



## HOMEOWNERS RESCUE PROGRAM APPLICATION

The West Virginia Homeowner Rescue Program (WVHR) is a housing-related program funded by the U.S. Department of Treasury to help West Virginia homeowners facing a financial hardship due to the COVID-19 pandemic that began after January 21, 2020 (including a hardship that began before January 21, 2020, and continued after that date). The program provides financial assistance to eligible homeowners for qualified mortgage or housing-related expenses to avoid delinquency, default, foreclosure, loss of utilities or home energy services, and displacement.

Homeowners are not required to have an outstanding mortgage balance to apply for assistance.

Eligible expenses may include:

- **Mortgage reinstatement and mortgage payment assistance**
  - WVHR funds may be used to help with past-due mortgage payments including property taxes, hazard insurance premiums, flood or wind insurance premiums, ground rents, condominium fees, cooperative maintenance fees, planned unit development fees, and homeowners' association fees included in your mortgage payment. The Mortgage Payment Assistance provides financial assistance to eligible homeowners to better position them to obtain or maintain housing stability following mortgage reinstatement. This may be accomplished by maintaining their monthly mortgage payments.
  - Homeowners must be delinquent at least 60 days to receive assistance.
  - A combined total of \$20,000 in mortgage assistance (Mortgage Reinstatement Assistance + Mortgage Payment Assistance) is available for mortgage assistance.
- **Down Payment (DPA) Mortgage Assistance**
  - The DPA Mortgage Assistance provides funds to eliminate or reduce past-due payments on down payment assistance loans provided by a government entity or nonprofit.
  - Homeowners must be delinquent at least 60 days to receive assistance.

- DPA Mortgage Assistance is limited to \$1,000 as a one-time payment.
- **Property Charge Assistance**
  - Property Charge Assistance covers past-due amounts including real property taxes, hazard insurance premiums, flood or wind insurance premiums, ground rents, condominium fees, cooperative maintenance fees, planned unit development fees, homeowners' association fees, or common charges not included in monthly mortgage payments.
  - Homeowners must be at least one installment payment in arrears or otherwise past due on the eligible property charges.
  - The maximum assistance under the Property Charge Assistance is \$5,000.
- **Utility/Internet Assistance**
  - Utility/Internet Assistance provides funds to resolve delinquent payments for utilities and provide a one-time stipend for internet access services. Covered utilities include electric, gas, home energy, water, and sewer.
  - Generally, homeowners must be at least one installment payment in arrears on the applicable utility.
  - Utility assistance is limited to \$2,500. Internet stipends will be limited to \$300 per household.

Mortgage payments will be made directly to your loan servicer. Utility, insurance, internet and other expenses will all be paid directly to the companies or entities to which you owe the debt. No payments are paid directly to the homeowner.

Restrictions include:

- Mortgages or expenses related to second homes, vacant or abandoned properties or investment properties
- The original unpaid principal balance of the homeowner's first mortgage or housing loan, at the time of origination, was not greater than the conforming loan limit in effect at the time of origination (for a list of limits, go to [www.wvhomerescue.com](http://www.wvhomerescue.com))
- Co-owners may not separately apply for the program
- Expenses already paid are not eligible to be reimbursed

To see if you are eligible to apply, complete the Prescreening for Eligibility Questions below. If you prequalified:

1. Complete the enclosed application
2. Make sure the Affidavit Statements page is signed by the head of household
3. Make sure the Third Party Authorization document is filled out and signed
4. Enclose copies of all required documents

5. Mail your application and the documents listed below in the prepaid postage envelope to:

West Virginia Homeowners Rescue Program

5710 MacCorkle Ave SE

Charleston, WV 25304-9940

**For questions, please call 844-542-0035**

**\*\* Please note that this paper application is being used in lieu of an online submission. If you have internet access and the ability to complete an application online, please go to [www.wvhomerescue.com](http://www.wvhomerescue.com) to complete an online submission for faster service.**

## West Virginia Homeowners Rescue

### Prescreening for Eligibility

Answer the following questions to see if you are eligible to request assistance:

- Do you own your home?
- Have you faced a material reduction in income related to the COVID pandemic after January 21, 2020, that has created or increased the risk of housing instability through mortgage delinquency, mortgage default, foreclosure, inability to pay real property taxes, loss of utilities or displacement for the homeowner?
- Have you faced a material increase in living expenses related to the COVID pandemic after January 21, 2020, that has created an increased the risk of housing instability through mortgage delinquency, default, foreclosure, in ability to pay real property taxes, loss of utilities or displacement for the homeowner?
- Based on the income limits chart (Exhibit 1), is your household's income equal to or less than the income shown on the chart, based on your county and household size?

