

Homeowners

Unified Government Public Health Department

Unified Government of Wyandotte County / Kansas City Kansas
619 Ann Avenue- Suite 104 - KCK 66101
(913) 573-5848

DO NOT WRITE IN THIS SPACE

File #: _____

Date: _____

Time: _____

kNOW LEAD KCK PROGRAM APPLICATION

DO NOT MAIL OR FAX. APPLICATIONS MUST BE SUBMITTED IN PERSON.

PLEASE READ ALL THE INFORMATION CAREFULLY BEFORE FILLING OUT APPLICATION

You may qualify if:

- You own home in Kansas City, Kansas that was built before 1978
- You have a child under the age of 6 who lives in or visits your home more than 6 hours every week or an occupant of the property is pregnant
- Your household income is at or below 80% of the area’s median income
- See attached checklist for all required documentation

2024 HUD INCOME GUIDELINES (subject to change yearly)

Family Size	Gross Income
1	\$57,750
2	\$66,000
3	\$74,250
4	\$82,500
5	\$89,100
6	\$95,700
7	\$102,300
8	\$108,900

PART A

HOMEOWNERS INFORMATION

Complete the information below for all those whose names appear on the title to the property.

Owner’s Name _____
Last First Middle

Co-Owner Name _____
Last First Middle

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

Proof of ownership YES NO

PART B HOMEOWNER'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. Please list the owner's income.

Name	AGE:	Relationship to Owner	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				\$
Please provide all documents to all checked with "YES".				Total Amount \$

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.

Child's Name	Age	Birthdate	Relationship to Owner	Elevated Blood Lead Level? Y/N

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 or an official form of birth verification.

PART D

CERTIFICATION

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

I hold the Unified Government Public Health Department kNOW 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 kNOW 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

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 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:** _____

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 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)
- Proof of up-to-date Mortgage payment(s)
- Proof of Property Insurance
- Copy of a Deed for the property
- Photo ID of the Head of Household
- Birth Certificate for any child the age of 6 or under, or an official form of birth verification
- 1 months** of most recent paystubs for anyone employed at age 18
- 2 months** of most recent bank statements (**BOTH** savings and checking accounts)
- Copy of most recent Income Tax Return (FULL Tax Return)
- 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
Unified Government
Public Health Department
619 Ann Avenue, Room 104
Kansas City, Kansas 66101**

NOTE: The Unified Government reserves the right to change, cancel, or amend this program without notice to applicants