



## Mortgage Assistance Grant Application

### **Application Check List** (Fill out all sections completely. Please print clearly.)

- 1. Personal Information (Page2)
- 2. Medical Information: Social Worker/Medical/HealthCare Provider has signed off (Page3)
- 3. Employment/ Income and Financial Impact Information (Page4)
- 4. Mortgage or rental information. Enclose most recent mortgage statements, including first and second mortgages or copy of the most recent payment check or receipt of payment from landlord(Page5)
- 5. Signatures (Page6)

### **Submission of Application**

**Applications received by the 1st of the month will be processed for grant awards made for the 1st of the next month.**

**Only complete applications providing all attachments and supporting documentation will be reviewed. All application criteria must be met. Incomplete applications may be re- submitted upon completion and will be considered for the next grant award cycle.**

#### **Online**

Fill out the application completely, then scan it with any additional required documentation to your computer and email it as an attachment  
To: [communityinfo@townemortgage.com](mailto:communityinfo@townemortgage.com)

#### **Fax**

Fill out the application completely and fax it with any additional required documentation to:  
**(248) 434-5910**

**Note:** For privacy and confidentiality reason, please ONLY use the fax number listed above.

#### **Mail**

Fill out the application completely and mail it with any additional required documentation to:  
Towne Mortgage Company  
Mortgage Grant Assistance Program  
2170 E. Big Beaver Road, Ste. A  
Troy, MI 48083

#### **For Any Questions**

Call (248) 528-7287 or

**Email:** [communityinfo@townemortgage.com](mailto:communityinfo@townemortgage.com)

**1. Personal Information** (REQUIRED) (Please print clearly)

Date of Application

Applicant's Child's Name

Date of Child's Birth

**A. PARENT/ GUARDIAN 1**

**Check One:**  Parent(s)  Grandparent(s)  Legal Guardian(s)  Court Ordered Custodian(s)

**If applicant is single parent/ guardian are you the primary caregiver?**  Yes  No

**Do you have primary custody of the child?**  Yes  No

**Are you the Primary Contact?**  Yes  No

**Active or Retired Military?**  Yes  No

Parent / Guardian's Name

Names and ages of other children living in permanent home

Permanent Home Address

City

County

State

Zip

Permanent Home Phone

Cell Phone

Work Phone Parent /Guardian

Email Address

**B. PARENT/ GUARDIAN 2**

**Check One:**  Parent(s)  Grandparent(s)  Legal Guardian(s)  Court Ordered Custodian(s)

**Are you the Primary Contact?**  Yes  No

**Active or Retired Military?**  Yes  No

Parent / Guardian's Name

Names and ages of other children living in permanent home

Permanent Home Address

City

County

State

Zip

Permanent Home Phone

Cell Phone

Work Phone Parent /Guardian

Email Address

**C. Are you a previous Towne Mortgage Assistance Grant Program applicant?**  Yes  No

If so, date of application? \_\_\_\_\_

Recipient of a mortgage assistance grant for \_\_\_\_\_

Deferred decision, reason \_\_\_\_\_

Declined decision, reason \_\_\_\_\_

**2. Medical Information** (REQUIRED WITH SIGNATURE OF HEALTH CARE PROVIDER)

**A. Child has had a combination of inpatient AND full-time home care.**  Yes  No

**Child's Medical Situation:** Please write a description of your child's illness and diagnosis or type of injury, length of hospitalization, number of surgeries and other information that you feel we should know. Social worker or health care provider MUST sign this application stating that this is the medical situation and hospitalization information. Continue on separate sheet if necessary.

**B.**

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**C. Hospitalizations**

Date(s)	Hospital
Date(s)	Hospital
Date(s)	Hospital
Date(s)	Hospital

**D. Homecare**

Date(s)	Home Care Services Provider
Date(s)	Home Care Services Provider
Date(s)	Home Care Services Provider

**To Be Completed by Social Worker/ Medical/ Health Care Provider Child's current**

**condition:**  Stable  Critical  Declining

Name of Social Worker/HealthCare Provider	Company		
Phone	Email Address		
Address	City	State	Zip

**I certify the medical information provided in this application is accurate and I am authorized by the Family and Health Care Provider to submit this application.**

Signature	Date
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**3. Employment/Income and Financial Impact Information** (REQUIRED)

**A. PARENT/ GUARDIAN 1**

\_\_\_\_\_  
Name of Employer Phone

\_\_\_\_\_  
Work Address City State Zip

Is parent/guardian currently on paid leave? Yes No Leave start date: \_\_\_\_\_

**Parent/ Guardian 1's Monthly Gross Income (before taxes)**

Before illness/hospitalization: \$ \_\_\_\_\_ During/after illness/hospitalization: \$ \_\_\_\_\_

