

# FOUNDATION FOR RURAL HOUSING, INC.

## SHORT-TERM LOAN PROGRAM

Date: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Applicant Name(s): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have income to make a loan payment? YES/NO

Do you have any outstanding Pay Day Loans, Same Day Loans, Cash/Check Advance Loans? YES/NO. If yes, indicate with whom, balance and payment plan:

Do you need help in identifying other resources for assistance? YES/NO. If yes, explain:

Must be willing to discuss household budget. Are you willing to commit to a monthly check-in? YES/NO

### ✓ Check the box for the program you are applying for

<b>Home Repair</b> detail your repair needs provide estimate and/or invoice. W-9 Form from Contractor required. <b>Assistance up to \$1500</b>	Must be on Title. Owner Occupied Must be primary residence. <b>SUBMIT PROOF:</b> Homeowner Insurance Property Taxes must be current. If you have a Mortgage, provide recent Statement
<b>Car Repair</b> detail your repair needs provide estimate and/or invoice. W-9 Form from Auto Shop required. <b>Assistance up to \$1000</b>	<b>SUBMIT PROOF:</b> Must be on Title. Auto Insurance If you have a loan, provide recent Statement
<b>Medical Expenses</b> provide receipts, bills and/or invoices. <b>Assistance up to \$500</b>	<u>Uncovered expenses</u> , co-payments, prescriptions, emergency transportation, <u>Veterinary Bills</u> ,
<b>Pay Day Loan</b> <b>Payoff ONLY</b> <b>Reviewed on a case-by-case basis.</b> <b>Assistance up to \$1000</b>	<b>SUBMIT PROOF:</b> Loan Documentation Payment History

**If applicable, detail your needs on a separate sheet of paper.**

2024 Application – Return To:

US Mail: WRH, P.O.BOX 314. Oregon, WI 53575 Fax 608-238-2084 Email: [wrh2@wisconsinruralhousing.org](mailto:wrh2@wisconsinruralhousing.org)

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- Applications are typically processed within 7 business days.
- We will require certain conditions to be met before releasing the money.

<b>Borrower MEMBER #1</b>	<b>Co Borrower MEMBER #2</b>	<b>Household MEMBER #3</b>	<b>Household MEMBER #4</b>
Full Name:	Full Name:	Full Name:	Full Name:
*Race:	*Race:	*Race:	*Race:
Ethnicity: Hispanic/Not Hispanic	Ethnicity: Hispanic/Not Hispanic	Ethnicity: Hispanic/Not Hispanic	Ethnicity: Hispanic/Not Hispanic
Date of Birth	Date of Birth	Date of Birth	Date of Birth
Disabled: Y N	Disabled: Y N	Disabled: Y N	Disabled: Y N
<b>Total of people in household:</b>	Relationship to Applicant	Relationship to Applicant	Relationship to Applicant
Male/Female/Other	Male/Female/Other	Male/Female/Other	Male/Female/Other
Rent /Own/ Other	Rent /Own/ Other	Rent /Own/ Other	Rent /Own/ Other
Veteran Yes No	Veteran Yes No	Veteran Yes No	Veteran Yes No
Are you working? Yes No	Are you working? Yes No	Are you working? Yes No	Are you working? Yes No

\*1 -AMERICAN INDIAN/ALASKA NATIVE A-ASIAN B-BLACK/AFRICAN AMERICAN P-NATIVE HAWAIIAN /PACIFIC ISLANDER W-WHITE 0-OTHER

<b>Monthly Income Source</b>	<b>Applicant</b>	<b>Adult 2</b>	<b>Adult 3</b>
Wages From Work			
Child Support Received			
W2			
Pension/Retirement			
Disability Payments			
Unemployment			
Self-Employment			
Other			

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## MONTHLY EXPENSES

EXPENSES	AMOUNT PAID	EXPENSES	AMOUNT PAID
Rent / Mortgage		Student Loans	
Lot Rent		Car Loan payments	
HOA Fees/Condo Fees		Auto Insurance	
Property Taxes		Fuel for vehicles	
Homeowner Insurance		All Credit Cards	
Water / Sewer		Unsecure Loans	
Electric /Gas		Child Care Expense	
Trash		Child Support Paid	
Phone/Internet		Groceries	
TV/Cable/Satellite		Educational Supplies	
Subscriptions		Clothing Expense	
Entertainment		Other Unexpected	
Pay Day Loans		Other	

Foundation for Rural Housing, Inc., complies with applicable laws and regulations for meeting Equal Opportunity Requirements under Equal Pay Act of 1963, Title VI and VII of the Civil Rights Act of 1964, Age Discrimination in Employment Acts of 1967 and 1975, Sections 503 and 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and Wisconsin Fair Employment Act. You have the right to file a complaint if you are not satisfied with the services provided by the agency, or if you have been discriminated against in employment or service delivery.

You can contact 1-888-400-5974 or email us at [wrh2@wisconsinruralhousing.org](mailto:wrh2@wisconsinruralhousing.org).

I/We certify that the information provided in this application made by me and other household members and attachments are true, complete, and correct to the best of my/our knowledge. I/We further understand that false statements will void this application and disqualify me from receiving any housing assistance through the Foundation for Rural Housing, Inc., in the future.

**Please Sign, Print Name Below and Date to Accept**

<b>x</b>	
	Date
Borrower – print name here:	

**Please Sign, Print Name Below and Date to Accept**

<b>x</b>	
	Date
Co- Borrower – print name here:	

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