



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?

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.)



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	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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



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
- 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