If you were able to answer "Yes" to all the questions above, you are prequalified. Please note that prequalifying does not guarantee approval for funding.

You must complete the remaining sections of this application to apply for funding. Failure to complete this application and provide the required documentation will prevent your application from being considered under the WVHR program.

**\*\*To speed up the application process, apply online at [www.wvhomerescue.com](http://www.wvhomerescue.com) \*\***

Exhibit 1: 150% AMI County Income Limits

County	1 Person Household	2 Person Household	3 Person Household	4 Person Household	5 Person Household	6 Person Household	7 Person Household	8 Person Household
Barbour	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Berkeley	79,900.00	88,950.00	100,050.00	111,150.00	120,050.00	128,950.00	137,850.00	146,750.00
Boone	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Braxton	79,900.00	79,900.00	79,900.00	83,700.00	90,400.00	97,100.00	103,800.00	110,500.00
Brook	79,900.00	79,900.00	89,550.00	99,450.00	107,450.00	115,400.00	123,350.00	131,300.00
Cabell	79,900.00	79,900.00	83,700.00	93,000.00	100,450.00	107,900.00	115,350.00	122,800.00
Clahoun	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Clay	79,900.00	79,900.00	82,500.00	91,650.00	99,000.00	106,350.00	113,650.00	121,000.00
Doddridge	79,900.00	79,900.00	82,900.00	92,100.00	99,500.00	106,850.00	114,250.00	121,600.00
Fayette	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Gilmer	79,900.00	79,900.00	79,900.00	85,950.00	92,850.00	99,750.00	106,600.00	113,500.00
Grant	79,900.00	79,900.00	79,900.00	84,750.00	91,550.00	98,350.00	105,100.00	111,900.00
Greenbrier	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Hampshire	85,500.00	97,700.00	109,900.00	122,100.00	131,900.00	141,650.00	151,450.00	161,200.00
Hancock	79,900.00	79,900.00	89,550.00	99,450.00	107,450.00	115,400.00	123,350.00	131,300.00
Hardy	79,900.00	79,900.00	79,900.00	84,600.00	91,400.00	98,150.00	104,950.00	111,700.00
Harrison	79,900.00	84,750.00	95,350.00	105,900.00	114,400.00	122,850.00	131,350.00	139,800.00
Jackson	79,900.00	79,900.00	83,300.00	92,550.00	100,000.00	107,400.00	114,800.00	122,200.00
Jefferson	102,400.00	117,000.00	131,650.00	146,250.00	157,950.00	169,650.00	181,350.00	193,050.00
Kanawha	79,900.00	79,900.00	82,500.00	91,650.00	99,000.00	106,350.00	113,650.00	121,000.00
Lewis	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Lincoln	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Logan	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Marion	79,900.00	79,900.00	87,500.00	97,200.00	105,000.00	112,800.00	120,550.00	128,350.00
Marshall	79,900.00	79,900.00	88,450.00	98,250.00	106,150.00	114,000.00	121,850.00	129,700.00
Mason	79,900.00	79,900.00	79,900.00	82,650.00	89,300.00	95,900.00	102,500.00	109,100.00
McDowell	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Mercer	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Mineral	79,900.00	86,400.00	97,200.00	108,000.00	116,650.00	125,300.00	133,950.00	142,600.00
Mingo	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Monongalia	80,050.00	91,450.00	102,900.00	114,300.00	123,450.00	132,600.00	141,750.00	150,900.00
Monroe	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00

