**Community Development Department**

**DO NOT WRITE IN THIS SPACE**

**File #: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Unified Government of Wyandotte County KCK

701 North 7th St – Suite 823 (913-573-5100)

 Kansas City, Kansas 66101-3064

**Home Repair & Barrier Removal Program Application**

**PLEASE PRINT CLEARLY ALL INFORMATION**

One (1) repair request per application

**HOMEOWNER INFORMATION**

Name: Click or tap here to enter text.

Address: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

Co-Owner: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

Request: Plumbing [ ]  Furnace [ ]  Roof [ ]  Electrical [ ]  Barrier Removal [ ]

Description of request Click or tap here to enter text.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Do you have Homeowner Insurance? Yes [ ]  No[ ]  *This is only for roof Repair request*

If yes, will your insurance help pay the repairs you are requesting? Yes [ ]  No[ ]

You are required to provide the homeowners insurance letter showing the estimated amount and specific repairs the insurance company will assist in repair or the reason that they DENIED your claim for repair.

Check the day that you can be available for an inspection visit

Any day [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  Time: AM [ ]  PM[ ]

**Homeowner Income**

**Providing income information**

"**Household Income**," refers to total cash receipts **before any deductions** **(GROSS INCOME)** Income includes money, wages, and salaries, social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers compensation, veterans payments, training stipends, alimony, and military family allotments, private pensions, government employee pensions, (including military retirement pay) and regular insurance or annuity payments, dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings. If employed, you are required to sign a (VOE) Verification of Employment form.

**Homeowners listed on the deed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Source of Income** | **Monthly Amount** | **Annual Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Other Assets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Owns Other Property** | **Saving /Checking Account** | **Stocks, Bonds, CD’s** | **Amount**  |
| Click or tap here to enter text. | **Yes** [ ]  **No**[ ]  | **Yes** [ ]  **No**[ ]  | **Yes** [ ]  **No**[ ]  | **$** Click or tap here to enter text. |
| Click or tap here to enter text. | **Yes** [ ]  **No**[ ]  | **Yes** [ ]  **No**[ ]  | **Yes** [ ]  **No**[ ]  | **$** Click or tap here to enter text. |

 **Provide copies of statement for all that is answered “yes”.**

**Other Household members**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **Relationship to Owner** | **Student Yes/No** | **Source of Income** | **Total Monthly Income** | **Total Annual Income** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | **Yes** [ ]  **No**[ ]  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | **Yes** [ ]  **No**[ ]  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | **Yes** [ ]  **No**[ ]  | Click or tap here to enter text. |  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | **Yes** [ ]  **No**[ ]  | Click or tap here to enter text. |  | Click or tap here to enter text. |

**List all other persons who live in the house with you at the time of application who are not listed as owners on the deed and their monthly income. (Spouse, children, relatives, etc.) if more space is needed please write on back of page.**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Documentation of the income listed above must be provided with this application.

**HUD INFORMATION**

Note: In order to report to HUD on assistance received, this organization must provide information regarding

race and gender. Information will not be used to determine eligibility or priority, no person shall, because of race,

color, national origin, or gender be excluded from, or denied benefits from any program funded through Community Development Department.

Applicants marital status: Single [ ]  Married [ ]  Widowed [ ]  Divorced [ ]  Separated [ ]

Gender: Male [ ]  Female [ ]

Ethnicity: Hispanic or Latino [ ]  Not Hispanic or Latino [ ]

Race: African American / Black [ ]  American Indian or Alaska Native [ ]  Other Pacific Islander [ ]

 Asian [ ]  White [ ]  Other [ ]

Disabled: Yes [ ]  No [ ]  If yes is disability permanent: Yes [ ]  No [ ]

Single Head of Household: Yes [ ]  No[ ]  Number of household members including yourself: Click or tap here to enter text.

\*HUD defines single head of household as: A single head of a household who lives with one or more individuals, and whose spouse is not present.

Certification Under penalty of law I do hereby acknowledge that the information I have provided above is true and accurate and that this information is subject to verification by the agency and other entities providing funding for this project. I also acknowledge that the submission of false or inaccurate information could lead to my prosecution by Federal, State, and/or Local officials and the repayment of the assistance I receive through this application.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Signature Date

READ CAFEFULLY BEFORE SIGNING

**I certify that I am the owner(s) of said property, and that the income I have stated in this application, along with documents given, represents the total gross monthly income of all members of my household.**

**“HOUSEHOLD”** includes all persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements. The income and ownership information provided is subject to verification by the Unified Government of Wyandotte County/Kansas City Kansas.

I agree to submit to the Unified Government, upon request, copies of Federal Income Tax returns, and am aware that my employer may be contacted to verify income received as a result of employment.

 I hereby grant permission to the Unified Government of Wyandotte County/Kansas City Kansas, Home Repair Program, supervisors, inspectors, contractors along with their employee’s permission to enter premises that is related to this home repair request to perform work.

**I hold the Unified Government of Wyandotte County/Kansas City Kansas harmless from any LEGAL OR FINANCIAL CLAIM ARISING FROM THE PERFORMANCE OF SUCH WORK.**

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:**

Title 18, Sec. 1001, Provides: “Whoever in any matter within the jurisdiction of any Department or Agency of the United States, knowingly and willfully falsifies …. or makes any false, fictitious or fraudulent statements or representation, or makes or use any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than ten thousand dollars **($10,000.00)** or imprisoned not more than **five (5)** years or both.

**\*\***I understand that eligibility by program standards **does not guarantee** that the requested repair will be completed by the Community Development department. The repair must be approved at the discretion of committee after taking several factors into account including, but not limited to, whether the repair can be considered an emergency and if the home is a sound investment of funds.

**Owner:X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Co-Owner:X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**