



2026 SERVING THOSE WHO SERVED PROGRAM APPLICATION PACKET

Please be sure to include all forms listed below when you return your application. Failure to include all required documents will delay the approval of your application and may cause your application to be denied.

If you have any questions about the application, please contact Wyolanda Singleton at (608) 246-3737 ext. 2200 or by email at wylondas@projecthomewi.org

TO BE RETURNED BY HOMEOWNER / APPLICANT:

- | | | |
|--------------------------|--|------------------------------------|
| <input type="checkbox"/> | Program application | ENCLOSED |
| <input type="checkbox"/> | Authorizations to release information form | ENCLOSED |
| <input type="checkbox"/> | Income & asset information forms | ENCLOSED |
| <input type="checkbox"/> | Income certification form | ENCLOSED |
| <input type="checkbox"/> | Lead booklet sign off form | ENCLOSED |
| <input type="checkbox"/> | Copy of Honorably Discharged Status form | TO BE PROVIDED BY APPLICANT |
| <input type="checkbox"/> | Copy of SIGNED 2025 Federal tax return <u>for all household members over 18 years of age who had income.</u> | TO BE PROVIDED BY APPLICANT |
| <input type="checkbox"/> | Proof of home ownership.
Acceptable documents include: <ul style="list-style-type: none">- Copy of most recent property tax bill- Copy of mortgage statement- Copy of mobile home title showing you as owner- A bill of sale- Other document that shows ownership | TO BE PROVIDED BY APPLICANT |



SERVING THOSE WHO SERVED PROGRAM APPLICATION

Please attach additional pages if you do not have enough space to provide all of the requested information on the application.

Date (mm/dd/yyyy): _____

Homeowner(s) Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email / Other Phone: _____

HEAD OF HOUSEHOLD INFORMATION

Fill out the following information for the head of household ONLY.

1. Head of Household Name: _____
(First) (Middle) (Last)

2. Date of Birth: _____
(mm/dd/yyyy)

3. Sex (circle one): **Male** / **Female**

4. Disabled (circle one): **Yes** / **No**

5. Veteran (circle one): **Yes** / **No**

6. Homeless (circle one): **Yes** / **No**

7. Ethnicity (check one): Not Hispanic

8. Marital Status (check one):

Hispanic

Single Married Separated Divorced Widowed

9. Race (you may check more than one race category):

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White



HOUSEHOLD MEMBER INFORMATION (entire household)

How many people are in your household? _____

10. Is the head of household female or male? _____

11. Is anyone in your household 62 years old or older? If **YES**, how many? _____

12. Is anyone in your household 6 years old or younger? If **YES**, how many? _____

13. Does anyone in your household have a disability? If **YES**, how many? _____

14. Is anyone in your household Hispanic? If **YES**, how many? _____

15. Is anyone in your household a veteran? If **YES**, how many? _____

What Branch _____ Honorably Discharged Date _____

HOUSEHOLD INCOME INFORMATION

Please include **ALL** persons living in the household on this chart. Attach additional pages or use the back side of the application if you need more room.

NAME	AGE	INCOME SOURCES	INCOME AMOUNTS
1.			
2.			
3.			
4.			
5.			
6.			



HOME INFORMATION

Your home must be owner occupied (all owners on the title must live in the home). The assessed value of the home cannot exceed 95% of the County Median Purchase Price for a home.

Assessment limits:

DANE COUNTY

GREEN COUNTY

- Single family home: \$397,000 \$247,000
- Duplex: \$508,000 \$316,000
- ***work can only be done on the owner's side of the duplex*

1. What is the current assessed value of your home? \$ _____

2. What year was your home built? _____

3. Is your home currently on the market to be sold, or are you putting your home up for sale in the foreseeable future? **YES** **NO**

If **YES**, please explain: _____

4. Is your home currently going through foreclosure, or will it be going into foreclosure in the foreseeable future? **YES** **NO**

If **YES**, please explain: _____

5. Does your home currently have any health and safety concerns or code violations that you know about? **YES** **NO**

If **YES**, please explain: _____

6. What type(s) of repair work need to be done on your home?



CERTIFICATION

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that omission of information or failure to report information will disqualify me for the program. I understand that in order to receive Project Home funds I must allow third party verification of all income and assets and will cooperate to the fullest extent possible to obtain and provide income and asset verification. I agree to provide and return any documentation requested by Project Home and its subcontractors as soon as possible. I understand that failure to provide or return requested documentation in a timely manner will disqualify me for services through the program.

Homeowner / Applicant Signature

Date

Co-Owner / Applicant Signature

Date

INCOME INFORMATION

Please attach a ***signed*** copy of the 2025-filed Federal tax return for **all household members over 18 years of age who earned income**, even if they did not have to pay taxes or received a full refund. Your application is incomplete and cannot be approved without this information.



