



**PART A****TENANT INFORMATION**

Complete the information below for all those whose names appear on the lease.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Email address: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: White ☐ Black or African American ☐

Asian ☐ American Indian or Alaska Native ☐

Native Hawaiian ☐ Pacific Islander ☐ Other ☐

Ethnicity: Hispanic/Latino ☐ Not Hispanic/Latino ☐

Single ☐ Married ☐

Number of children under age 6 living in household: \_\_\_\_\_

Number of children receiving Medicaid: \_\_\_\_\_

Number of pregnant women in the home: \_\_\_\_\_

Total number of person's living in household: \_\_\_\_\_

Is this home used as a daycare? YES ☐ NO ☐

Are you buying your home "on contract," or are there other parties listed on the deed?

Circle: YES or NO

\*If yes, please list the deed holder(s) information here:

Name(s): \_\_\_\_\_

Number: \_\_\_\_\_

**PART B****TENANT'S INCOME INFORMATION**

List all members in the household who are 18 years of age or older, then record their income on the application. Be sure to include income from all wages before any deductions (GROSS INCOME) and sources such as unemployment, social security, disability, worker compensation, pension, 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. AFDC, TANF, etc. Please list the owner's income.

Name	AGE:	Relationship to Tenant	Source of income (employer, no income)	TOTAL Monthly Income
				\$
				\$
				\$
				\$

**ALL PERSONS OVER 18 MUST FILL OUT AN INCOME FORM****Other Assets**

	YES	NO	If "Yes" provide copy of account	Amount
Owner of Other Real Estate				\$
Savings/ Checking Accounts				\$
Interest from Savings				\$
Certificate of Deposit (CD's)				\$
Stocks & Bonds Investment				\$
Interest from Investment				\$
Other Assets				\$
<b>Please provide all documents to all checked with "YES".</b>				<b>Total Amount</b> \$

**PART C****CHILDREN'S INFORMATION**

Please list all children that live in or frequently visit the property (6 or more hours per week) If you need more space, list on back of the page. If renting and no children are present then leave Part C blank.

CHILD'S NAME	AGE	BIRTHDATE	RELATIONSHIP TO OWNER

I, \_\_\_\_\_, do hereby attest to the fact that the above statement is true and that the children listed above do live or frequently visit the property described above six (6) hours or more per week. I understand that the children listed above must have their blood tested for lead poisoning before lead remediation work can begin and I agree to have those children tested for lead through their health care provider or by the Unified Government Public Health Department and provide the results of those blood test to the Health Department before work can begin on the property. I also agree to provide copies of birth certificates for each of the above listed children as proof of their age.

## **PART D**

## **CERTIFICATION**

I hereby make application to the Unified Government Public Health Department k**NOw** **LEAD** KCK Program for work on the aforementioned property. I further certify that I am the owner of said property and that the income stated in Part B is subject to verification by the Unified Government Public Health Department k**NOw** **LEAD** KCK Program. "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.

I agree to submit to the Unified Government Public Health Department, upon request, copies of federal income tax returns, and am aware that all employers will be contacted to verify income received as a result of employment.

I hereby grant permission to the Unified Government Public Health Department, k**NOw** **LEAD** KCK Program supervisors, inspectors, contractors along with their employee's permission to enter premises to perform work under the k**NOw** **LEAD** KCK Program.

I hold the Unified Government Public Health Department k**NOw** **LEAD** KCK Program harmless from any legal or financial claim arising from the performance of such work.

I understand that any lead bearing surfaces that are determined to be intact or fair condition at the time of assessment are not categorized as a hazard and will not be addressed by this program. Any ongoing monitoring and corrective action necessary after the k**NOw** **LEAD** KCK Program work is complete will be my responsibility as the owner.

I, the undersigned do hereby swear under penalty of perjury that all information contained on the application is true and correct to the best of my knowledge.

Additional required information.

- ✓ All individuals must be out of the house during the abatement work. This work involves replacing components and in most cases are the windows. A waiver may be available for those 62 years of age and older or disabled.
- ✓ Each address is eligible one time to receive lead hazard control remediation or abatement type of work.
- ✓ All information must be filled out and signed to be accepted into the program

**PART D**

**READ CAREFULLY BEFORE SIGNING**

**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 representations, 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 Unified Government Public Health 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.**

Signature of Tenant:X\_\_\_\_\_ Date: \_\_\_\_\_

(Head of Household)

Printed Name of Tenant:X\_\_\_\_\_ Date: \_\_\_\_\_

(Head of Household)

Signature of Property Owner (1):X\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner (1):X\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner (2):X\_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Property Owner (2):X\_\_\_\_\_ Date: \_\_\_\_\_

## **PART E**



# **Unified Government Public Health Department**

## **Request for Verification of Employment**

### **Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Authorization by Applicant**

I hereby authorize the release of the information requested below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Note to Employer**

The applicant identified on this form has applied for a federal grant for rehabilitation of the above property. The applicant has authorized the Unified Government Public Health Department in writing to obtain verification from any source named in the application. Your verification of employment is for the confidential use of the Unified Government Public Health Department and the U.S. Department of Housing and Urban Development. Please provide all requested information below and return this form via fax, mail, or in person.

