



# STATE OF WISCONSIN

## DEPARTMENT OF ADMINISTRATION

Tony Evers, Governor  
Joel Brennan, Secretary  
Susan Brown, Division Administrator

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### WISCONSIN HELP FOR HOMEOWNERS (WHH) HOMEOWNER ASSISTANCE FUND PROGRAM (HAF) PARTICIPATION AGREEMENT

Dear Municipal & County Treasurer:

Through funding provided under Section 3206 of the American Rescue Plan Act of 2021, the State of Wisconsin has developed a plan to assist eligible homeowners within the State of Wisconsin who have experienced a financial hardship as of January 21, 2020 due to the coronavirus. The program is expected to last until 9/30/2026.

The State of Wisconsin, Department of Administration, Division of Energy, Housing and Community Resources (DEHCR) through its party partners (Program Administrators) will accept and process applications from homeowners within the State of Wisconsin for the WHH HAF. The WHH HAF program will pay eligible expenses on behalf of homeowners. Eligible expenses are those that were due on or after January 21, 2020 as described in the Wisconsin Homeowner Assistance Fund and Need Assessment Plan [WHH Draft](#). The plan is currently awaiting approval from Treasury. Once approved, the State will formally implement the WHH HAF program. All payments for property taxes made under this program will be paid directly to the Treasurer. In order to participate in the program, this signed Participation Agreement is required.

WHH Program Administrators may contact Treasurers to discuss the homeowner's property taxes.

The Treasurer agrees to the following:

1. To apply WHH payments to property taxes, interest, penalties, special assessments and special charges that appear on the property tax bill and were due for the tax year 2019 and later.
2. WHH payment for property taxes, interest, penalties, special assessments and special charges that were due prior to January 21, 2020 or for the tax year 2018 and prior **are not** eligible for payment under this program.
3. Should the Treasurer receive payments in excess of amounts due for eligible tax years or payments considered to be a duplication of benefits (DOB) for the account of any particular borrower, the excess amount or DOB amount must be returned to DEHCR within 30 days of receiving the funds.

A duplication of benefits (DOB) occurs when a person, household or property owner receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

4. In the event of incorrect payments (wrong amount or no record of property owner) the Treasurer shall notify Tamra Fabian at [tamra.fabian@wiscosin.gov](mailto:tamra.fabian@wiscosin.gov)

Return of funds shall be payable to the Department of Administration and mailed to the following address and must include the borrower's name, property address, reason for the return, and reference the WHH HAF program.

State of Wisconsin  
DEHCR- Fiscal  
101 East Wilson Street  
PO Box 7970  
Madison, WI 53707

Length of Agreement and Termination:

1. This agreement is in effect from the date both parties have executed it as indicated by their respective authorized representative's signature until terminated or at the earlier of the following: expiration of the WHH HAF program 9/30/2026 or when all WHH HAF program funds have been exhausted.
2. Either the Division or the Treasurer may terminate this contract by giving the other party at least ten days written notice.

Payments to Treasurers under this program will be made via ACH deposit or physical check. Prior to any payment being made the following documents must be returned via email to [tamra.fabian@wisconsin.gov](mailto:tamra.fabian@wisconsin.gov)

1. Signed WHH Participation Agreement.
2. Contact Information Form (attached).
3. Completed DOA-6456 Authorization for Electronic Deposit form (attached) if using ACH.

Upon receipt of the above documents, the Participation Agreement will be signed electronically by the State's identified contact and a fully executed copy of the agreement shall be sent to the Treasurer. No payments will be issued without the required documents.

Thank you for your cooperation in assisting homeowners in our community.

The person signing this agreement certify that they have full and complete authority to execute this document.

**Local Government Unit/Taxing Jurisdiction Name:** \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DEHCR Designated Official**

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**WISCONSIN HELP FOR HOMEOWNERS  
HOMEOWNER ASSISTANCE FUND PROGRAM  
CONTACT AND PAYMENT INFORMATION FORM**

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**Vendor Name (payment is issued in this name)**

**Tax ID:** \_\_\_\_\_

Contact Name	Contact Phone		
Primary Fax	Primary Contact E-mail		
Payment Address for check	City	State	Zip

If you would like to receive funds via Direct Deposit please fill out attached form DOA 6456 and return. Otherwise, a paper check will be mailed to the above address.