

# WYOMING HAF PROGRAM

May 2023

**Application Walkthrough** 

Wyoming Homeowner Assistance Fund Program



## What expenses are paid by the HAF Program?



Up to \$17,000 in assistance as a <u>one-time award</u>, paid to a servicer or vendor on behalf of an eligible homeowner to cover:



**MORTGAGE DELINQUENCY:** Mortgage delinquency will be the priority over other expenses. For example: If an applicant applies for \$16,000 of mortgage assistance and \$2,000 of utility assistance, the HAF Program will pay the \$16,000 delinquency on the mortgage and the left over \$1,000 will be applied to the utility arrears.



<u>PAST DUE</u> UTILITY PAYMENTS: Electricity, energy costs (fuel, oil & propane), water and sewer. (Internet costs are not an eligible expense).



<u>PAST DUE</u> HOUSING-RELATED BILLS: Property taxes, homeowners insurance or homeowner association dues.



Delinquencies will take priority over forward mortgage payments.

FORWARD MORTGAGE ASSISTANCE: Up to 3 months of consecutive monthly payments.

# Who is Eligible?

- Must not have received a previous HAF award. This is a one-time grant.
- Property must be located in Wyoming (including the Wind River Reservation).
- Property must be the primary residence.

### **ELIGIBLE PROPERTIES BELOW:**



Single-family (attached or detached), including manufactured homes permanently affixed to property and taxed as real estate



Condominium units



1 to 4-unit properties where the homeowner is living in one of the units as their primary residence



Mobile homes permanently affixed to real property

## Who is Eligible?

Must have a total annual household income at or below 150% of the area median income.

Income eligibility depends on how many people live in the household and the county they live in. The household income needs to be at or below what is in the table (right).

#### 2023 INCOME ELIGIBILITY

Income eligibility depends on how many people live in your household and the county you live in.

Your household income needs to be at or below the following:

#### 150% of the Area Median Income (AMI) - ANNUAL

COUNTY	HOUSEHOLD SIZE							
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Albany	\$98,850	\$112,950	\$127,050	\$141,150	\$152,450	\$163,750	\$175,050	\$186,350
Big Horn	\$97,350	\$111,250	\$125,150	\$139,050	\$150,200	\$161,300	\$172,450	\$183,550
Campbell	\$110,050	\$125,800	\$141,500	\$157,200	\$169,800	\$182,400	\$194,950	\$207,550
Carbon	\$97,350	\$111,250	\$125,150	\$139,050	\$150,200	\$161,300	\$172,450	\$183,550
Converse	\$101,550	\$116,050	\$130,550	\$145,050	\$156,700	\$168,300	\$179,900	\$191,500
Crook	\$98,950	\$113,050	\$127,200	\$141,300	\$152,650	\$163,950	\$175,250	\$186,550
Fremont	\$97,350	\$111,250	\$125,150	\$139,050	\$150,200	\$161,300	\$172,450	\$183,550
Goshen	\$97,350	\$111,250	\$125,150	\$139,050	\$150,200	\$161,300	\$172,450	\$183,550
Hot Springs	\$97,350	\$111,250	\$125,150	\$139,050	\$150,200	\$161,300	\$172,450	\$183,550
Johnson	\$97,350	\$111,250	\$125,150	\$139,050	\$150,200	\$161,300	\$172,450	\$183,550
Laramie	\$99,350	\$113,550	\$127,750	\$141,900	\$153,300	\$164,650	\$176,000	\$187,350
Lincoln	\$101,050	\$115,450	\$129,900	\$144,300	\$155,850	\$167,400	\$178,950	\$190,500
Natrona	\$97,350	\$111,250	\$125,150	\$139,050	\$150,200	\$161,300	\$172,450	\$183,550
Niobrara	\$97,350	\$111,250	\$125,150	\$139,050	\$150,200	\$161,300	\$172,450	\$183,550
Park	\$97,350	\$111,250	\$125,150	\$139,050	\$150,200	\$161,300	\$172,450	\$183,550
Platte	\$97,350	\$111,250	\$125,150	\$139,050	\$150,200	\$161,300	\$172,450	\$183,550
Sheridan	\$100,800	\$115,200	\$129,600	\$144,000	\$155,550	\$167,050	\$178,600	\$190,100
Sublette	\$100,700	\$115,100	\$129,500	\$143,850	\$155,400	\$166,900	\$178,400	\$189,900
Sweetwater	\$108,600	\$124,100	\$139,600	\$155,100	\$167,550	\$179,950	\$192,350	\$204,750
Teton	\$134,100	\$153,250	\$172,400	\$191,550	\$206,900	\$222,200	\$237,550	\$252,850
Uinta	\$97,350	\$111,250	\$125,150	\$139,050	\$150,200	\$161,300	\$172,450	\$183,550
Washakie	\$97,350	\$111,250	\$125,150	\$139,050	\$150,200	\$161,300	\$172,450	\$183,550
Weston	\$97.350	\$111.250	\$125 150	\$139,050	\$150,200	\$161,300	\$172 450	\$183 550

Wyoming Homeowner Assistance Fund Program VISIT DFS.WYO.GOV/HAF





# Who is Eligible?

 Must have experienced a COVID-related financial hardship after January 21, 2020 (i.e. loss of employment, reduced hours, higher expenses due to closures).

