A household must meet 4 eligibility criteria to receive assistance under the Wyoming Emergency Housing Assistance Program (WEHAP). They are:

- The members of the household must live in the state of Wyoming and be seeking housing assistance for a 1-unit single family home or apartment unit that is the primary residence.
- The household must have suffered a financial hardship due to COVID-19 and lack sufficient income or resources to pay rent, a mortgage payment, a security deposit or hazard insurance payment due on or after April 1, 2020.
- Households who receive other rental assistance, such as a Housing Choice Voucher (Section 8), Project-Based Rental Assistance (RD/USDA Voucher), Emergency Solutions Grant or other similar federal or state rental assistance that is paid to a landlord on the household’s behalf, are not eligible for WEHAP.
- Monthly gross household income must be equal to or less than $20,833.00.

Before you begin, please note that you will need to gather copies of the following documents to be mailed back with your application to WCDA for review. If you have questions, please call us at (307) 253-1086 to reach someone for help with your application.

- Income documentation from each member of the household for the following income sources:
  A. Federal stimulus or Economic Impact Payments do not count toward your income for this application.
  B. Pay stub(s) documenting wage earnings for the month in which assistance is needed;
  C. Social Security Statement;
  D. Pension/Retirement Statement;
  E. Public Assistance Statement;
  F. Unemployment Benefit Statement;
  G. Self-Employment Income, including current month business bank statement(s), current and month-to-date profit/loss statement; and/or
  H. Other Income documentation.

- Expense documentation:
  A. Current executed lease agreement (renters only);
  B. Monthly mortgage statement (homeowners only); and/or
  C. Hazard insurance bill or statement, if not included in monthly mortgage payment (homeowners only).

**PROGRAM GUIDELINES:**

The Wyoming Emergency Housing Assistance Program (WEHAP) serves eligible Wyoming residents, who, because of the COVID-19 emergency or the response to that emergency, have suffered substantial financial hardship and now lack sufficient income or resources to pay housing costs.

- Program recipients are eligible to receive emergency rent or mortgage payment assistance up to $2,000, with subsequent month(s) of assistance contingent upon completion of a
monthly Request for Continued Assistance form attesting to the need for on-going assistance, and subject to available funding.

- Rent or mortgage payment arrears due prior to April 1, 2020 are not eligible.
- Initial payments may include more than one month’s assistance in cases where the eligible household can demonstrate arrearages for months prior to the application, and a continuing COVID-19 related financial hardship impacting their ability to pay (or pay in full) their rent or mortgage payment. (For example, a renter applying in June may request assistance for April, May and June.)
- Wyoming Emergency Housing Assistance Program (WEHAP) will pay the difference between 30% of the household’s current gross monthly income and their eligible housing assistance costs (monthly rent or mortgage payment plus monthly hazard insurance if applicable and not paid directly by mortgage servicer), up to $2,000/month. A housing assistance calculator is available on our webpage at: https://wyomingcda.com.
- Unpaid security deposits corresponding with initial lease agreements effective April 1, 2020 or later are eligible.
- Payments are made directly to landlord/property owners or mortgage servicers.

APPLICANT INFORMATION:

First Name:__________________________________________________________
Last Name:__________________________________________________________
Physical Street Address:_______________________________________________
Physical City, County, State, Zip _________________________________________
Mailing Address: _____________________________________________________
Phone Number: _______________________________________________________
Email Address: ________________________________________________________
Date of Birth:_________________________________________________________

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<tr>
<th>Race</th>
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<tbody>
<tr>
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* The above information is requested by the Federal Government to ensure our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information but are encouraged to do so. For race, you may check more than one designation. If you do not wish to furnish the information, please check the appropriate box.
ELIGIBILITY CRITERIA:

STATE OF WYOMING PRIMARY RESIDENCE
The members of my household live in the state of Wyoming and are requesting housing assistance for our 1-unit single family home or apartment unit that is our primary residence.
☐ Yes □ No If the answer is “no”, stop here, you are not eligible