Exhibit 1: 150% AMI County Income Limits

County	1 Person Household	2 Person Household	3 Person Household	4 Person Household	5 Person Household	6 Person Household	7 Person Household	8 Person Household
Morgan	79,900.00	79,900.00	86,850.00	96,450.00	104,200.00	111,900.00	119,600.00	127,350.00
Nicholas	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Ohio	79,900.00	79,900.00	88,450.00	98,250.00	106,150.00	114,000.00	121,850.00	129,700.00
Pendleton	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Pleasants	79,900.00	79,900.00	84,400.00	93,750.00	101,250.00	108,750.00	116,250.00	123,750.00
Pocahontas	79,900.00	79,900.00	79,900.00	83,700.00	90,400.00	97,100.00	103,800.00	110,500.00
Preston	80,050.00	91,450.00	102,900.00	114,300.00	123,450.00	132,600.00	141,750.00	150,900.00
Putnam	81,400.00	93,000.00	104,650.00	116,250.00	125,550.00	134,850.00	144,150.00	153,450.00
Raleigh	79,900.00	79,900.00	79,900.00	86,250.00	93,150.00	100,050.00	106,950.00	113,850.00
Randolph	79,900.00	79,900.00	79,900.00	84,600.00	91,400.00	98,150.00	104,950.00	111,700.00
Ritichie	79,900.00	79,900.00	79,900.00	83,550.00	90,250.00	96,950.00	103,650.00	110,300.00
Roane	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Summers	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Taylor	79,900.00	79,900.00	84,000.00	93,300.00	100,800.00	108,250.00	115,700.00	123,200.00
Tucker	79,900.00	79,900.00	79,900.00	87,750.00	94,800.00	101,800.00	108,850.00	115,850.00
Tyler	79,900.00	79,900.00	79,900.00	87,900.00	94,950.00	102,000.00	109,000.00	116,050.00
Upshur	79,900.00	79,900.00	79,900.00	82,500.00	89,100.00	95,700.00	102,300.00	108,900.00
Wayne	79,900.00	79,900.00	83,700.00	93,000.00	100,450.00	107,900.00	115,350.00	122,800.00
Webster	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00
Wetzel	79,900.00	79,900.00	79,900.00	83,400.00	90,100.00	96,750.00	103,450.00	110,100.00
Wirt	79,900.00	79,900.00	81,700.00	90,750.00	98,050.00	105,300.00	112,550.00	119,800.00
Wood	79,900.00	79,900.00	81,700.00	90,750.00	98,050.00	105,300.00	112,550.00	119,800.00
Wyoming	79,900.00	79,900.00	79,900.00	82,200.00	88,800.00	95,400.00	101,950.00	108,550.00

## Required documents

(please use this as your checklist)

- Proof of Identification (Use Any One of the Following)
  - Valid, unexpired Driver's License or other government-issued ID
  - State or County issued birth certificate
  - Valid, unexpired US Passport or US Passport card
  - If foreign born - a valid, unexpired Department of Homeland Security (DHS) document or acceptable alternative outlined below:
    - Permanent Resident Card, Form I-551
    - Employment authorization document (EAD), Form I-766 or I-688B
    - Certificate of Naturalization, Form N-550 or N-570
    - Certificate of Citizenship, Form N-560 or N-561
    - Consular Report of Birth Abroad (CRBA), Form FS-240 or DS-1350 or FS-545
    - Foreign passport with a valid, unexpired US visa affixed accompanied by the approval I-94 form documenting the applicant's most recent admittance into the US
- Proof of Residency (Use Any One of the Following)
  - Current Utility, Phone, or Internet Bill with applicant's name and address
  - WV Voter's Registration Card
  - Current WV Driver's License or other government-issued ID
  - Proof of WV public assistance
  - Personal Property Tax records
  - 2022 W-2
  - WV Weapons Permit
  - WV Vehicle Registration card
  - Pay stub with current address
  - WV DMV affidavit of WV residency
  - Social Security benefits letter or award notice
  - US Selective Service card.
- Proof of Income (detailed in **Income** section of application)
- Proof of Ownership (Use Any One of the Following)
  - Full copy of a real property tax ticket
  - Copy of Recorded Deed
- Copies of any bills or statements for which you are requesting assistance
  - Mortgage statement
  - Taxes statement
  - Homeowners or hazard insurance statement
  - HOA, condo or other fees
  - Internet bill
  - Utility bills
- Third Party Authorization Form (if applying for mortgage assistance, attached at end of application)

## West Virginia Homeowners Rescue Application

### COVID-19 HARDSHIP

#### Self- Certification of

**(1) A material reduction in income related to the COVID pandemic after January 21, 2020 that has created or increased the risk of housing instability through mortgage delinquency, mortgage default, foreclosure, inability to pay real property taxes, loss of utilities, or displacement.**

Check all the following that apply to any property owner living in the home.