#### FOR MORTGAGE ASSISTANCE:

- The loan must be the first lien on the property (no second mortgages or Heloc loans).
- The homeowner must not intend to sell the property within six months of receiving assistance.

**REVERSE MORTGAGES:** Homeowners cannot apply for mortgage assistance but can apply for assistance with past due payments of utilities, property taxes, homeowners insurance, and homeowners association dues.

# How to Apply

To apply for the Wyoming Homeowner Assistance Fund (HAF) Program, please click the link below or copy and paste the URL into your browser.

Website: DFS.WYO.GOV/HAF

Before applying, please have all required documents available and ready for upload. For best results, please scan documents rather than using your mobile phone camera or screenshots.

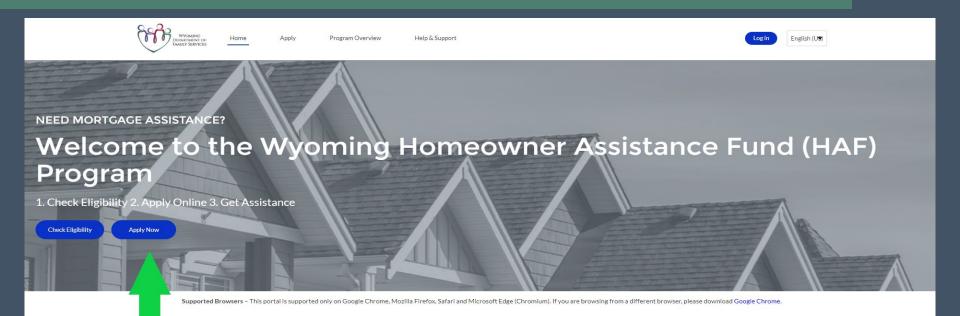
#### List of required documents:

- Valid Photo ID
- Proof of Income
- Utility statement (required for residency verification if photo ID does not list property address)
- Delinquent statement for the assistance applied for (mortgage, HOA, insurance, property taxes or utilities)
- Mortgage statement for the next forward month payment you are requesting

#### Average review time:

- Perfect case: 9-19 days (pending servicer response)
- Cases returned for more information: 11-32 days (pending servicer response)

## **Main Screen**



# **User Registration**

Enter your name and email address to create an account.



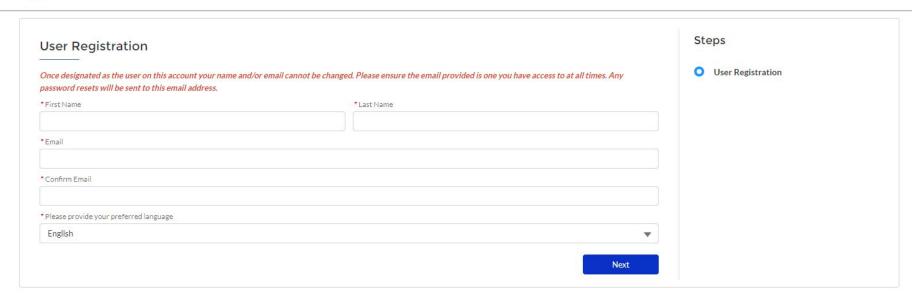
Home

Apply

Program Overview

Help & Support





# Verify Email Screen

You will then be prompted to go to the email address you provided to verify your account.



## **Verification Email**

This is an example of the email you will get to confirm your Wyoming HAF account. Click on the blue highlighted "click here" to set up a password.

Account and Username Created for the Wyoming Homeowner Assistance Fund (HAF) Program Inbox x



WYOHAF <noreplyhaf@wyo.gov>

11:18 AM (1 minute ago)





Dear Applicant,

Thank you for your interest in the Wyoming Homeowner Assistance Fund (HAF) Program. This email serves as confirmation that you have successfully created an account.



To change your password, please click here or copy paste the below URL in your internet browser address bar.

https://wvodfsportal.force.com/haf/login?c=

PZxmFtLXGdE0G3CA9U6CQoS9nCEFZdZimvy1Ya2KhMhj7yx0D4btz1LcRcXS J4jviMJ0WiOytchx RI3GdWAq0KBVb WgBYMWnArgLF0aCTiWH33PF. maHoycincVHMPxsdgNKi8zFJV5cVSKYzMnM4aTtNImif07yxQtaJFoBv3L9S d3eptwWfBDUvehiv7AOvStwRA

Before you proceed with your application, please read the Wyoming HAF Program Application User Guide and FAQs to understand the application and program eligibility requirements. Once your application is submitted you will not be able to edit your application.

Please ensure you complete the application completely and accurately, and confirm you have uploaded all documentation required, which includes:

· Copy of the applicant's driver's license and each coborrower's driver's license.

# Change Password

When you click the verification link in your email, you will be brought to this screen to create a password. Please remember this password.