FINANCIAL HARDSHIP DUE TO COVID-19
As a result of the COVID-19 emergency, my household lacks sufficient income or resources to pay rent, security deposit, mortgage payment, or hazard insurance payments due on or after April 1, 2020.
☐ Yes □ No If the answer is “yes”, stop here, you are not eligible

Please indicate what COVID-19 specific circumstance applies by checking the applicable box below:
☐ Job loss, reduction in compensation or closure of place of employment
   Attach all that may apply:
   • A letter or email from employer documenting job loss, layoff, or closure of place of employment, unpaid leave of absence, reduction in hours or pay.
   • Recent paystub(s) documenting decrease in wage earnings
   • Unemployment insurance benefit statement
   Please explain: ________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

☐ Obligation to be absent from work to care for home-bound child(ren)
   Please explain: ________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

☐ Obligation to be absent from work due to a requirement to be quarantined based on the applicant’s diagnosis of COVID-19
   Please explain: ________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

☐ Obligation to be absent from work due to a requirement to self-quarantine based on a Directive of the Governor, the advice of a healthcare provider, or the advice or directive of a local or state public health authority, the directive of a law enforcement officer, or where the applicant has reason to believe that self-quarantine is in the best interest of public health and human safety due to an exposure or high-risk activity. This could include applicants over 65 or those who have any health condition that places him/her at enhanced risk for COVID-19.
   Please explain: ________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
OTHER HOUSING ASSISTANCE
Families who receive other rental assistance, such as Housing Choice Voucher (Section 8), Project-Based Rental Assistance (RD/USDA Voucher), Emergency Solutions Grant or other similar federal or state rental assistance are not eligible for the Emergency Housing Assistance Program.

I receive one of the above types of rental assistance
☐ Yes  ☐ No  If the answer is “yes”, stop here, you are not eligible

INCOME ELIGIBILITY
Monthly gross household income is equal to or less than $20,833.00.
☐ Yes  ☐ No  If the answer is “no”, stop here, you are not eligible

“Monthly gross household income” includes income from the applicant, spouse or domestic partner of the applicant, if any, roommate(s), if any, and children, if any, over the age of 18 who reside in the residence at the time of Application. Federal stimulus or Economic Impact Payments do not count toward income for this application.

MONTHS ASSISTANCE IS BEING REQUESTED
Please list the months that you are requesting assistance in the space below and what you are requesting. For example: April Rent, June Rent or April Mortgage, April Lot Rent for Manufactured Home
________________________________________________________________________
____________________________________________________________________________________

APPLICANTS SEEKING MORTGAGE-RELATED ASSISTANCE
☐ Are you seeking first and/or second mortgage loan assistance?
(e.g. Bank mortgage loan, contract for deed, manufactured home financing, down payment assistance loan, home equity line of credit, home improvement loan, etc.)

If yes, contact your mortgage servicer to determine the type of mortgage insurance or guarantee your mortgage carries or if your loan was sold to Fannie Mae or Freddie Mac.

Is your mortgage loan federally insured or guaranteed (FHA, VA, RD), or does it carry Private Mortgage Insurance that offers a COVID-19 forbearance, or has it been sold to Fannie Mae or Freddie Mac?
☐ Yes  ☐ No

If you are requesting mortgage assistance, a minimum contribution of at least $100.00 will be required to pay towards the monthly property tax escrow, because WEHAP funds cannot be used toward paying property taxes.

☐ First Mortgage Loan Payment  Circle one: YES / NO $__________ (per month)
☐ Second Mortgage Loan Payment  Circle one: YES / NO $__________ (per month)

Attach current mortgage statement for the mortgage(s)
☐ Are you seeking assistance paying hazard insurance? Circle one: YES / NO
$__________ (Does not apply if paid by mortgage servicer.) Attach current bill.
☐ Are you seeking assistance paying lot rent Circle one: YES / NO $__________ (per month)
Attach current executed lease agreement
☐ Are you seeking a different type of home loan assistance (contract-for-deed, manufactured
home financing, other? Circle one: YES / NO $__________ (per month) Attach
documentation

Other information:
______________________________________________________________________________
______________________________________________________________________________

.APPLICANTS SEEKING RENTAL ASSISTANCE
☐ Are you seeking rental assistance? Circle one: YES / NO

