☐ Blind ☐ Speech ☐ Deaf
☐ Developmental ☐ Behavioral
Long Term: ☐ Yes ☐ No

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Are You Currently Employed?
☐ Yes ☐ No
If yes: ☐ Full Time ☐ Part Time
Hours per week _____
Hourly wage_____
If no, state reason:

_____

STAFF USE Only:

Program: _____
Service Start Date: _____
Service End Date: _____

OTHER HOUSEHOLD MEMBERS

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

BIRTHDATE: _____ /_____ /_____

GENDER: ☐ Male ☐ Female

RELATIONSHIP TO THE APPLICANT

☐ Spouse ☐ Sibling
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☐ Government/Tribal Insurance
☐ VA Benefits
☐ No coverage (self-pay)
☐ Other (Please specify)

_____

HUD REQUIRED:

US Veteran: ☐ Yes ☐ No
Disabled: ☐ Yes ☐ No
If yes: ☐ Physical ☐ Mental
☐ Blind ☐ Speech ☐ Deaf
☐ Developmental ☐ Behavioral
Long Term: ☐ Yes ☐ No

EMPLOYMENT STATUS:

Are You Currently Employed?
☐ Yes ☐ No
If yes: ☐ Full Time ☐ Part Time
Hours per week _____
Hourly wage_____
If no, state reason:

_____

STAFF USE Only:

Program: _____
Service Start Date: _____
Service End Date: _____

OTHER HOUSEHOLD MEMBERS

FIRST NAME:

MIDDLE INITIAL: _____

LAST NAME:

BIRTHDATE: ____ /____ /____

GENDER: ☐ Male ☐ Female

RELATIONSHIP TO THE APPLICANT

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☐ VA Benefits
☐ No coverage (self-pay)
☐ Other (Please specify)

_____

HUD REQUIRED:

US Veteran: ☐ Yes ☐ No
Disabled: ☐ Yes ☐ No
If yes: ☐ Physical ☐ Mental
☐ Blind ☐ Speech ☐ Deaf
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Long Term: ☐ Yes ☐ No

EMPLOYMENT STATUS:

Are You Currently Employed?
☐ Yes ☐ No
If yes: ☐ Full Time ☐ Part Time
Hours per week _____
Hourly wage_____
If no, state reason:

_____

STAFF USE Only:

Program: _____
Service Start Date: _____
Service End Date: _____

OTHER HOUSEHOLD MEMBERS

FIRST NAME:

MIDDLE INITIAL: _____

LAST NAME:

BIRTHDATE: ____ /____ /____

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☐ Government/Tribal Insurance
☐ VA Benefits
☐ No coverage (self-pay)
☐ Other (Please specify)

_____

HUD REQUIRED:

US Veteran: ☐ Yes ☐ No
Disabled: ☐ Yes ☐ No
If yes: ☐ Physical ☐ Mental
☐ Blind ☐ Speech ☐ Deaf
☐ Developmental ☐ Behavioral
Long Term: ☐ Yes ☐ No

EMPLOYMENT STATUS:

Are You Currently Employed?
☐ Yes ☐ No
If yes: ☐ Full Time ☐ Part Time
Hours per week _____
Hourly wage_____
If no, state reason:

_____

STAFF USE Only:

Program: _____
Service Start Date: _____
Service End Date: _____

OTHER HOUSEHOLD MEMBERS

FIRST NAME:

MIDDLE INITIAL: _____

LAST NAME:

BIRTHDATE: ____ /____ /____

GENDER: ☐ Male ☐ Female

RELATIONSHIP TO THE APPLICANT

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☐ Boy/Girlfriend ☐ Grandparent
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☐ Foster-Child ☐ Niece/Nephew
☐ Parent ☐ Cousin
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☐ Blind ☐ Speech ☐ Deaf
☐ Developmental ☐ Behavioral
Long Term: ☐ Yes ☐ No

EMPLOYMENT STATUS:

Are You Currently Employed?
☐ Yes ☐ No
If yes: ☐ Full Time ☐ Part Time
Hours per week _____
Hourly wage_____
If no, state reason:

_____

STAFF USE Only:

Program: _____
Service Start Date: _____
Service End Date: _____