SERVING THOSE WHO SERVED PROGRAM

AUTHORIZATION TO RELEASE INFORMATION

By signing this form, I/we give my/our permission and consent to Project Home, Inc. to request and receive any and all information concerning my/our income and assets including, but not limited to, employment, Social Security, SSI, checking, savings, and IRA accounts, credit matters, and all other information required in connection with my/our application to obtain a housing rehabilitation grant.

This form may be reproduced or photocopied and a copy of this form shall be as effective a consent as the original which I/we have signed.

APPLICANT / HOUSEHOLD INFORMATION MEMBERS CERTIFICATION

I/we understand that all information provided herein is private and confidential for program use only. The applicant / household members certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a housing rehabilitation grant and is true and complete to the best of my/our knowledge.

Name of Applicant (Print)

Signature of Applicant

Date

Name of Co-Applicant (Print)

Signature of Co-Applicant

Date

Name of Co-Applicant (Print)

Signature of Co-Applicant

Date

Name of Co-Applicant (Print)

Signature of Co-Applicant

Date



**SERVING THOSE WHO SERVED PROGRAM
AUTHORIZATION TO RELEASE INFORMATION FORM**

Purpose: Your signature on this form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the Serving Those Who Served Program.

Privacy Act Notice Statement: Project Home, Inc. is requiring the collection of the information derived from this form to determine an applicant's eligibility in a Repair Program. This information will be used to establish eligibility for the program; to protect the funder's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign an authorization to release information form prior to the receipt of benefit. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

Authorization: I authorize Project Home, Inc. to obtain information about me and my household that is pertinent to eligibility for participation in the Serving Those Who Served Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date

Other Adult Member of the Household—Signature, Printed Name, and Date

Other Adult Member of the Household—Signature, Printed Name, and Date

Other Adult Member of the Household—Signature, Printed Name, and Date



INCOME CERTIFICATION FORM-Serving Those Who Served Program

AGENCY: Project Home, Inc.

PROGRAM: Serving Those Who Served

To participants in this project:

Project Home and its sponsors have provided financing for this project. In order to document that benefits are received by the target population, we ask that you review the residency and income limits listed below, and check the appropriate description.

CHECK ONE

A. I/we certify that I am/we are residents of Green County and that within the past twelve months my/our household income has been less than the maximum shown for my/our household size.

<u>Household Size</u>	<u>Maximum Annual Gross Income</u> (Total combined income from all sources for all members of the household.)
1	\$61,600
2	\$70,400
3	\$79,200
4	\$88,000
5	\$95,050
6	\$102,100
7	\$109,150
8	\$116,200

B. I/we are not residents of Green County.

C. I/we are residents of Green County, but my/our household income is greater than the levels indicated above.

Household annual gross income includes total income from all sources, including, but not limited to wages, interest, dividends, commissions, rents received, payments from annuities, retirement plans, social security, and any other source of income. I certify that the above information is complete and correct. I agree to provide documentation to verify household income level upon request by the Project Home.

Owner

Co-Owner

Date

Date



24 CFR Part 5 Household Income and Asset Information

Name of Head of Household: _____ Date: _____

Street Address: _____

Income*

*see attached sheet for types of income *not* included in determining income eligibility.

Does your household receive income from any of the following sources?

1. Employment Wages? Yes No

If yes, sources and amount: _____

2. Self-employment or operation of a business? Yes No

If yes, sources and amount: _____

3. Interest, dividends, and other net income of any kind from real or personal property? Yes No

If yes, sources and amount: _____

4. Payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, or any other similar types of periodic receipts? Yes No

If yes, sources and amount: _____

5. Payments in lieu of earnings, such as unemployment, disability compensation, worker's compensation, and severance pay? (Do not include lump-sum payments or settlements.) Yes No

If yes, sources and amount: _____

6. Welfare assistance payments made under the W2 program? Yes No

If yes, sources and amount: _____

7. Alimony and / or child support payments? Yes No

If yes, sources and amount: _____

8. Regular contributions or gifts received from people or organizations outside the household?

Yes No

If yes, sources and amount: _____

9. Any regular pay, special pay, and allowances of a member of the Armed Forces? Do not include special pay received for being exposed to hostile fire. Yes No

If yes, sources and amount: _____

Assets**

**see attached sheet for types of assets *not* included in determining income eligibility.

Does your household have any of the following types of assets?

1. Cash held in savings accounts, checking accounts, safe deposit boxes, or in the home?

Yes No

If yes, sources and amount: _____

2. A revocable trust available to the applicant?

Yes No

If yes, sources and amount: _____

3. Equity in rental property or other capital investments?

Yes No

If yes, sources and amount: _____

4. Any stocks, bonds, Treasury bills, certificate of deposit (CDs), mutual funds, and money market accounts?

Yes No

If yes, sources and amount: _____

5. Individual retirement 401(K), or Keogh accounts?

Yes No

If yes, sources and amount: _____



6. Retirement or Pension funds?

Yes

No

If yes, sources and amount: _____

7. Life insurance policies available to household before death?

Yes

No

If yes, sources and amount: _____

8. Any personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.?

Yes

No

If yes, sources and amount: _____

9. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements or other amounts not intended as periodic payments?