My household is seeking rental assistance for the following. Check all that apply and indicate amount:
☐ Rent $__________ (per month) Attach current signed lease agreement
☐ Security Deposit $__________ (total) Attach current signed lease agreement
☐ Lot Rent $__________ (per month) Attach current signed lease agreement
☐ Other Circumstances $__________ (per month) Attach documentation

Other information: ___________________________________________________________________
__________________________________________________________________________________

MONTHLY GROSS HOUSEHOLD INCOME
Please select all that apply to your household and provide current monthly gross income from each
source for each household member:
☐ Wages or Salary $__________ (per month)
       Attach pay stubs for the month prior to each month that you are requesting assistance
☐ Social Security $__________ (per month)
       Attach Social Security Statement or bank statement indicating direct deposit
☐ Pension/Retirement $__________ (per month)
       Attach Pension/Retirement Statement or bank statement indicating direct deposit
☐ Public Assistance $__________ (per month)
       Attach Public Assistance Statement or bank statement indicating direct deposit
☐ Unemployment $__________ State of Wyoming Unemployment (per month)
       $__________ Pandemic Unemployment Assistance (per month)
       Attach Award Statement or bank statement indicating direct deposit
☐ Self-Employment Income YES / NO - Circle One
If yes, please complete the following questions:
Name of Business: ________________________________________________________________
Date Business Opened: _____________________________________________________________
Type of Business: _______________________________________________________________

Current Net Monthly Income $ ____________________________________________________

Attach most recent bank statement(s) for business
Attach current month and year-to-date profit and loss statement

☐ Other Income $__________ (per month) Attach documentation

Please Explain________________________________________________________________________
____________________________________________________________________________________

Does your household have zero income? YES / NO - Circle One
If yes, please complete the following question section:
I hereby certify that no person in my household receives income from any of the following sources:
   a. Wages or salary
   b. Social Security
   c. Pension/Retirement
   d. Public Assistance
   e. Unemployment
   f. Self-Employment
   g. Any other source not named above.
   h. My household currently has no income of any kind and there is no imminent change
      expected in my financial status or employment status.

HOUSEHOLD ASSETS
The Wyoming Emergency Housing Assistance Program is restricted to eligible Wyoming families with
readily available liquid assets of less than $10,000. Applicant acknowledges and understands that
readily available liquid assets for this program include cash on hand and funds in checking and/or
savings accounts.

Please select all that apply to your household and provide your current balance from each source:

☐ Cash on hand $__________
☐ Checking Account $__________ Attach most recent month bank statement(s)
☐ Savings Account $__________ Attach most recent month bank statement(s)

DISCLOSURES AND CERTIFICATIONS
Do you believe you are eligible for, or have you applied or received any federal loans, grants, or aid for
COVID-19 related purposes, either from the CARES Act or other similarly purposed federal act,
including funds from the Wyoming Business Council funded through the CARES Act?
☐ Yes □ No
If yes, please describe:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
I certify that I complied with all applicable State and County health orders related to COVID-19.

I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial or termination of housing assistance pursuant to the Program.

I understand Wyoming Emergency Housing Assistance Program (WEHAP) will pay the difference between 30% of my household’s current gross monthly income and our (monthly rent or mortgage payment plus monthly hazard insurance, if applicable and not paid directly by mortgage servicer), up to $2,000/month. It is expected that my household will contribute 30% of our current gross monthly income towards our housing costs. If I am requesting mortgage payment assistance, I understand my minimum household contribution is at least $100.00. In the event my landlord/property owner or mortgage servicer does not accept partial payment from WEHAP, I understand that my household is not entitled to these funds and they must be returned to WCDA for the Wyoming Emergency Housing Assistance Program fund pool. I also understand that I may not receive funds if they are no longer available and that applications are reviewed and processed by WCDA on a first-come first-served basis. I understand that my application may be denied for a variety of reasons, including non-qualification, incomplete application and required documentation, and insufficient fund availability. WCDA retains all immunity and defenses available to it pursuant to Wyo. Stat. 1-39-104(a) and other applicable law.

