

FOUNDATION FOR RURAL HOUSING, INC.

CRISIS SHORT TERM LOAN PROGRAM

Date: _____ County of Residence: _____

Applicant Name(s): _____

Current Mailing Address: _____

Email Address: _____ Phone: _____

The Purpose of our loans are to:

- Provide limited loan amounts with reasonable terms, low fixed rates, and no fees.
- No Credit checks.
- No hidden extra costs.
- No prepayment penalty.
- We do not require collateral.
- We DO consider the borrower's ability to repay.
- We DO require that a monthly payment be made.
- We Do require a monthly check-in.
- We will utilize a Collection Agency for any past-due amounts and interest due. * *They can pose any fees necessary*

***Program is for one assistance program at a time and only 1 per calendar year.
Case by Case basis***

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

2023 Application – Return To:

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

FOUNDATION FOR RURAL HOUSING, INC.

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

Loans to clients in crisis

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

Detail needs here (or supply on separate sheet of paper)

Application Guidelines.

- We must collect a completed application.
- Must have income verification for all household members over the age of 18. This includes unemployment, child support or other sources.
- Household Monthly income needs to be under 125% FPL (Federal Poverty Level). Household #1 \$1519.00. Household #2 \$2054.00 (2023 HHS Poverty Guidelines)
- You may apply for 1 type of assistance every year.
- Applications are typically processed within 7 business days.
- We will require certain conditions to be met before releasing the money. This will vary by applicant and situation.

2023 Application – Return To:

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

FOUNDATION FOR RURAL HOUSING, INC.

This is a Loan Program.

- The Loan will be subject to a Rate and Term and have a Monthly Obligation.
- Rates is as follows: 5%
- Term will be based on dollar amount and monthly affordability based on underwriting review. Term no greater than 2 years.
- We will provide an Amortization Schedule to the Applicant.
- Monthly Payments due by 15th of each month.
- Ability to pay by check, money order or electronically by Pay Pal.
- To reward those Applicants that have met our requirements and have made their full monthly payments in the month owed will have the last payment waived.

Sample Amortization Schedule:

Loan amount
\$1,500
Loan term (yrs)
2
Interest Rate
5 %

Start date
05/15/2023

Estimated payoff date

May 15, 2025

Amortization schedule

Payment Date	Payment	Principal	Interest	Total Interest	Balance
Jun 2023	\$65.81	\$59.56	\$6.25	\$6.25	\$1,440.44

2023 Application – Return To:

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

FOUNDATION FOR RURAL HOUSING, INC.

Borrower MEMBER #1	Co Borrower MEMBER #2	Household MEMBER #3	Household MEMBER #4
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
Total of people in household:	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



You must have income to qualify for this program.

Must have income verification for all household members over the age of 18 living in the home.

Acceptable documentation includes most recent paystub, benefit letter, deposit records or a completed

Employment Verification Form.

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

2023 Application – Return To:

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

FOUNDATION FOR RURAL HOUSING, INC.

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	

2023 Application – Return To:

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

FOUNDATION FOR RURAL HOUSING, INC.

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 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.

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 Below and Date

x	
	Borrower – print name here: Date

Please Sign Below and Date

x	
	Co- Borrower – print name here: Date

2023 Application – Return To:

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