MANUFACTURED HOUSING REHABILITATION & RECYCLING PROGRAM

2026 APPLICATION PACKAGE

DIVISION OF INDUSTRY SERVICES

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

http://dsps.wi.gov

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I. APPLICATION INSTRUCTIONS

SUBMITTAL INSTRUCTIONS

Applications for a grant under the Manufactured Housing Rehabilitation and Recycling (MHRR) program must follow the format prescribed below. Please number all pages of your completed application consecutively, including all appendices.

TITLE PAGE

Include the following items in an application for consideration for funding:

- The applicant's name and mailing address of main office (if more than one office)
- The street address of main office
- FEIN number
- Agency Email: please provide the email address for the person at the agency designated to receive announcements/information pertaining to grants
- Contact: provide the name, telephone number, and email of the person who prepared the application and can answer questions related to the application information.
- Proof of tax-exempt status—include in the Appendix
- Form W-9 – Request for Taxpayer Identification Number and Certification

SUBMITTAL AUTHORIZATION

An official of the eligible applicant authorized to sign for the applicant must execute the submittal authorization. DSPS will only accept an ORIGINAL signature. Do NOT submit photocopied or stamped signatures.

Total funds requested: include the total of administrative funds and housing activity funds requested for the MHRR program.

TABLE OF CONTENTS

Prepare a table of contents with page numbers noted for each section and for each appendix. Please number all pages consecutively.

SECTION A: BUDGET SUMMARY

Complete the form by supplying the amount of funding requested for each activity proposed in this application and the number of Households to receive assistance.

Please note:

- Divide housing activity between disposal of Abandoned Manufactured Homes and Critical Repairs to Manufactured Home Owner occupied units.
- For Critical Repairs, indicate the total dollar expenditure and the number of Households to receive assistance, broken out by income level. The income of Manufactured Home Owner occupied Households receiving assistance must not exceed 80 percent of the county median income (CMI).
- For Abandoned Manufactured Home disposal, indicate the total dollar expenditure and the total number of units.
- Administrative funds are separate – do not include in the housing assistance line.

Sub-total Housing Assistance: is the total amount of housing assistance funding requested for the proposed activities.

Administration: The maximum is 10 percent of the housing assistance funds requested.

Total MHRR Request: is the sum of the housing assistance requested plus the administration funds requested. Check your addition!

SECTION B: ADMINISTRATIVE BUDGET

This section provides information on the use of administrative funds for purposes other than salary of staff and day-to-day operational costs.

Contractual services: This includes such items as legal, audit, inspection, and consultant costs paid with administrative funds. Funded applicants will need to complete a Request for Proposal for these services to be eligible MHRR expenses.

Fees charged to program beneficiaries and/or third parties: This includes both out-of-pocket charges and non-repair costs. Examples of fees may include inspection fees and construction administration. Funding sources may be program beneficiary, MHRR administration, or MHRR housing assistance.

Fees rolled into the program beneficiary's Critical Repair assistance must be reasonable and necessary. These are project-related soft costs and may not exceed 10 percent of the repair activity cost. The one exception to this is payments for relocation services.

SECTION C: NARRATIVE

Information provided in this section will help DSPS understand what you plan to do with the funds, the population(s) you intend to serve, and the service area.

Service Area

List the geographic area you intend to serve by this proposal, broken out by county, municipality, town, or the State of Wisconsin (e.g., Jefferson County or City of Appleton and the Cities and Towns of Neenah and Menasha).

Provide a map of the service area that clearly identifies the boundaries of the service area (e.g., outlines the border of the city, county, or town). If applicant is proposing a statewide service area, a map is not required.

Program Design

1. **Housing Critical Repair:**

   Basis for assistance amount: Discuss how the amount of MHRR assistance needed for an applicant is determined. Do you provide 100 percent of the repair assistance? Is the Manufactured Home Owner required to provide a portion of the funds for repair activities?

   Terms and conditions of assistance: If you intend to provide assistance as a grant, how often can recipients of Manufactured Home Owner occupied rehabilitation request assistance —one time per contract, one time per year, or only one time up to a maximum dollar amount?

   Payment of assistance: Will you provide assistance directly to rehab contractors? Will assistance be a single party or two-party check?

2. **Abandoned Manufactured Home Disposal:**

   Amount of assistance: Fill in the average amount of assistance per unit the proposed program will provide to a disposal company or a municipality for the proposed program activity.

   Discuss how this amount was determined and items covered (e.g., dismantling the home, transporting to landfill, tipping fees, or asbestos removal).

Program Beneficiaries

How will you market your program to reach your target population, assure underserved populations are aware of the program, and reach special needs populations?

Do you have priorities for assisting Critical Repair applicants? How often will you update waiting lists?

SECTION D: IMPLEMENTATION SCHEDULE

On Section D, provide a breakdown by quarter of activities you will accomplish. The schedule should indicate activities that you will complete by the end of each quarter; including number of Manufactured Home Owner occupied Households assisted and number of Abandoned Manufactured Homes recycled.

SECTION E: APPLICANT PROFILE

Include information on agency and/or staff experience with successful implementation of the type of housing activity proposed in this application.

Have you implemented similar programs using other funding sources? Describe. Include information on the number of units completed in a calendar year.

What was the average time for job completion?

If this is a collaborative application, please provide information regarding the experience of the other agency/agencies with housing programs.

Staff positions: which staff positions will administer the housing program? List the duties for that position. What percentage of time does that position apply to the various MHRR duties?