#### Change Your Password

Enter a	new password for
Make s	ure to include at least:
0	8 characters
0	1 letter
0	1 number
0	1 special character 1
* New	Password
T.	
L L	
* Confi	rm New Password
Passwo	rd was last changed on 5/15/2023, 9:58 AM.



# Logging In

Once you create your password, go to "Log In" and enter your email address in the username box and the password you set up in the password box. Then click the box next to "I'm not a robot", followed by "Log In".

Your username is your email address



# Start a New Application



Home

Apply

Track Status

Help & Support

Language Preference





View Eligibility and Requirements

#### **Get Started**

The Wyoming Homeowner Assistance Fund (HAF) Program was established by the American Rescue Plan Act enacted on March 11, 2021, to help homeowners experiencing financial hardship after January 21, 2020

Before you apply, please take time to review the eligibility requirements and application user guide to understand if you are eligible, and the application steps to complete, and the supporting documentation required as part of your application.

#### What Would You Like to Do?



Start New Application

Track Status



(In-progress or submitted applications)

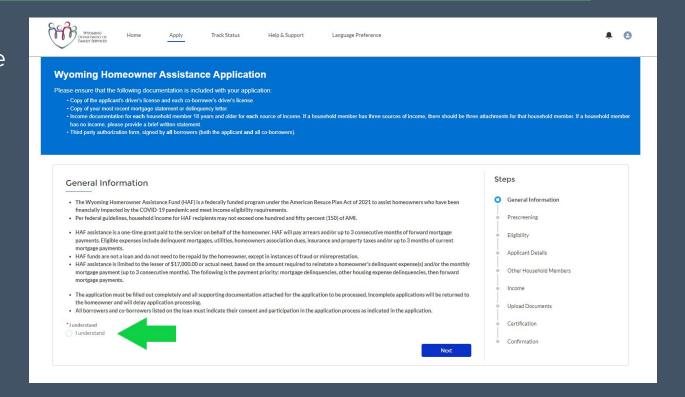
#### **Local Programs**

The links below provide access to additional or alternative assistance:

- HAF program Home Page (includes guidance to this website)
- State 211

## **General Information**

Read the general information about the program and then click "I understand" and "next".



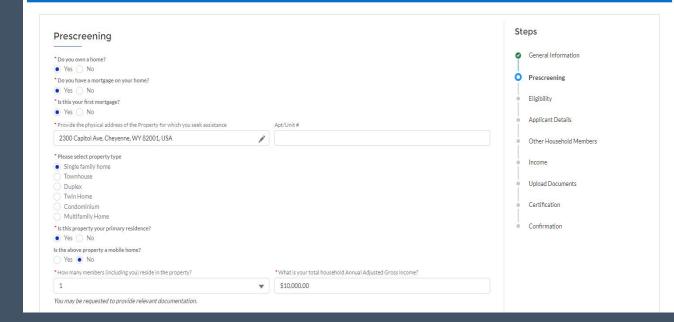
## Prescreening

Fill out your information on the prescreening page. This will include your address and COVID impact information.

#### **Wyoming Homeowner Assistance Application**

Please ensure that the following documentation is included with your application:

- . Copy of the applicant's driver's license and each co-borrower's driver's license.
- Copy of your most recent mortgage statement or delinquency letter.
- Income documentation for each household member 18 years and older for each source of income. If a household member has three sources of income, there should be three attachments for that household member. If a household member has no income, please provide a brief written statement.
- . Third party authorization form, signed by all borrowers (both the applicant and all co-borrowers).



## **Prescreening Continued**

You may be requested to provide relevant documentation.		
Since January 1, 2020:		
* Please select the financial hardship you and/or your household member(s) experienced since January 1, 2020. Sele	ect all that apply.	
✓ Job loss due to COVID-19 or its impacts		
Job furlough due to COVID-19 or its impacts		
Reduced hours due to COVID-19, resulting in a reduction in take-home pay		
Increased expenses (hospitalization/medical costs, additional child care costs, etc.) due to COVID-19		
* Please describe the relationship between your selected hardship(s) and the COVID-19 pandemic.		
Lost job due to COVID lay offs		
* Choose the assistance you are applying for (Select all that apply):		
✓ Delinquent mortgage assistance		
✓ Delinquent utility assistance		
Delinquent Homeowner Association (HOA) dues assistance		
Payment assistance for delinquent property taxes to prevent homeowner tax foreclosures		
Delinquent homeowners insurance assistance		
✓ Up to 3 months of consecutive forward mortgage payments		
	Previous	Continue Application

