

COMMUNITY DEVELOPMENT DEPARTMENT
Unified Government of Wyandotte County / Kansas City Kansas
701 North 7th St - Suite 823 - KCK 66101
(913) 573-5100

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 and live in a home in Kansas City, Kansas that was built before 1978, and
- 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, and
- Your household income is at or below 80% of the area's median income,
- See attached checklist for all required documentation

2018 HUD INCOME (subject to change yearly)

| Family Size | Gross Income |
|-------------|--------------|
| 1 | \$44,800.00 |
| 2 | \$51,200.00 |
| 3 | \$57,600.00 |
| 4 | \$64,000.00 |
| 5 | \$69,150.00 |
| 6 | \$74,250.00 |
| 7 | \$79,400.00 |
| 8 | \$84,500.00 |

PART A

HOMEOWNER 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: _____

Are you a United States citizen? YES NO If no, Alien or Admission # _____

Age: _____ Sex: _____ Female Head of Household YES NO

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 Widowed Divorced Separated

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: _____

Are you a federally recognized refugee? YES NO

Is this home used as a daycare? YES NO

Proof of ownership attached? 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. AFDC, TANF, etc. Please list the owner's income.

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

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 |
|---------------------|------------|------------------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 Wyandotte County 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 of Wyandotte County/Kansas City Kansas kNOw LEAD KCK Program for work on the aforementioned property. I further certify that I am the owner and occupant of said property and that the income stated in Part B is subject to verification by the Unified Government of Wyandotte County/Kansas City Kansas kNOw LEAD KCK Program. I agree to submit to the Community Development Department, upon request, copies of federal income tax returns, and am aware that all employers 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, 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 of Wyandotte County/Kansas City Kansas 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 is 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

Applicants Signature: _____ Date: _____

READ CAREFULLY 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 kNOw LEAD KCK Program.

I agree to submit to the Unified Government of Wyandotte County/Kansas City Kansas kNOw LEAD KCK Program, 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 kNOw LEAD KCK 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: _____

*kNOw LEAD
Courtesy of State of New Jersey Department of Health