<b>Hardship Type</b>	<b>Experienced? (X) = yes</b>
Loss of Work/Decrease in Available Hours at Work	
Forced Work Closure	
Inability to Access or Get to Work	
Unpaid wages or Other Unpaid Compensation Ordinarily Received	
Forced to Take Off Work due to School Closure or Childcare Change	
Self-Quarantined at Home under Government or Medical Recommendation	
Stay at Home or Shelter in Place Order by any level of Government Authority	
Forced to Take Off Work to Care for a Family Member	
Unemployment Insurance Unavailable, Insufficient, or Delayed	
Emergency Assistance Unavailable, Insufficient, or Delayed	



**(2) Has property owner(s) faced a material increase in living expenses related to the COVID pandemic after January 21, 2020, that has created or increased the risk of housing instability through mortgage delinquency, more default, foreclosure, inability to pay real property taxes, loss of utilities, or displacement for homeowner?**

Check all the following that apply to any property owner living in the home.

<b>Hardship Type</b>	<b>Experienced? (X) = yes</b>
Increase in Childcare Costs	
Healthcare costs, including care at home for individuals with COVID-19	
Increase in Family Expenses due to Pandemic or Emergency Preparedness	
The household is relying on credit cards, payday lenders, or other high-cost debt products, or depleting savings, to pay for monthly expenses, rather than wages or other income	
The household struggles to purchase essential goods or services and pay housing costs or utilities, such as food, prescription drugs, childcare, transportation, or equipment needed for remote work or school	
Monthly housing and utilities are more than the household can afford	

**Additional Screening Questions**

<b>Question</b>	<b>(X)</b>
<b>Do you own the home that is your primary residence in which you are applying for assistance?</b>	
<b>Is the property located in West Virginia?</b>	

## PROPERTY DETAILS

Street address \_\_\_\_\_ Unit # \_\_\_\_\_ City \_\_\_\_\_

Dwelling type: Single family detached \_\_\_\_\_ Duplex \_\_\_\_\_ Townhouse \_\_\_\_\_

Condo \_\_\_\_\_ Mobile home/trailer \_\_\_\_\_

Is the property a commercial building (Y/N) \_\_\_\_\_

I collect rent from any part of the property (Y/N) \_\_\_\_\_

I owe a mortgage on my home (Y/N) \_\_\_\_\_

I own multiple homes i.e. vacation home or second residence (Y/N) \_\_\_\_\_

I am purchasing my home through a rent to own arrangement (Y/N) \_\_\_\_\_

## HOMEOWNER INFORMATION

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number(\_\_\_\_) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ SSN \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

Mailing City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Additional Application Information:**

Mark one for each of the following questions:

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_ non-binary/unspecified: \_\_\_\_\_

**Ethnicity:** Hispanic or Latino: \_\_\_\_\_

Non-Hispanic or Latino: \_\_\_\_\_

Prefer not to say/unspecified: \_\_\_\_\_

**Race:** American Indian or Alaska Native: \_\_\_\_\_ Asian: \_\_\_\_\_

Black or African American: \_\_\_\_\_ White: \_\_\_\_\_

Native Hawaiian or Other Pacific Islander: \_\_\_\_\_ Unspecified: \_\_\_\_\_

**Limited English Proficiency:** Yes \_\_\_\_\_ No \_\_\_\_\_ Prefer not to say: \_\_\_\_\_

**How many people (including yourself) reside in the household? \_\_\_\_\_**

Household members include all adults and children living in the home, including the following.

- Children temporarily absent due to placement in a foster home
- Children in joint custody who live in home at least 50% of the time
- Children away at school but live with the family during recess
- Unborn children or pregnant women
- Children in the process of being adopted
- Temporarily absent family members who are still considered family member
- Family members in the hospital or rehab facility for limited or fixed time
- Persons permanently confined to a hospital or nursing home.