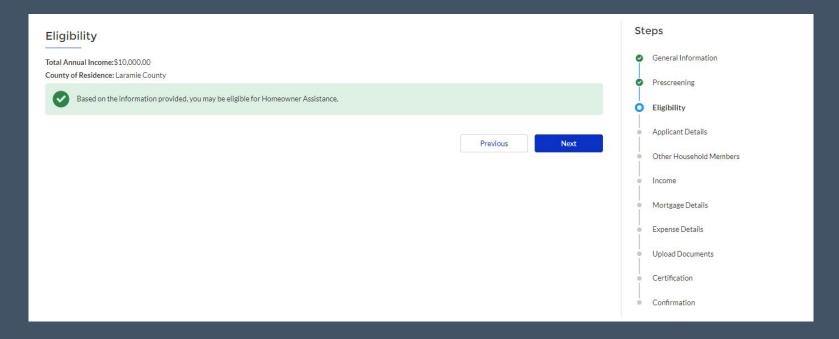
## **Confirm Address**

# Default address: The address you entered was found but more information is needed (such as an apartment, suite, or box number) to match to a specific address.: The address you entered is not validated, if it is valid address, please click confirm entered address button to continue the application. You Entered: 2300 Capitol Avenue Cheyenne WY 82001 Laramie County Previous Confirm Entered Address



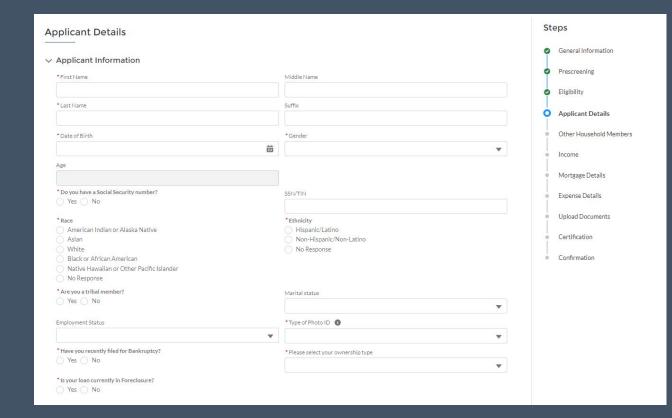
# **Income Eligibility Check**

This screen will let you know whether you may or may not be income eligible for the Wyoming HAF Program.



# **Applicant Details**

Fill out your personal information including your name, gender, birthday, etc.

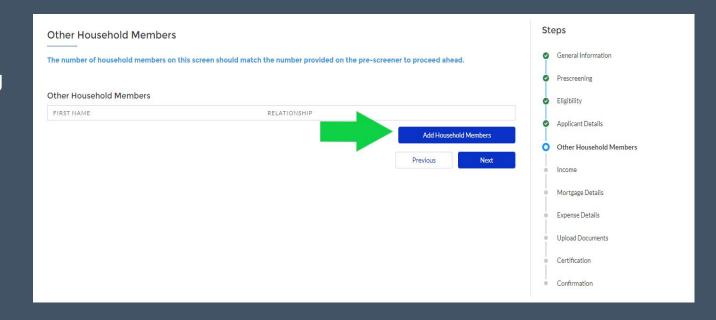


# **Applicant Details Continued**

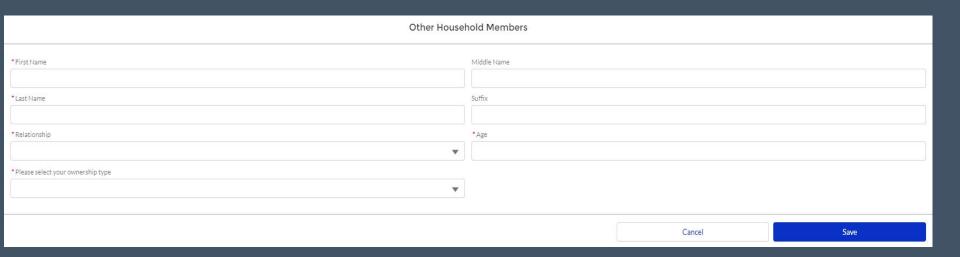
* Address		Apt/Unit #
2300 Capitol Ave, Cheyenne, WY 82001, USA		
Applicant Contact Details		
* Phone number		* Re-enter phone number
* Email		* Re-enter email
* Preferred method of contact		* Preferred language
	•	

## Other Household Members

If there are other household members, including children, click "add household members" for each person who lives in the house.

