



Spare Key Mortgage Assistance Grant Application

Spare Key provides assistance to Minnesota homeowners with critically ill or seriously injured children by making a mortgage payment on the family's behalf, allowing parents to spend time with their child..

Submission of Application

Applications must be postmarked before the first of the month to be considered for payment the following month. (Example: Any applications postmarked by Jan 31st will be reviewed in Feb. and, if approved, a March 1st mortgage payment will be made; Applications postmarked Feb. 1st (or after during the month of Feb.) will be reviewed in Mar. and if approved, an April 1st mortgage payment will be made.) Faxed applications are allowed in the event of an emergency; however, the original must promptly follow.

The Mortgage Grant Committee will review applications once a month. Families will be notified by phone and/or writing by the 25th of the month of their application status. Until written notification is received, no assumption of payment should be made. Mail all applications to:

Spare Key, 2021 E. Hennepin Ave., Minneapolis, MN 55413

Questions regarding application may be directed to Spare Key (952) 406-8872 or Fax (952) 406-8874

Personal Information: (Please print clearly) **Date:** _____

- **Applicant's Child's Name** _____
- **Male** _____ **Female** _____ **Date of child's birth** _____
- **Parent/Guardians' Name:** _____
- **Parent/Guardian's Name:** _____
- (Check One)- **Parent(s)** ___ **Legal guardian(s)** ___ **Court Ordered Custodian(s)** ___
- Names and ages of other children living in permanent home:

- **Permanent Home Address:** _____
- **City:** _____ **County:** _____ **State:** _____ **Zip:** _____
- **Permanent home phone:** _____ **Cell #:** _____
- **Work # parent/guardian:** _____ **Work # parent/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 – www.sparekey.org)
- **Previous Spare Key recipient?** _____ **If so when?** _____

Medical Information:

1. Child has 14 days in the hospital with in the last 90 days: Yes _____ No _____
Dates of Hospitalization: _____

-- OR --

2. Child has had 10 days inpatient and a minimum of 11 days of full time home nursing care:
Yes _____ No _____

Dates of Hospitalizations: _____

Dates of Home Care: _____

Name/Phone of Home Nursing Care Service: _____

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

To be completed by social worker or medical 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 medical information (on the previous page) and my contact information is accurate and true.

Signature: _____ Date: _____

Employment and Income Information:

Parent/Guardian Name of Employer: _____

Work Address: _____

- Is parent/guardian currently on unpaid leave? Yes _____ No _____
- Leave start date: _____
- Parent/Guardian's monthly **gross** income before illness/hospitalization: \$ _____
- Parent/Guardian's monthly **gross** income during/after illness/hospitalization: \$ _____

Parent/Guardian Name of Employer: _____

Work Address: _____

- Is parent/guardian currently on unpaid leave? Yes _____ No _____
- Leave start date: _____
- Parent/Guardian's monthly **gross** income before illness/hospitalization: \$ _____
- Parent/Guardian's monthly **gross** income during/after illness/hospitalization: \$ _____

Work & 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.

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 \$1,200.00 directly to the lender/contract for deed holder. If the applicant cannot afford to pay the difference between \$1,200.00 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: _____
- Lender 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 _____
(Please Note: If mortgage payments are not current by 10th of next month, application will be rejected)
- Are mortgage payments automatically withdrawn from your account? Yes _____ No _____
If yes, what day of the month are 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: _____
- Use our story, however, 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 parent/guardian: _____ Date: _____

Signature of parent/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**

Demographic Information

What is your family’s race/ethnicity? This information is often requested by funding concerns. Please check the boxes that best describe the race/ethnicity category with which you primarily identify:

- African
- African American (not of Hispanic origin)
- Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- Caucasian (not of Hispanic origin): Persons having origins in any of the original peoples of Europe.
- Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Cultures, regardless of ethnicity.
- Middle Eastern
- Native American or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

And, One More Question:

How did you learn about Spare Key: _____

***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!***
www.sparekey.org