**B. PARENT/ GUARDIAN 2**

\_\_\_\_\_  
Name of Employer Phone

\_\_\_\_\_  
Work Address City State Zip

Is parent/ guardian currently on paid leave? Yes No Leave start date: \_\_\_\_\_

**Parent/ Guardian 2's Monthly Gross Income (before taxes)**

Before illness/hospitalization: \$ \_\_\_\_\_ During/after illness/hospitalization: \$ \_\_\_\_\_

**Work and Financial Impact:** Please describe loss of income, due to unpaid leave from work or decreased work hours, as a result of your child's hospitalization. Also describe details of additional expenses incurred (mileage, meals, parking, gas, lodging, etc.) and out-of-pocket insurance payments. Please provide details of financial hardship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Mortgage or Rental Information**(REQUIRED)

Include a copy of your most recent mortgage statement verifying account number, property address and mortgage payment with this application, or if you are a rental tenant a copy of your most recent rental payment check or receipt of payment from your landlord verifying the property address with this application.

The maximum grant is \$2,500 for a **primary residence only**. If an application is approved and mortgage or rental payment amount exceeds the \$2,500cap, the applicant must pay the difference. If the applicant cannot afford to pay the difference between \$2,500 and the mortgage payment amount, the applicant will not qualify for a grant.

The grant payment from Towne Mortgage Company is for the first mortgage only, or for the monthly rental payment and monthly utilities ONLY is the utilities are included pursuant to the rental agreement. The grant also excludes second and third mortgages and home owner association fees. Towne Mortgage Company will submit payment directly to the lender or landlord.

**A. Lender/Landlord Information**

\_\_\_\_\_  
Name of primary mortgage lender OR contract for deed holder or landlord

\_\_\_\_\_  
Payment address City State Zip

\_\_\_\_\_  
Contact name, if available Lender/Landlord Phone

\_\_\_\_\_  
Mortgage Account Number (if applicable)

Monthly payment amount:\$ \_\_\_\_\_

**B. Homeowner/Tenant Information**

\_\_\_\_\_  
Name of person(s) listed on mortgage statement Social Security Number of person(s) listed on mortgage statement

\_\_\_\_\_  
Name of person(s) listed on mortgage statement Social Security Number of person(s) listed on mortgage statement

**C. Are you current on your mortgage/rental payments?** Yes No

(Please Note: Mortgage/Rental payments cannot be more than three months delinquent at the time of application, otherwise the application will be rejected.)

**D. Are mortgage/rental payments automatically withdrawn from your account?**  Yes  No

If yes, what day of the month are funds withdrawn from your account payment? \_\_\_\_\_

**I/we hereby authorize the mortgage lender/ contract for deed holder/landlord listed above to provide the status of my/our mortgage loan (loan number stated above) to the Towne Mortgage Assistance Grant Program.**

\_\_\_\_\_  
Signature Print Name Date

\_\_\_\_\_  
Signature Print Name Date

## 5. Signatures<sup>(REQUIRED)</sup>

Please check all that apply and sign:

I have read the Mortgage Assistance Grant Guidelines and /or the Rental Assistance Grant guidelines and understand them. I attest this information is true to the best of my knowledge and ability. I authorize my child's medical care provider to discuss my child's medical information pertinent to this case with representatives of Towne Mortgage Company. I understand that the grant is at the discretion of Towne Mortgage Company may adjust guidelines for future grants, at its discretion.

Only complete applications providing all attachments and supporting documentation will be reviewed. All applications criteria must be met. Incomplete applications may be re-submitted upon completion and will be considered for the next grant award cycle.

I hereby grant Towne Mortgage Company permission as follows:

- A. I give Towne Mortgage Company consent to share my family's stories without restriction in all media. This consent applies to my child's name and photo and my name and photo, as well as the story of my child's illness and treatment, to promote the purposes of the Towne Mortgage Grant Assistance Program and to solicit funds to help other children.
- B. Use our story, however, please keep my family anonymous.
- C. Do not use our story.

I understand that neither my child nor I will receive any compensation as a result of the use of our information and photos as described in this release. I waive any rights of privacy and/ or approval of the materials in which our name and/ or likenesses may be used.

### Permission to contact referring health care facility

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Parent/Guardian 1 Signature

Date

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Parent/Guardian 2 Signature

Date