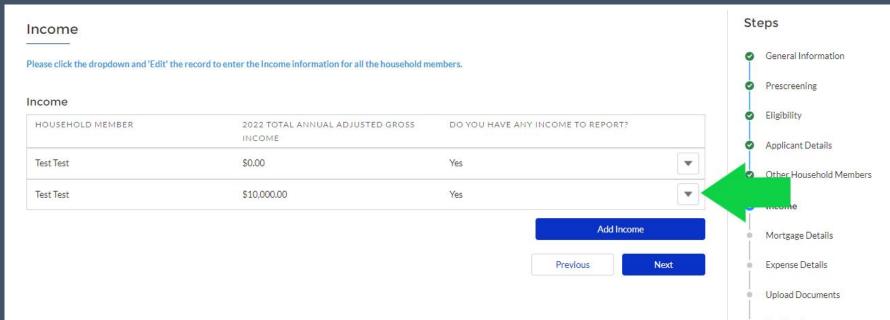


## **Other Household Members Continued**

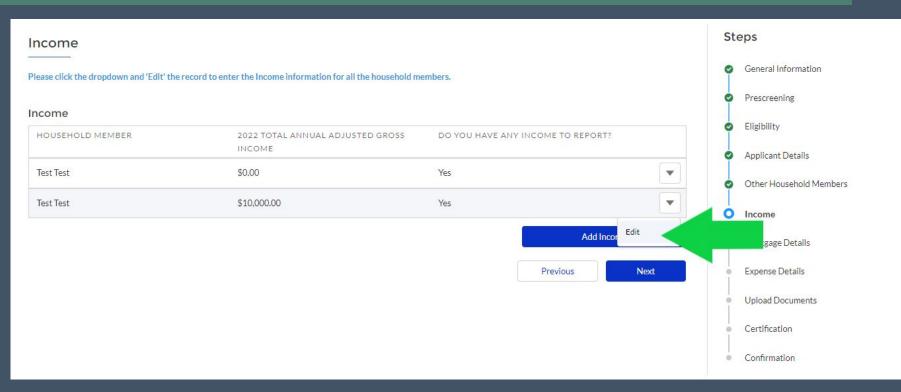


## Income

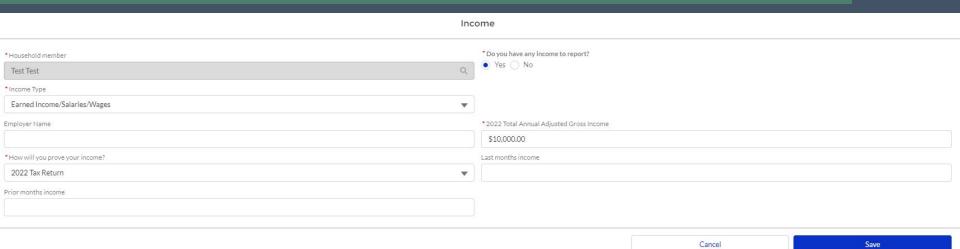
Each household member you entered will show up on this screen with a red asterisk. Click the down arrow and then "edit" to add income for each of these household members.



## **Income Continued**



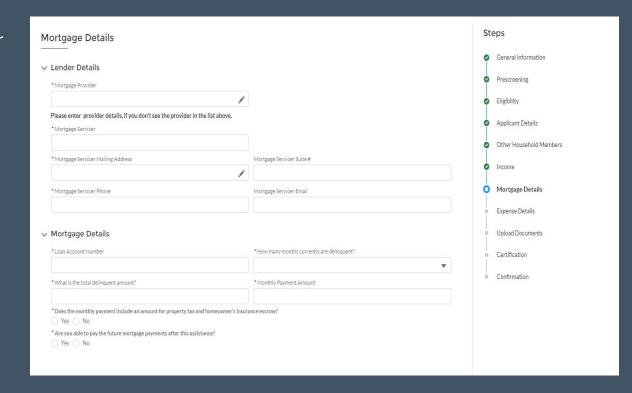
# **Income Continued**



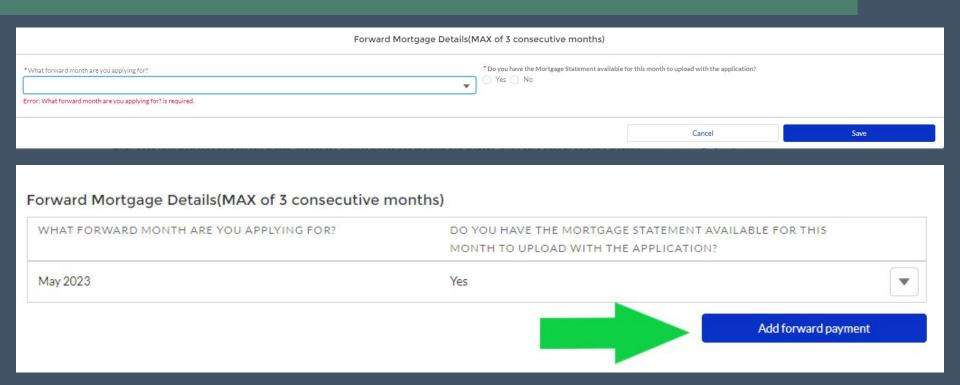
## **Mortgage Details**

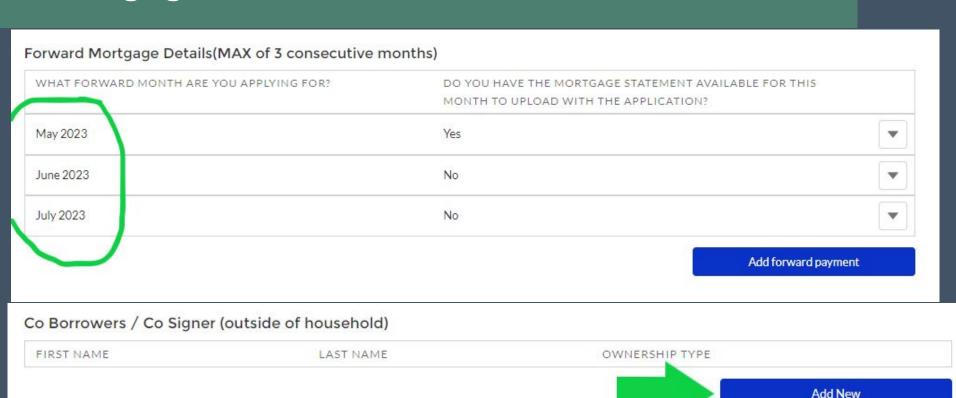
This is where you will enter your mortgage provider, monthly mortgage amount, loan information, co-borrower information, etc. If your mortgage provider is enrolled with our program, they will auto-populate in the list.

