



Spare Key Mortgage Assistance Grant Application

Spare Key provides mortgage assistance to Minnesota homeowners with critically ill or seriously injured children by making a mortgage payment on the family's behalf.

Submission of Application

Applications must be postmarked by the first of the month to be considered for payment the following month. Faxed applications are allowed in the event of an emergency; however, the original must promptly follow. (Example: Any applications postmarked by Jan 31st will be reviewed in Feb. and, if approved, March mortgage payment will be made.)

The Mortgage Assistance Committee will review applications once a month. Families will be notified by phone and/or writing by the 20th of the month of their mortgage status. Until written notification is received, no assumption of payment should be made. Mail all applications to:

Spare Key, 1380 Energy Lane, Suite 203, St. Paul, MN 55108

Questions regarding application may be directed to Spare Key (651) 457-2607 or Fax (651) 451-0877

Personal Information:

Please print clearly

Date: _____

- **Applicant's Child's Name** _____
 - **Male** _____ **Female** _____
 - **Date of child's birth** _____
 - **Father/Guardians' Name** _____
 - **Mother/Guardian's Name** _____
 - **I/we are the** **Parent** ____ **Legal guardian** ____ **Court Ordered Custodian** ____
 - Names and ages of other children living in permanent home:

 - **Permanent Home Address** _____
 - **City** _____ **County** _____ **State** ____ **Zip** _____
- Permanent home phone: _____ Cell # _____
- Work # father/guardian: _____ Work # mother/guardian: _____
- **E-mail Address :** _____
 - **Family/Child Website:** _____
(Please feel free to link our website with your site so other families will know about our services)
 - **Previous Spare Key recipient?** _____ **If so when?** _____

To be completed by social worker professional care provider:

Child's current condition: Stable: _____ Critical: _____ Declining: _____

Name of social worker/medical care provider: _____

Phone number: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

I certify the above medical information and my contact information is accurate and true.

Signature: _____ Date: _____

Employment and Income Information:

- Father/Guardian Employer: _____
- Is father/guardian currently on unpaid leave? Yes _____ No _____
- Leave start date: _____
- Father/Guardian's monthly **gross** income before illness/hospitalization: \$ _____
- During/After illness/hospitalization: \$ _____
- Mother/Guardian Employer: _____
- Is mother/guardian currently on unpaid leave? Yes _____ No _____
- Leave start date: _____
- Mother/Guardian's monthly **gross** income before illness/hospitalization: \$ _____
- During/After illness/hospitalization: \$ _____

Work Situation: Please write a description of the time that you have had to take off of work to care for your child and describe the financial impact that the illness has had on finances and any other information you feel we should know.

Mortgage Information

Include a copy of your most recent mortgage statement verifying account number, property address and mortgage payment. The maximum mortgage grant is \$1,200.00 for a primary residence. If an application is approved and mortgage payment amount exceeds the \$1,200.00 cap, the applicant must pay the difference. The difference will be paid by check made payable to lender/contract for deed holder. This check must be mailed to the Spare Key office. Spare Key will then send the applicant's check and Spare Key's check for \$1,200 directly to the lender/contract for deed holder. If the applicant cannot afford to pay the difference between \$1,200 and the mortgage payment amount, the applicant will not qualify for a mortgage grant.

Name of mortgage lender or
Contract for deed holder:

- Payment address: _____
- Telephone #: _____
- Contact name if available: _____ - _____
- Mortgage account #: _____
- Monthly payment amount: \$ _____
- Name(s) on mortgage statement: _____
- Social security #(s) of person(s) listed on mortgage statement:

Name: _____ SS# _____

Name: _____ SS# _____

- Are you current on your mortgage payments? Yes ___ No ___
- Are your mortgage payments automatically withdrawn from your account? Yes ___ No ___
- If yes, what day of the month are the funds withdrawn from your account for payment?

I/we hereby authorize the mortgage lender/contract for deed holder listed above to provide the status of my/our mortgage loan (loan number stated above) to Spare Key.

Signature

Signature

Please check all that apply and sign:

- I give Spare Key consent to use my family's stories: _____
- Please keep my family anonymous: _____
- Do not use our story: _____

I have read the guidelines and understand them. I attest this information is true to the best of my ability. I authorize Spare Key and my medical care provider to discuss my family's medical information pertinent to this case.

Signature of father/guardian: _____ Date: _____

Signature of mother/guardian: _____ Date: _____

Application Check List

- _____ **Mortgage statement is enclosed with application**
- _____ **Social Worker/Medical Care Provider has signed off**
- _____ **I/We have initialed and signed off on all parts of the application**
- _____ **I/we have provided our social security numbers and income information**

Spare Key does not expect repayment in any form. However, if you know of others that may have an interest in Spare Key's financial support please direct them to our web site and ask them to contribute.

Thank You!



Spare Key

www.sparekey.org
651-457-2607