

WYOMING EMERGENCY HOUSING ASSISTANCE PROGRAM

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 loss of income due to COVID-19 related circumstances 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, as well as pay stubs received prior to loss of income;
 - 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 \$3,000, 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 10% 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 \$3,000/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: _____

Race	Ethnicity
<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Choose Not to Disclose
<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> Other	
<input type="checkbox"/> Choose Not to Disclose	

** 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 suffered a loss of income and 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 “no”, 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, and spouse or domestic partner of the applicant, if any, residing 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.

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 10% 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 \$3,000/month. It is expected that my household will contribute 10% 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. If you need to contact us by email, the address is: WEHAPHelps@wyomingcda.com

WEHAP
c/o 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:**

_____ of _____
Name of Tenant Tenant's Address City ST Zip
Code

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: ____/____/____ Rent is paid through: ____/____/____

New Move-Ins: Security Deposit Due \$_____ 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#

Owner/Property Management Representative email address

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)



WYOMING EMERGENCY HOUSING ASSISTANCE PROGRAM MORTGAGE VERIFICATION

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 ____ RD ____ FNMA ____ FHLMC ____ 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 _____

____ 1st Request ____ 2nd Request

Fax _____