____________________________________________  ___________________________________
Applicant Signature         Date

Please mail this application AND the applicable completed verification form(s) on the following pages to the address below. The W-9 form is only for the landlord to fill out. No other payee will require the form.

If you are requesting mortgage assistance, ask your mortgage servicer to complete the mortgage verification form. If for rental assistance or lot rents, please ask your landlord to complete the Landlord Verification form.

Please call (307) 253-1086 if you have questions about the application. Please allow 7 business days for WCDA to receive your application and review it. WCDA is open from 8:00 a.m. – 5:00 p.m., Monday thru Friday.

WEHAP %WCDA
P O Box 634
Casper, WY 82602
LANDLORD VERIFICATION FORM

DATE:

Notice to Tenant:
Your signature hereby authorizes your landlord to release the below information to WCDA.

------------------------------------------------- --------------------------------------------
Tenant’s Legal Name (Print or Type) Tenant’s Signature

------DEAR LANDLORD:

Name of Tenant Tenant’s Address City ST Zip

has applied for emergency housing rental assistance from Wyoming Emergency Housing Assistance Program. In order to determine eligibility, the below information is required. Please type or print legibly to avoid processing delays.

Tenant’s move-in date: ______/_____/______

New Move-Ins: Security Deposit Due $__________

Rent is paid through: ______/_____/______

Prorated Rent Due: $____________________

Please list the base rent for this unit, as stated on the lease, excluding all other fees $________________

Are you receiving any other payments or rent subsidy for this tenant, such as Housing Choice Voucher (Section 8), Project-Based Rental Assistance (RD/USDA Voucher), Emergency Solutions Grant? Yes ______ No ______

Is the tenant related to you? Yes _____ No _____ If yes, explain relationship _________________________________

Wyoming Emergency Housing Assistance Program will only authorize payments to the verified owner or property management company, stated below and on a valid, corresponding W-9 form OR Substitute W-9.

Owner/Property Management, as stated on Substitute W-9, including DBA

Owner/Property Management Company’s Physical Address (PO box not acceptable) City St. Zip Code

Owner/Property Management Representative Mailing Address (Payment address) City St. Zip Code

Owner/Property Management Representative Phone #

LANDLORD CERTIFICATION

• I attest that I have a lease agreement with the above-named tenant.
• I have not applied for or received funds from another agency for the same lost revenue that would be covered by the receipt of these WEHAP funds
• By accepting funds from the Wyoming Emergency Housing Assistance Program, I landlord agree not to evict the tenant for non-payment of rent for the time period in which funds are received.
• By signing this form, I certify that the information presented is true and accurate to the best of my knowledge.

____________________________________________ ______________________________________________
Owner/Property Management Representative Signature Owner/Property Management Representative (Print Name)
To: _________________________________

____________________________________    LOAN #: _____________________________

____________________________________    DATE:  ______________________________

Property Address (Street, City, State):
__________________________________________________________________ ________________________

___PERMISSION FOR RELEASE OF INFORMATION___

Release: I hereby authorize the release of the requested information to WCDA. This release expires on December 31, 2020

Signature(s): _____________________________________________________  Date:________________________

Signature(s): ______________________________________________________  Date:________________________

___TO BE COMPLETED BY CREDITOR___

____FIRST MORTGAGE LOAN ____CONTRACT FOR DEED/LEASE TO PURCHASE

___ SECOND MORTGAGE LOAN ___ MANUFACTURED HOME FINANCING

Current mortgage balance $ __________________ Monthly Payment P & I only $ _________________________

Payment with taxes and insurance $ ____________ Is hazard insurance included in escrow?__________________

Date of last payment _________________________  Next payment due date ______________________________

FHA____ VA____ FNMA_____ CONVENTIONAL____ UNINSURED____

Is mortgage current? Yes______ No________ Is mortgage currently on a forbearance? Yes _____ No______

Additional Information: _______________________________________________________________ ___________

Signature of Creditor
________________________________________________________________________________________

Name and Title
__________________________________________________________ _____________________

Payment Address/City/State/Zip

Phone                                       Email                                                                         Fax

_____ 1st Request   _____ 2nd Request