Yes

No

If yes, sources and amount: _____

10. Mortgages or deeds of trust held by anyone in the household?

Yes

No

If yes, sources and amount: _____

11. Has the household disposed of any assets for the less than their fair market value in the last 2 years?

Yes

No

If yes, type of asset and value: _____

Homeowner's Signature

Co-owner's Signature

Homeowner's Printed Name

Co-owner's Printed Name

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)



3841 Kipp St.
Madison, WI 53718
(608) 246-3737
projecthomewi.org

SERVING THOSE WHO SERVED PROGRAM

I / We have received a copy of the following EPA informational booklets:

Homeowner education materials

I have received a copy of each of these EPA informational booklets:

- **“A BRIEF GUIDE TO MOLD, MOISTURE, AND YOUR HOME”**
(EPA402-K-02-003, July 2002)
- **“A CITIZEN’S GUIDE TO RADON”** (EPA402/K-12/002)
- **“RENOVATE RIGHT”** (EPA-740-F-08-002, March 2008)

HOMEOWNER(S) FULL NAME(S) (PLEASE PRINT)

ADDRESS

CITY, STATE, ZIP CODE

HOMEOWNER SIGNATURE

DATE

CO-OWNER SIGNATURE

DATE



**Project Home Serving Those Who Served Program
Preliminary Homeowner Agreement**

TO: Property owner(s)

RE: Repair / Rehabilitation work on the property at: _____

As the owner of the property listed above, I hereby certify the following:

- I have received and completed the application for the Project Home Serving Those Who Serve program. To the best of my knowledge, these documents have been filled out honestly and correctly.
- The above property **is not currently for sale and will not be listed for sale** throughout the process of repair work or final inspection of the property.
- There will be **no other construction or remodeling projects** during the process of Project Home and its subcontractors doing work on the home, or during final inspection of the property.
- I agree to ensure, to the best of my ability, that there will be **no delays in repair work** at the above property, including: halting the work for any reason, promptly notifying Project Home of any changes in residency or contact information (such as moving or a change in phone number), returning requested documents at my earliest convenience, and scheduling appointments with Project Home and its subcontractors in a timely fashion. Timely scheduling means returning calls promptly and being available for appointments on weekdays during standard business hours of 7:30 a.m. – 4:30 p.m. as necessary.

Failure to comply with this agreement could result in work not being completed and the homeowner being charged for any unfinished work on the home.

HOMEOWNER NAME (PRINT)

CO-OWNER NAME (PRINT)

HOMEOWNER SIGNATURE

DATE (MM/DD/YY)

CO-OWNER SIGNATURE

DATE (MM/DD/YY)

projecthome

Tax Exempt Certification

If you were not required to file a federal tax return, please complete and return with your application materials.

Applicant Name: _____

Applicant Address: _____

I certify that I am exempt from filing Federal income taxes for the year **2025** because:

As proof of my income I have attached:

- Documentation of any household income, including social security award letters for everyone over the age of 18.
- Last 3 months of paycheck stubs or 3 months of payroll stubs
- Last 3 months of bank statements from all accounts (all pages even if blank)

I certify that this information is complete and accurate. I agree to provide, upon request, additional documentation. I understand that knowingly providing false information will disqualify me from participating in the program. This information will only be used to determine the eligibility status of the household.

Signature

Date (mm/dd/yyyy)

Signature

Date (mm/dd/yyyy)



PHOTO RELEASE AUTHORIZATION

I hereby authorize Project Home, Inc., its subsidiaries, affiliates, successors and assigns and those acting on its authority to use my name, and any story, testimonial or interview comments provided by me, and any photograph or video of me or my property taken by me and/or Project Home for purposes that include information, promotion, and/or advertising of Project Home programs, services and its initiatives. It is understood that Project Home will have the right to copyright, freely edit, adapt and/or modify the Materials prior to use.

I further authorize project Home, its successors and assigns and those acting under its authority to use the Materials for display, broadcast, and publication in whole or in part, on a worldwide basis and through any medium, including internet communications, social media, promotional materials, print communications, or any other lawful purpose whatsoever in perpetuity.

I warrant that any story, testimonial or interview comments I provided accurately reflect my opinions and experiences and that the facts and comments are true and correct to the best of my knowledge and belief. I further warrant that any photographs or video I provided were created by me and are my property.

I hereby waive any right that I may have to inspect or approve the materials, the finished product, the advertising or other copy that may be used in connection therewith.

I further agree that this Authorization & Release shall be binding upon my heirs, executors, administrators, successors and assigns.

I warrant that I have the full power and authority to grant all of the rights conveyed herein; that I am of full age and have every right to contract in my own name; that I have read the above Authorization & Release prior to its execution; and that I am fully familiar with the contents thereof.

Signature

Print Name

Date

Address

Phone

City, State, Zip