**On the next page, please write down the names and requested information of all additional household member (DO NOT include the primary applicant).**

<b>Household Member</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
2			
<b>Relation to Applicant</b>	<b>SSN (if over 18)</b>	<b>Date of Birth (mm/dd/yyyy)</b>	<b>Full Time Student? Y/N</b>

<b>Household Member</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
3			
<b>Relation to Applicant</b>	<b>SSN (if over 18)</b>	<b>Date of Birth (mm/dd/yyyy)</b>	<b>Full Time Student? Y/N</b>

<b>Household Member</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
4			
<b>Relation to Applicant</b>	<b>SSN (if over 18)</b>	<b>Date of Birth (mm/dd/yyyy)</b>	<b>Full Time Student? Y/N</b>

<b>Household Member</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
5			
<b>Relation to Applicant</b>	<b>SSN (if over 18)</b>	<b>Date of Birth (mm/dd/yyyy)</b>	<b>Full Time Student? Y/N</b>

Household Member	First Name	Middle Name	Last Name
6			
Relation to Applicant	SSN (if over 18)	Date of Birth (mm/dd/yyyy)	Full Time Student? Y/N

Household Member	First Name	Middle Name	Last Name
7			
Relation to Applicant	SSN (if over 18)	Date of Birth (mm/dd/yyyy)	Full Time Student? Y/N

## PROXY INFORMATION

Are you currently receiving assistance from any of the following sources?

<b>ASSISTANCE</b>	Receiving Assistance? (x) = yes
CHIP (Children's Health Insurance Program)	
SNAP (Supplemental Nutrition Assistance Program)	
WIC (Special Supplemental Nutrition Program for Women, Infants & Children)	
TANF (Temporary Assistance for Needy Families)	
Medicaid	

If you have received assistance from any of the sources on the previous page, skip the following income page and attach one of the following from the agency administering the program assistance marked above:

1. A letter dated January 21, 2020, or later stating the household has qualified for the program or
2. A statement/invoice showing the household has received benefits under the program dated on or after January 21, 2020

## INCOME

**Household Income:** Please provide your 2022 annual homeowners adjusted (Option 1) **OR** your current monthly household gross income (Option 2)

**Option 1** – 2022 Annual Income – This is the easiest method. Using the Annual Income Option and providing your 2022 federal income tax return form 1040 allows you to use your Adjusted Gross income (which is less than your gross income), and if you request additional assistance from this program later, you may not need to provide this information again.

If you are choosing option 1, please provide the homeowners adjusted gross income here:

\$ \_\_\_\_\_

\*Submit 2022 IRS Form 1040 for all homeowners 18 years or older

\*For each homeowner member over 18, indicate whether they are included in the tax returns provided or are attesting to no income by placing an “X” in the appropriate column, (NOTE: only choose one option for each homeowner)

Homeowner Member over 18	Included in Tax Return (1040) Attached? (x)=yes	Attesting to No Income? (X) = yes

**Option 2** – Using the Current Monthly Income Option

Mark here to indicate you will be filling the attestation of Income below as monthly \_\_\_\_\_

\*For each homeowner listed below, **you must provide pay stubs or other proof of income for the past month.** (i.e., wage statements, unemployment benefit statements, or other income proof for all homeowner) If \$0 is listed, the homeowner is attesting to no income.

**Attestation of Income**

Fill in the **yearly (option 1)** or **monthly (option 2)** income for each homeowner including yourself.

<b>Homeowner</b>	<b>Gross Income over the Last 30 Days</b>

**\*If a homeowner is unable to produce documentation of income, complete and submit an attestation of income.**

**ASSISTANCE**

**My mortgage servicer/lender and contact information.**

**First Mortgage**

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Second Mortgage**

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Down payment Mortgage**

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*Attach a mortgage statement from servicer/lender for each mortgage.**

**MORTGAGE ASSISTANCE**

**Amount of Mortgage Assistance.** The maximum amount of mortgage assistance **\$20,000.**

**Amount of Down payment Assistance.** The maximum amount of down payment assistance **\$1,000.**

MORTGAGE TYPE

Primary Loan \_\_\_\_\_ Secondary/home equity \_\_\_\_\_ Down payment \_\_\_\_\_

Loan Type (check one)

FHA \_\_\_\_\_ VA \_\_\_\_\_ Conventional \_\_\_\_\_ USDA \_\_\_\_\_ Not sure \_\_\_\_\_

Loan Service Company Name \_\_\_\_\_

What year did your loan begin? \_\_\_\_\_ Loan # \_\_\_\_\_

What was the original loan amount? \_\_\_\_\_



Mortgage assistance requested should not include any payments that have been or will be paid by others or received from another source.