\*If other expenses are selected, there will be a page similar to this to enter information regarding those expenses.



If you need your mortgage paid for this month, choose the current month and the next two months. If you have already paid this month's mortgage, choose next month and the following two months. Forward Mortgage Details(MAX of 3 consecutive months) WHAT FORWARD MONTH ARE YOU APPLYING FOR? DO YOU HAVE THE MORTGAGE STATEMENT AVAILABLE FOR THIS MONTH TO UPLOAD WITH THE APPLICATION? Add forward payment Co Borrowers / Co Signer (outside of household) FIRST NAME LAST NAME OWNERSHIP TYPE Add New Please add a forward month to continue. If you do not plan to apply for a forward month, please go back to Prescreening and update the assistance category Previous Next





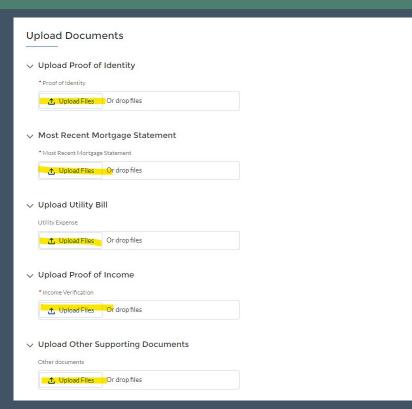
Next

Previous



# **Upload Documents**

Required documents will have a red asterisk. Every household member over the age of 18 will need income verification. If they have no income, you will need a written attestation to having no income with a signature and date.





# **Upload Documents Continued**

## Upload Documents related Bankruptcy Bankruptcy Documents , Dpload Files Or drop files Approval is required by your bankruptcy attorney or servicer to proceed with your assistance request. Please print out the following form and have it completed by one your attorney or servicer. Once it is completed and signed, please upload it here. Upload proof of COVID-19 Hardship Upload Documentation for proof of COVID-19 Hardship , Upload Files Or drop files Please attach supporting documentation to demonstrate loss of income, significant cost, and/or other financial hardship (e.g., Unemployment benefit statement or Form 1099-G, monthly pay statements before AND after the impact of COVID-19, letter from employer showing a decrease in income, copies of medical, childcare, transportation, or other significant expenses your household incurred as a result of COVID. Approval letter for federal, state, or local government assistance programs such as Medicare, SNAP, TANF, written attestation from your employer, caseworker, or government agency). The use of written attestations from third parties (e.g., from employer, caseworker or government agency) may result in delayed processing of your application due to the additional time and effort required to validate their assertions.

Previous

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## Certification

Please ensure all expenses are entered before submitting your application as you will not be able to apply for them once you have submitted.

#### Certification

Homeowner Assistance is a one-time grant. Please review your application for the data and accuracy before submitting your application.

\* Are you submitting the application on someone else's behalf?

Yes No

#### STATEMENTS OF ATTESTATION

Please read the following statements carefully and only attest to those statements that relate to you and your application:

- I/We attest that all information provided in this application for the Homeowner Assistance Fund is correct and complete to the best of my/our knowledge.
- I/We attest that my/our total household income qualifies for assistance and does not exceed one hundred and fifty percent (150%) of the area median income in which my/our residence is located.
- I/We attest that my/our household is eligible for participation in the Homeowner Assistance Fund because one or more of my/our household members experienced a financial hardship related, directly or indirectly, to the COVID-19 pandemic.
- I/We attest that the total amount of monthly income submitted in this application for the Homeowner Assistance Fund is complete and accurate.
- I/We attest that my/our household has not received, is not currently receiving, and does not anticipate receiving, assistance from another source of public or private subsidy or assistance that covers the same mortgage costs submitted under the Homeowner Assistance Fundamental Covers the same mortgage costs submitted under the Homeowner Assistance Fundamental Covers the Same mortgage costs submitted under the Homeowner Assistance Fundamental Covers the Same mortgage costs submitted under the Homeowner Assistance Fundamental Covers the Same mortgage costs submitted under the Homeowner Assistance Fundamental Covers the Same mortgage costs submitted under the Homeowner Assistance Fundamental Covers the Same mortgage costs submitted under the Homeowner Assistance Fundamental Covers the Same mortgage costs submitted under the Homeowner Assistance Fundamental Covers the Same mortgage costs submitted under the Homeowner Assistance Fundamental Covers the Same mortgage Costs Submitted Under the Homeowner Assistance Fundamental Covers the Same mortgage Costs Submitted Under the Homeowner Assistance Fundamental Covers the Same mortgage Costs Submitted Under the Homeowner Assistance Fundamental Covers the Same Mortgage Costs Submitted Under the Homeowner Assistance Fundamental Covers the Same Mortgage Covers Same Mort