### **Employers Verification**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates of  
Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

### **Disclaimer and Signature**

***I certify that my answers are true and complete to the best of my knowledge.***

**Signature of Employer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Rate of Pay (Estimate, if not actually paid on hourly or annual basis)	
Wage/Hour Rate	\$
No. of Hours/Week	\$
Additional Compensation- Actual Amounts Received Past 12 Months	
Overtime	\$
Commissions	\$
Bonus	\$

If applicant is in Military Service, give income on a monthly basis as follows:

Base Pay	\$
Quarters & Subsistence	\$
Flight or Hazard Duty	\$

This form may be returned to:

Lead Poisoning  
Department  
619 Ann Ave, Room 104  
Kansas City, Kansas 66101

Attn: Marika Logan

Phone: 913-573-5848

Fax: 913-321-7932





## **PART F**

### **CONSENT TO THE FOLLOWING:**

#### **Release of Information Authorization**

I authorize and direct any federal, state, of local agency, organization, business, or individual to release to the Unified Government Public Health Department any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the kNOW LEAD KCK Program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

#### **Consent for Photographs**

I hereby give my permission and consent for a representative of the Unified Government Public Health Departments kNOW LEAD KCK Program to take photographs of my home and property. I understand that the photograph(s) may be used in the application for improvements with the Unified Government Public Health Departments kNOW LEAD KCK Program. I hold the Unified Government Public Health Department and its partners harmless and free from any claims in connection with the consent and use of pictures. This consent is valid indefinitely unless revoked in writing.

#### **Relocation Notification**

I understand that I am a voluntary participant in this program, and if I am approved for the Unified Government Public Health Departments kNOW LEAD KCK Program, I may need to vacate from my residence for a period of time while lead removal activities occur. All residents and pets living at the subject property may be relocated during the period of the construction for health and safety reasons. Living arrangements for persons and pets during the time of construction is the responsibility of either the owner-occupied residence or the Unified Government Public Health Department (Varies on case by case basis)

#### **Conditions**

I agree that a photocopy of this authorization may be used for the purposes stated above and will stay in effect for a period of five years from the date signed. I agree to the Consent for Photographs, Relocation Notification, Release of Information, Information covered, and Conditions.

**Signature of Property Owner:**X\_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Property Owner:**X\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Property Co-Owner:**X\_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Property Co-Owner:**X\_\_\_\_\_ **Date:** \_\_\_\_\_

\*kNOW LEAD

Courtesy of State of New Jersey Department of Health

February 21, 2023

## **PART F**

### **PROPERTY OWNER (RENTAL UNIT) ACKNOWLEDGEMENTS**

#### **Forgivable Loan or Lien:**

Once a property is deemed eligible and inspected a "closing" meeting will be held with the property owner to sign a contract. The funding will be disbursed through a grant award. There will not be a forgivable loan or lien filed. This simplifies the process and saves grant dollars in mortgage filing fees. The program goal is to achieve lead safe status within a property. This ensures improved health and safety for the current and future occupants. There will be no recourse if the property is sold.

To ensure assisted rental units are prioritized for families with children under six years of age for at least 3 years following the date of assistance, on each 12-, 24- and 36- month anniversary of project completion, The UG sends a Letter of Compliance/Annual Compliance Survey, assuring continuing appropriate target marketing) and requiring a landlord signature.

**Signature of Property Owner:**X\_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Property Owner:**X\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Property Co-Owner:**X\_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Property Co-Owner:**X\_\_\_\_\_ **Date:** \_\_\_\_\_

## kNow LEAD KCK Application Checklist

To apply for assistance through the kNow LEAD Program the items listed below are required along with your application. This information is considered confidential and will not be shared without your permission.

### ITEMS TO PROVIDE:

**You MUST turn in the following items along with your application in order to be considered for the program.  
Please check off the items as you prepare your application.**

#### OWNERS MUST PROVIDE:

- ☐ Application completed in full and signed by owner(s) and head of household.
- ☐ Proof of up-to-date Mortgage payment(s)
- ☐ Proof of Property Insurance
- ☐ Copy of a Deed for the property
- ☐ Copy of Photo ID

#### TENANTS MUST PROVIDE:

- ☐ Application completed in full and signed by all appropriate tenants in the household.
- ☐ Birth Certificate for any child the age of 6 or under, or an official form of birth verification. If no children then leave blank.
- ☐ Photo ID of the Head of Household
- ☐ ***\*If you are a part of Section 8 Voucher Rental Assistance Program, you will not need to provide any of the remaining items except for the parent verification form, if applicable\*\****
- ☐ Copy of last **2 months** of paystubs for anyone employed at age 18
- ☐ Most recent **2 months** of bank statements (**BOTH** savings and checking accounts)
- ☐ Copy of most recent Income Tax Return (FULL Tax Return)
- ☐ Copies of Social Security (SSI, SSA), Disability, or other Pension income, if applicable.
- ☐ Printout of: Food Stamps, Child Support, FIP, Medicaid, or Title 19, if applicable.
- ☐ If owner or occupant over the age of 18 does not work, a zero-income affidavit form must be submitted
- ☐ If owner or occupant over the age of 18 is self-employed, a self-certification affidavit form must be submitted
- ☐ If childcare is provided in the home, must provide licensing from the Kansas Department of Health & Environment
- ☐ A copy of child's blood lead level test result from provider (Venous or Capillary)

**Properties that are in the current following status are AUTOMATICALLY DISQUALIFIED for assistance through this department.**

- Bonner Springs & Edwardsville properties
- Contract for deed
- Applicant does not reside on property
- Mobile Homes
- Business property (Exception for Daycares)
- Properties in Foreclosure – Bankruptcy -Tax lien on property
- Delinquent real estate taxes
- Utilities disconnected

When you are prepared to submit the completed application and the supporting documentation contact:

**Lead Poisoning Department  
913-573-5848  
Fax#: 913-321-7932  
Email: [knowlead@wycokck.org](mailto:knowlead@wycokck.org)  
Unified Government  
Public Health Department  
619 Ann Avenue, Room 104  
Kansas City, Kansas 66101**