Mortgage payment due each month: \$\_\_\_\_\_

# of months past due mortgage payments \_\_\_\_\_

Total past due \$\_\_\_\_\_

Does monthly payment include taxes and insurance? Y/N \_\_\_\_\_

If you receive assistance to bring your mortgage payments current, will you be able to maintain your payments? Y/N \_\_\_\_\_

You must complete the authorization form at the end of the application to allow WVHR to contact your mortgage loan servicer (Exhibit A).

**Monthly Real Property Taxes (if not included in mortgage payment)**

County: \_\_\_\_\_ Amount Due: \_\_\_\_\_

**Monthly Total Insurance (if not included in mortgage payment)**

Type: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Type: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Type: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Homeowners Association Fees \$\_\_\_\_\_

Provider \_\_\_\_\_

Condominium Fees \$\_\_\_\_\_

Provider \_\_\_\_\_

All requests for assistance must be accompanied by invoices, statements or other documentation showing the provider name, account holder, account number (if applicable) and total amount due. Expenses already paid cannot be reimbursed.

## INTERNET ASSISTANCE

I am requesting internet assistance so that I can use the internet for distance learning, telework, telemedicine and/or obtain government services

A one-time **\$300** internet payment will be paid to your internet provider.

Company name \_\_\_\_\_ Assistance: **\$300.00**

Account number \_\_\_\_\_

**\*You must provide your current internet bill to show proof of service. The bill must include the name, service address, account number and type of service provided.**

## UTILITY ASSISTANCE

Do you need help paying your utility bills?

By completing this section, you are certifying that the utilities being requested have not been paid and are from no earlier than January 21, 2020.

**Amount Due to Utility Providers:** My household owes utility providers the amounts listed below for electricity, gas, water, sewer, or energy costs. **Utilities that have already been paid are not eligible.**

The maximum assistance for total utilities **\$2,500**.

Utility Type	Provider Name	Account Holder	Account Number
Water			
	Provider City	Provider State	Amount owed \$

<b>Utility Type</b>	<b>Provider Name</b>	<b>Account Holder</b>	<b>Account Number</b>
Electric			
	<b>Provider City</b>	<b>Provider State</b>	<b>Amount owed \$</b>

<b>Utility Type</b>	<b>Provider Name</b>	<b>Account Holder</b>	<b>Account Number</b>
Gas			
	<b>Provider City</b>	<b>Provider State</b>	<b>Amount owed \$</b>

<b>Utility Type</b>	<b>Provider Name</b>	<b>Account Holder</b>	<b>Account Number</b>
<b>Mass Fuel</b>			
	<b>Provider City</b>	<b>Provider State</b>	<b>Amount owed \$</b>

<b>Utility Type</b>	<b>Provider Name</b>	<b>Account Holder</b>	<b>Account Number</b>
<b>Sewer</b>			
	<b>Provider City</b>	<b>Provider State</b>	<b>Amount owed \$</b>

**\*You must submit your most recent bill for each of the above utility providers. The bills must include the name, service address, account number and type of service provided.**

**ADDITIONAL ASSISTANCE**

Land Contract Holder \$ \_\_\_\_\_

Manufactured/mobile home lender/park(lot fees) \$ \_\_\_\_\_

**DUPLICATION OF BENEFITS/OTHER FEDERAL, STATE, OR LOCAL ASSISTANCE**

We must implement procedures to prevent any duplication of benefits (DOB). By completing the above, you 1) outlined the assistance you are requesting; 2) requested only assistance for expenses that have not already been or will be paid from another source of assistance; 3) certify to accuracy of the information; and 4) agree to repay any awarded WVHR assistance that is duplicated.

Applicant Initials: \_\_\_\_\_

--- PLEASE CONTINUE TO THE NEXT PAGE---

## Privacy Policy:

WVHR is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations and will only be shared as necessary with our agents, your mortgage servicer/lenders, utility and internet companies, homeowners association and condominium associations, insurance companies and county tax servicers, and third-parties assisting in reviewing WVHR application and other agencies and organizations as necessary to confirm the accuracy of any information included in your application and to prevent a duplication of benefits. We may also disclose any non-public, personal information about you or former customers to anyone as required by law.