#### Electronically sign

#### ACKNOWLEDGEMENTS

- I/We understand that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material
  respects. I/We understand that knowingly making a false statement to obtain these funds may be punishable under state, federal or local law, including under 18 USC 1343
  by imprisonment of not more than thirty years and/or a fine of up to \$1,000,000 and Wyo. Stat. Ann 6-3-402 by imprisonment for not more than ten years and/or a fine up to
  \$10,000
- I/We also understand that false statements or information will be grounds for denial of my/our application, termination of mortgage assistance, and/or debarment from
  participating in other current or future assistance programs.
- I/We understand that this is an application for assistance and signing this application does not bind the Homeowner Assistance Fund program to offer mortgage assistance nor does it bind me/us to accept any assistance offered.
- I/We have no objection to inquiries from the State of Wyoming or its designee to its agencies and instrumentalities for the purpose of verifying the facts herein stated and hereby consent to disclosure of information between such entities, including providing additional documentation if needed or as part of random and routine audits.
- . I/We understand that we may be subject to future audits and I/We agree to cooperate in providing information for any future audit.
- I/we have read and understand the acknowledgements above

Electronically sign

Steps

General Information

Prescreening
 Eligibility

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Applicant Details

Other Household Members

Income

Mortgage Details

Expense Details

100

Upload Documents

Certification

Confirmation

## **Certification Continued**

\* Are you submitting the application on someone else's behalf?

Yes No

#### STATEMENTS OF ATTESTATION

Please read the following statements carefully and only attest to those statements that relate to you and your application:

- I/We attest that all information provided in this application for the Homeowner Assistance Fund is correct and complete to the best of my/our knowledge.
- I/We attest that my/our total household income qualifies for assistance and does not exceed one hundred and fifty percent (150%) of the area median income in which my/our residence is located.
- I/We attest that my/our household is eligible for participation in the Homeowner Assistance Fund because one or more of my/our household members experienced a financial hardship related, directly or indirectly, to the COVID-19 pandemic.
- I/We attest that the total amount of monthly income submitted in this application for the Homeowner Assistance Fund is complete and accurate.
- I/We attest that my/our household has not received, is not currently receiving, and does not anticipate receiving, assistance from another source of public or private subsidy or assistance that covers the same mortgage costs submitted under the Homeowner Assistance Fund.

#### Signed By Test Test

Signed Date 05/15/2023

#### **ACKNOWLEDGEMENTS**

- I/We understand that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material
  respects. I/We understand that knowingly making a false statement to obtain these funds may be punishable under state, federal or local law, including under 18 USC 1343
  by imprisonment of not more than thirty years and/or a fine of up to \$1,000,000 and Wyo. Stat. Ann 6-3-402 by imprisonment for not more than ten years and/or a fine up to
  \$10,000.
- I/We also understand that false statements or information will be grounds for denial of my/our application, termination of mortgage assistance, and/or debarment from
  participating in other current or future assistance programs.
- I/We understand that this is an application for assistance and signing this application does not bind the Homeowner Assistance Fund program to offer mortgage assistance nor does it bind me/us to accept any assistance offered.
- I/We have no objection to inquiries from the State of Wyoming or its designee to its agencies and instrumentalities for the purpose of verifying the facts herein stated and hereby consent to disclosure of information between such entities, including providing additional documentation if needed or as part of random and routine audits.
- . I/We understand that we may be subject to future audits and I/We agree to cooperate in providing information for any future audit.
- I/we have read and understand the acknowledgements above

Signed By Test Test Signed Date 05/15/2023

#### FAIR CREDIT REPORTING ACT AUTHORIZATION

You understand that by clicking on the LAGREE button immediately following this notice, you are providing 'written instructions' to the State of Wyoming ("the State") under the Fair Credit Reporting Act authorizing the State to obtain information from Experian. You authorize the State to obtain such information solely to confirm your identity to avoid fraudulent transactions in your name for the State of Wyoming Homeowner Assistance Fund (HAF) Program.

I Agree

Signed By Test Test Signed Date 05/15/2023

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Next

## Confirmation

#### Confirmation

Your Homeowner Assistance Application # 00099715 was submitted.

As applicable, we need the following information from the applicant, non-applicant(>18 years), borrower, co-borrower, and co-signer to review your application:

- · Signatures to the application(if applicable).
- · Signatures to the third-party authorization form(if applicable).

Please check the email ids provided on the application for the notifications and electronically sign the documents through the link provided in the email. Thank you!

Done

## Steps General Information Prescreening Eligibility Applicant Details Other Household Members Income Mortgage Details Expense Details Upload Documents Certification Confirmation

# **Application Received**

You will get this email once your application has been submitted.

Application Received for Wyoming Homeowner Assistance Fund (HAF)

Program Indox x

11:36 AM (1 minute ago) ☆ ←

NoReplyWYOHAF <noreplyhaf@wyo.gov>

to me, haf@wyo.gov ▼

Application Number: 00067235

Dear Applicant,

This email serves as notification that you have successfully submitted your application for the Wyoming Homeowner Assistance Fund (HAF) Program.

