

City of Kansas City, MO Neighborhoods and Housing Services Department Housing and Energy Conservation Section 414 E. 12<sup>th</sup> St., 19th floor Kansas City, MO 64106 (816) 513-3025

## **City Home Repair Program Application**

The City Home Repair Program assists Kansas City, Mo., homeowners by making URGENT repairs to the following

- Plumbing main water line, which may include branch lines and water heater
- Plumbing sewer main, which may include branch lines
- Electrical systems service entrance and main panel, which may include branch circuits
- Furnace repairs and replacements, which may include ductwork
- Barrier Removal- bathroom grab bars, handheld shower equipment, elevated toilet seats, and toilet safety rails
- Roofs- Removal of existing shingles, installation of new shingles and may include replacement of roof sheathing

## Which of these urgent home repairs are you requesting? (only one can be selected)

Applicants cannot own more than one property or residential unit.

Applicants cannot have received City Home Repair Program assistance within the last five years.

Eligible applications may become ineligible if conditions of the home are determined to be beyond the scope of program guidelines.

Properties must be single family owner occupied residence (no duplexes, townhomes or other multifamily properties allowed).

## **Application checklist (requirements)**

- Provide proof of ownership (recorded warranty deed or deed of trust) may be obtained through the county courthouse
- Provide proof of income proof of all income sources for all household members, including current pay stubs (minimum of three), award letters, social security benefits and pension benefits
- Completely fill out the entire application be sure to sign and date

## **Income guidelines**

This program uses the Very Low Income (50%) HUD guidelines

Total income is calculated from all resources and is based on **gross pay** – before taxes and expenses are deducted

| Address                       | City                  | State ZIP  |  |  |
|-------------------------------|-----------------------|--|--|--|
| County                        | Home phone            | Work phone   |  |  |
| Race:                         |                       |  |  |  |
| □ American Indian or Alaskan  | Native                |  |  |  |
| □ Black or African American   |                       | ☐ Asian and White  |  |  |
| □ Native Hawaiian or Other Pa | acific Islander       | ☐ Black or African American and White                    |  |  |
| □ White                       |                       | □ American Indian or Alaskan Native and Black or African |  |  |
| □ Asian                       |                       | American   |  |  |
| □ American Indian or Alaskan  |                       | □ Other Multi Racial                                     |  |  |
|                               |                       | nnicity:   |  |  |
| E                             |                       | ntino □ yes <i>or</i> □ no                               |  |  |
| Female Head of Household      | yes $or \square$ no   |  |  |  |
| Gender                        | Age                   | Social Security Number                                   |  |  |
| List all applicable income    | Employment (job)      | Social Security  |  |  |
|                               | Supplemental Security | Pension  |  |  |
|                               | AFDC(                 | Other  |  |  |

| Name of spouse  |                                  |   |  |   |  |  |
|---|----------------------------------|---|--|---|--|--|
| Age   | _ Work pl                        | hone  |  |   |  |  |
| List all applicable income  |                                  | Employment (job)  |  | Social Security   |  |  |
|   |                                  | Supplemental Security   |  | Pension   |  |  |
|   |                                  | AFDC  | Other  |   |  |  |
| Other household members   |                                  |   |  |   |  |  |
| Name  | Gender                           | Social Security Number  | Date of birth  | Relation  | Yearly Income and Source   |  |
|   |                                  |   |  |   |  |  |
|   |                                  |   |  |   |  |  |
|   |                                  |   |  |   |  |  |
|   |                                  |   |  |   |  |  |
|   |                                  |   |  |   |  |  |
|   |                                  |   |  |   |  |  |
|   |                                  |   |  |   |  |  |
|   |                                  |   |  |   |  |  |
|   |                                  |   | Total y  | rearly income   |  |  |
| <b>Declarations</b> I hereby certify that I am applying to the City of Kansas City, Mo., City Home Repair Program for work on the indicated property. I further certify, under penalty of law, that I am the owner and occupant of the property, and that the income information stated is an accurate representation of my household income. |                                  |   |  |   |  |  |
| inspections according to<br>or financial claim arisin<br>verification and that if f   | o the City g from the ound in en | Home Repair Program gue performance of this wor rror may eliminate my par | nidelines. I will not hick. I understand that a<br>rticipation in this and | rs to enter the property to p<br>told the City of Kansas City<br>all information provided to<br>d other City programs. I ago<br>letter or any other documen | y, Mo., liable for any legal<br>the City will be subject to<br>see to submit to the City, as |  |
| I, the undersigned, do he correct to the best of my   |                                  |   | ary and fraud, that al   | l information contained on  | this application is true and   |  |
| I understand that receipt of this application or notification of eligibility does not guarantee participation in the program. I also understand that all homes are individually evaluated according to the site conditions and available funding.   |                                  |   |  |   |  |  |
| Homeowner's signatur  | ·e                               |   |  | Date  |  |  |