## Third Party Authorization:

The homeowner and any co-owners, residents over 18 years and older (if any) named below (individually and collectively, "Homeowner") authorize the Mortgage Servicer/Lender and utility/internet providers named within this Application and the "Third Parties assisting in the review of the WVHR applications (Individually and collectively, "Third Party") to share, release, discuss and other wise provide to and with each other public and non-public personal information contained in or related to the lease, utilities and/or the WVHR application of the homeowner.

**\*An additional Third-Party Authorization must be signed for each mortgage servicer or lender.**

## Disclaimer/Limitation of Liability

You agree to defend, indemnify, and hold harmless WVHDF and its assignees ("Agency") and its affiliates, subsidiaries, agents, and their respective officers, directors, employees, and agents from and against all claims, liabilities, costs, and expenses arising under any representation or warranty made by the Agency; your failure to comply with the Terms and Conditions', your negligence, actions, or omissions, your violation or alleged violation of the rights of a third party. Under no circumstances will WVHDF or its assignees be liable for any lost profits, lost opportunity or any direct, consequential, incidental, special, punitive, or exemplary damages arising out of your use of or inability to use the WVHDF site or its services or programs, even if the WVHDF has been apprised of the likelihood of such damages occurring and regardless of the form of action, whether in contract, warranty, tort (including negligence), strict liability, or otherwise. This includes any damages or losses based on any statement, representation, negligence, action, or omission by any housing counselor or their employees or their agents.

## Affidavit Statements

**Each homeowner and household member 18 years or older is to read each statement and sign to agree at the bottom of the form.**

By signing below, all homeowners attest the following terms:

1. That all information provided in your application is complete and accurate. That the dwelling for which I am requesting assistance is my principal residence.
2. That all homeowner income information contained in the application is true and accurate.
3. That, if the WVHR administrator or any of its partners determine that any information submitted is incorrect or inaccurate, your application may be rejected or the information may be adjusted by the WVHR administrator or its partners/agents.
4. That you understand and acknowledge that providing inaccurate or incomplete information is illegal and may violate Federal and/or state law and may result in fines, imprisonment, and disqualification from receiving WVHR assistance.
5. That you understand that the WVHR administrator may seek additional information to verify the accuracy and completeness of any information provided.
6. That I have not received other federal benefits or assistance for the same housing costs for the same period of time for which assistance is being requested, and that if I do receive such assistance, I will repay any duplicated funds.

\_\_\_\_\_  
Homeowner

Date \_\_\_\_\_

\_\_\_\_\_  
Homeowner

Date \_\_\_\_\_

Please remember to attach your most recent bills and mortgage statement.



# WEST VIRGINIA HOMEOWNER RESCUE PROGRAM

## Third-Party Authorization

“I” and “My” means and refers to individually and collectively the undersigned Borrower and Co-Borrower (if any), and any non-owner borrower identified below.

“Servicer” means the mortgage lender/servicer identified below (Servicer and its successors and assigns (individually and collectively)).

“Third Party” means individually and collectively the third parties (including their employees, contractors, subcontractors, agents, successor, and assigns) identified below.

I authorize the Servicer and any Third Party to obtain, share, release, discuss, and otherwise provide to and with each other and with my public and non-public personal information contained in or related to my mortgage loans, insurance policies and associated premiums, tax and homeowner payment obligations. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower/Owner and non-owner borrower. I also understand and consent to the disclosure of my personal information and the terms of any applications, agreements, or other communications under the West Virginia Homeowners Rescue Program by Servicer or the West Virginia Housing Development Fund to the U.S. Department of the Treasury or their agents in connection with their responsibilities under the American Rescue Plan Act of 2021.

The Servicer and any Third Party is authorized to take such steps as it may deem reasonable to verify the identity of a Third Party, but has no responsibility or liability to verify the identity of such Third Party. The Servicer also has no responsibility or liability for what a Third Party does with such information.