Your application is now being reviewed to determine your eligibility. You will receive an email notification when the status of your case is updated. You can also monitor the status of your case online through the <u>website</u>, with the username you created and the password you set up earlier.

For any questions you may have, please contact the Call Center at 1-888-996-4237 (WYO - HAFP) between 9:00 am and 6:00 pm MT Monday through Friday. An application/case number (printed in this email) is required when you contact the HAF team with any inquiries about the status of your case.

Sincerely,

The Wyoming HAF Program Team

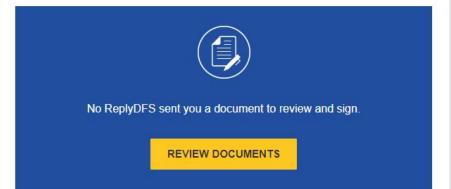
E-Mail to and from me, in connection with the transaction of public business, is subject to the Wyoming Public Records Act and may be disclosed to third parties.



In order to put your application into review, you will need to follow the instructions on the Docusign email you will receive. Click "Review Documents" and follow the prompts.

\*The main applicant will get this email first and then any co-borrowers/household members over the age of 18 will get this email after the first applicant signs.





#### No ReplyDFS

noreply-dfs@wyo.gov

Case Number:00067235

Dear Member,

Thank you for your participation in the Wyoming Homeowner Assistance Fund (HAF) Program. We need the following information to finish processing your application:

- Signatures to the application (if applicable)
- Signatures for the third-party authorization form. This form allows us to confirm with your bank the amount owed on the mortgage you are requesting assistance on (if applicable).

# Bankruptcy

If an applicant has filed for bankruptcy, we will require the Bankruptcy Letter (downloadable link below) to be signed by their attorney or servicer to ensure the servicer will accept HAF payments.

Please see the link below for the downloadable Bankruptcy Letter:

**Bankruptcy Letter** 

Please see a sample of the Bankruptcy Letter to the right.

#### Wyoming Homeowner Assistance Fund Program VISIT DFS.WYO.GOV/HAF

Applicants Name:



## BANKRUPTCY LETTER TO PARTICIPATE IN THE WYOMING HOMEOWNER ASSISTANCE FUND (HAF) PROGRAM

We have received an application for the Wyoming Homeowner Assistance Fund (HAF) Program from your client. Your client has indicated they have filed for or are in Bankruptcy at this time. Prior to the program releasing funds to help your client with their delinquent mortgage payments, we must receive approval from you.

Applicants Address:	
Amount Applied for (cap of \$17,000):	
Please sign below if you will allow funds from delinquent mortgage payments or used in a le Program can do full or partial reinstatement u	그리고 있는 것은 것 같아요. 그리고 한 경우를 가는 것이 없는 그리고 있다는 것이 없는 것이 없는 것이 없다.
Signature of Bankruptcy Attorney or Servicer	
Print Name	
Contact phone number	
Firms Name or Servicer Company Name	
Dated signed	

Wyoming Homeowner Assistance Fund (HAF) Program
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# **Housing Education**

If a homeowner owes more than \$17,000 in arrears or cannot make payments moving forward, the HAF Program will require them to complete housing education.

- In order to complete this housing education requirement, an applicant will schedule an education session with the housing educator of their choice. The <u>Confirmation</u> screen at the end of the application will provide the link to schedule this education session.
- The funds requested will be held for 15 business days in order to give the applicant time to complete the housing education requirement.
- The housing educators will fill out the housing education form with the applicant at the completion of housing education. The educators will then send the completed form to the HAF case managers.

Please see an example of this form to the right or see the link below. https://dfs.wyo.gov/assistance-programs/home-utilities-energy-assistance/homeowner-assistance/homeowner-information/

## Wyoming Homeowner Assistance Fund Program VISIT DFS.WYO.GOV/HAF

Servicer Name:\_ Loan #:



#### **Housing Education Completion Form**

The purpose of this letter is to notify the Wyoming Homeowner Assistance Fund (HAF) Program that [insert client name] has successfully completed the required housing education course through [insert housing educators name].

Please check how the HAF Applicant would like their HAF propending servicer approval:  Mortgage Reinstatement Partial Mortgage Reinstatement	gram funds applied,
Loss Mitigation	
Other:	
Please sign below to certify the client has completed the nece in order to receive HAF funds:	essary housing education
[Housing Educator Company Name]	
Housing Educator Signature	Date
Housing Educator Print Name	Date
[Client Name]	
Client Signature	Date
Client Print Name	Date

## **Need Further Assistance?**

#### **HOMEOWNER EMAIL**

Email questions or concerns with specific cases <a href="mailto:homeowner.assistance@wyo.gov">homeowner.assistance@wyo.gov</a>. Make sure to include the homeowner case number

#### CALL CENTER

For HAF support or application assistance, please call the call center between their hours, 9 a.m. – 6 p.m. Monday through Friday. Voicemails will be returned within 24-48 hours.

The toll-free phone number is 1-888-996-4237. (WYO-HAFP).

Homeowner Assistance Fund Program VISIT DFS.WYO.GOV/HAF



