

PANDEMIC MORTGAGE ASSISTANCE PROGRAM APPLICATION

Winnebago County will use this application, and other financial information to help determine if, and to what extent you are eligible for a grant through the Pandemic Mortgage Assistance Program created by funding through the CARES Act. This effort is designed to help prevent mortgage foreclosure.

RETURN TO WinnebagoMortgageHelp@co.winnebago.wi.us or by mail:

**Winnebago Mortgage Help
PO Box 1287
Oshkosh, WI 54903-2187**

**FAILURE TO INCLUDE ALL REQUIRED INFORMATION MAY PREVENT US FROM ASSISTING.
INFORMATION REQUIRED:**

1. Verification that the mortgage was current as of March 1, 2020 and became at least 30 days delinquent prior to August 31, 2020. Mortgage statements showing the payment history or a statement from the Lender.
2. Copy of driver's license or photo ID for all applicants.
3. Applicant must complete and sign the application which includes the Affidavit of Truth and sign the Authorization Release.

Applicant's First, Middle & Last Name					<u>Dwelling Type</u> <input type="checkbox"/> Double (D) <input type="checkbox"/> Single (S) <input type="checkbox"/> Condo (C) <input type="checkbox"/> Row (R) <input type="checkbox"/> Mobile/Trailer (T) <input type="checkbox"/> Multiple Units (M) (if multiple, please explain)
Property Address	City	County	State	Zip	
Mailing Address (if different from above)		<u>Explain if address is different:</u>			
Phone Numbers		Email:			
Co-Applicant's First, Middle & Last Name	Relationship				
Mailing Address	City	County	State	Zip	
Phone Numbers		Email:			
Do you currently live in the mortgaged property?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is this your primary residence?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you own the subject property?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are all owners a part of application?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
If not, explain:					
<u>Mortgage Company/Lender</u>	<u>Address (indicate if servicer)</u>	<u>Loan Number</u>	<u>Loan Amount</u>	<u>Term</u>	
1.					
2.					
3.					
<u>Monthly Payment</u>	<u>Date of Last Full Payment</u>	<u>Last Pmt. Applied to Month/Year</u>		<u>Amount Delinquent</u>	

1.			
2.			
3.			
TOTAL:			TOTAL:

Is the delinquency related to unemployment or reduced hours and wages as a result of the COVID-19 Pandemic? Yes No

Please explain how COVID-19 affected your ability to pay your mortgage payments. If necessary, attach a separate sheet to continue:

Marital Status: Married Separated Unmarried Divorced Widow/Widower

HOUSEHOLD SIZE Include everyone currently living in the property.

List employment data for all persons whose income(s) is used to meet household expenses: (attach a separate sheet if necessary)

<u>First & Last Name</u>	<u>Current & Previous Employer from January 2020 to-Date</u>	<u>Start & End Dates of Employment</u>	<u>Position</u>	<u>Reason for Leaving</u>	<u>Gross pay per Month</u>

List all other sources of Income (social security, pension, unemployment benefits, workers compensation, cash assistance, contributions boarder, child support, alimony, royalties, etc.)

<u>Name/Source</u>	<u>Amount/Month</u>	<u>Description</u>	<u>Start Date</u>	<u>Name/Source</u>	<u>Amount/Month</u>	<u>Description</u>	<u>Start Date</u>

****ATTACH VERIFICATION OF AMOUNTS OF ALL ABOVE LISTED SOURCES OF HOUSEHOLD INCOME PRIOR TO THE PANDEMIC, DURING THE PANDEMIC, AS WELL AS CURRENT.****

Signature/Affidavit

By signing this application, you are authorizing Winnebago County to request any information that is appropriate and necessary for the proper determination for the Mortgage Assistance Program per the CARES Act funding guidelines. Any person, including financial institutions, **other entities that provide mortgage assistance**, employers, or credit reporting agencies may release this information unless it is prohibited or restricted by law. Your authorization remains in effect until:

1. Your Mortgage Assistance application is denied
2. You withdraw your application
3. You inform Winnebago County in writing that you wish to end your authorization

Also, your signature on the application means that you understand the questions and statements on this application form and the penalties for giving false information or breaking the rules. By signing the application, you are certifying under penalty of perjury and false swearing, that all of your answers are correct and complete to the best of your knowledge. Also, you understand and have provided documentation to prove what you have said. I understand that Winnebago County may contact other persons or organizations to obtain the necessary proof of my eligibility. In addition, your signature on this application indicates that no other entity has paid or is scheduled to pay your mortgage for the same time period and that you are requesting the assistance for a first mortgage (not a home equity loan or reverse mortgage) on a home that you own and reside in within Winnebago County.

By signing this application, I am acknowledging that I have read and understand all of the questions, terms and conditions as stated above.

Handwritten Signature of Applicant

Date signed (mm/dd/yy)

Handwritten Signature of Co-Applicant

Date signed (mm/dd/yy)