**Before signing this Third-Party Authorization, beware of foreclosure rescue scams!**

- A HUD-approved housing counselor, HFA representative or other authorized third party may work directly with the Borrower’s lender/mortgage servicer.
- The Borrower can visit <https://www.hud.gov/findacounselor> to identify a HUD-approved housing counseling agency.
- Beware of anyone who asks for a fee in exchange for a counseling service or modification of a delinquent loan.

All owners and non-owner borrowers should sign this Third-Party Authorization. This Third-Party Authorization is not revocable except as otherwise required by applicable law.

\_\_\_\_\_  
**Mortgage Lender/Servicer Name** **Account/Loan Number**

**Property Address:** \_\_\_\_\_

**THIRD-PARTIES:**

West Virginia Housing Development Fund Lisa Belcher/WVHR Staff 304.391.8600  
**State HFA Entity** **State HFA Contact Name and Phone Number**

\_\_\_\_\_  
**Other Third Party** **Third Party Contact Name and Phone Number**

**I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:**

**Borrower/Owner** **Co-Borrower/Owner**

\_\_\_\_\_  
**Printed Name** **Printed Name**

\_\_\_\_\_  
**Signature** **Signature**

\_\_\_\_\_  
**Date** **Date**





## Homeowner Assistance Fund Emergency Home Repair Application

Applicant Name: \_\_\_\_\_

Subject Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of House (Check One):

Detached Single Family Home       Duplex       Townhome  
 Condo       Manufactured/Mobile

Type of Critical Home Repair (Check all that apply):

Accessibility Modifications       Environmental Remediation (Mold, Asbestos, Lead-Based Paint)  
 Heating/Cooling       Electrical Repairs  
 Plumbing/Septic Repairs       Roof Repair/Replacement  
 Structural Issues       Other (please explain): \_\_\_\_\_

Amount requested (maximum \$10,000): \_\_\_\_\_

\*The amount requested must be supported by a Contractor Bid Cover Sheet (page 2 of this application) and all required attachments from each contractor. Multiple contractor bids may be submitted, but the total of all bids cannot exceed \$10,000. The Fund reserves the right to reject bids from any contractor that has failed to satisfy the Emergency Home Repair requirements on other properties or that does not appear to be able to complete the quoted repairs in a reasonable time period.

Attestation: I, \_\_\_\_\_ (name of applicant), hereby certify that the requested repair is critical in nature and, if not repaired, would cause me to be involuntarily displaced from my residence.

\_\_\_\_\_  
Signature of Applicant      Printed Name      Date

# Contractor Bid Cover Sheet

Applicant Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_ Contractor Contact Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Date: \_\_\_\_\_

Contractor Scope of Work:

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All participating contractors will receive 25% of their payment upfront upon approval of the applicant's home repair claim, and the remaining 75% will be issued once the work is completed. All payments will be issued via check directly to the contractor.

Emergency Home Repairs can only be provided for critical home repairs that would cause the homeowner to be involuntarily displaced if not addressed. By signing below, the contractor is attesting that the requested repair appears to be critical in nature and, if not addressed, would cause the homeowner to be involuntarily displaced from their residence.

Further, the contractor agrees that if it selects the 25% upfront option above, it will be required to repay any funds advanced for the work described above if the Contractor fails to complete the work in a reasonable time period, as determined by the Fund.

Contractor acknowledges that it will be responsible to repay any funds that are disbursed for repairs if it is later determined by that the Fund that the repair work was not critical to preventing the displacement of the homeowner from their residence and that the contractor certified that the repairs were critical to circumvent the intent of the Emergency Repair Assistance requirements.

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

**\*This form MUST be signed by the contractor or authorized representative**

The following items MUST be submitted with this form for the application to be considered for approval:

1. Contractor bid on contractor's letterhead. The bid must include all costs associated with the scope of work outlined in the Bid Cover Sheet. The bid must also be no more than 60 days old and must include an expiration date.
2. Photos that clearly document the critical repair(s) needed.
3. Current WV Contractor License with appropriate trade classification(s) for the proposed scope of work.
4. Current Certificate of Liability Insurance with per occurrence limits equal to or greater than \$500,000.
5. Certificate of Existence from the West Virginia Secretary of State's Office.
  - A Certificate of Existence can be purchased and printed directly from the WV Secretary of State's office at <https://apps.wv.gov/SOS/BusinessEntitySearch/>
6. Completed W-9 Form. The address on the W-9 is where payments will be sent.