For example:

POSITION	DUTIES	PERCENTAGE OF TIME
Administrator	Application Intake, income verification	30 percent
Inspector	Inspection-Initial, follow-up and final	50 percent

DSPS reserves the right to adjust the award amount from the amount requested in the application based on the following criteria:

- Capacity to complete the proposed activities
- Technical expertise with manufactured housing
- Geographic coverage of activities
- Funding availability and other housing grants currently available in the service area
- Performance and progress in any and all other DHCD programs
- Financial audit results from any and all other DHCD programs

II. APPLICATION FORM

MANUFACTURED HOUSING REHABILITATION & RECYCLING PROGRAM

Name of Applicant: _____

Mailing Address: _____

Street Address (if different): _____

FEIN #: _____ Agency Email: _____

Contact: _____ Telephone #: _____

Email: _____

SUBMITTAL AUTHORIZATION

TO BE SIGNED BY OFFICIAL AUTHORIZED TO COMMIT APPLICANT AGENCY TO THIS AGREEMENT.

On behalf of _____ (Applicant), I submit this application for the 2026 Manufactured Housing Rehabilitation & Recycling Program. To the best of my knowledge, all information contained herein is accurate and complete as stated.

_____ _____

Signature Date

_____ _____ _____

Printed Name Title Phone Number

Total Funds Requested: $_____

(Include administrative in the amounts above.)

SECTION A: BUDGET SUMMARY

ACTIVITY	FUNDS REQUESTED	HOUSEHOLDS/UNITS ASSISTED	
		Households By Income Level	
	$$	≤50 percent	51-80 percent
Critical Repairs			
		Number of Units	
Abandoned Home Disposal			
SUB-TOTAL HOUSING ASSISTANCE			
Administration			
TOTAL MHRR REQUEST			

MHRR Administrative funds are limited to 10 percent of the housing assistance funding requested.

SECTION B: ADMINISTRATIVE BUDGET

Contractual Services: List and describe any contractual services that will be paid with MHRR administrative funds (e.g., consultant, legal, audit)

Fees charged: Identify and describe fees (if any) charged directly to applicants, beneficiaries, and/or third parties.

FEE	FUNDING SOURCE	AMOUNT CHARGED PER UNIT
Inspection		
Construction Administration		
Other (List):		

Some of the above-listed fees may include project/activity soft-costs. If charged to the housing activity the total amount may not exceed 10 percent of the housing activity assistance provided.

SECTION C: NARRATIVE

Service Area

List the geographic area(s) you intend to serve through this proposal. Include map of service area in Appendix. If service area is the State of Wisconsin, no map is required.

Program Design

For **each** activity (See Section A: Budget Summary for list of activities) proposed, please discuss:

1. Housing Critical Repair

Average amount of assistance per Household: $_____

What is the basis for assistance amount?

What are the terms and conditions of assistance?

2. Abandoned Home Disposal

Average amount of assistance per unit: $_____

Discussion of how amount was determined.

Program Beneficiaries

Describe the outreach process used to ensure that all eligible Households, particularly underserved populations, in the service area are aware of the program.

If you utilize a waiting list, describe the prioritization process and the procedures for keeping it current.

SECTION D: IMPLEMENTATION SCHEDULE

Provide an implementation schedule by calendar quarter.

TIMETABLE

On or Before	Activity
04/20/2026	Execute grant contract Establish record keeping system
09/30/2026	Submit Quarterly Report Close _____ Manufactured Home Owner -occupied repair activity(s) (total _____) Assist _____ Abandoned Manufactured Homes (units) for disposal (total _____)
12/31/2026	Submit Quarterly Report Close _____ Manufactured Home Owner -occupied repair activity(s) (total _____) Assist _____ Abandoned Manufactured Homes (units) for disposal (total _____)
03/31/2027	Submit Quarterly Report Close _____ Manufactured Home Owner -occupied repair activity(s) (total _____) Assist _____ Abandoned Manufactured Homes (units) for disposal (total _____)
06/30/2027	Complete housing activities.

SECTION E: APPLICANT PROFILE

Describe your organization, including the following information:

1. Describe your organization's experience in providing the type of housing activity(s) proposed in this application. Include information on the number of units per year completed, and the length of time for an average job from time of client application to job completion.

2. Identify key staff positions responsible for administering the program and the percentage of time each position will be involved in the proposed activities. The following duties must be included: Application intake, income verification, and inspection.

   If this is a collaborative application, complete the chart for each agency.

POSITION	DUTIES	PERCENTAGE OF TIME

SECTION F: APPENDIX

Include the following in Section F:

- Proof of tax-exempt status
- Map of service area (if applicable)
- Form W-9 – Request for Taxpayer Identification Number and Certification

III. ATTACHMENTS

HOUSEHOLD INCOME LIMITS

The HUD Household income limits are calculated using the same methodology that HUD uses for calculating the income limits for the Section 8 program, in accordance with Section 3(b)(2) of the U.S. Housing Act of 1937, as amended. HUD estimates of median family income, with adjustments based on family size are the basis for these limits.

Calculate family sizes in excess of eight persons by adding eight percent of the four-person income limit for each additional family member. That is, a nine-person limit should be 140 percent of the four-person limit; the 10-person limit should be 148 percent.

Please see *Household Income Limits* on the Manufactured Housing Rehabilitation and Recycling section of the Dept. of Safety and Professional Services website: http://dsps.wi.gov.