

Application for Free Housing Repair

City of Douglass HOME Project, Administered by SCKEDD

Questions? Call **(800) 658-1742** and ask for help with the **HOME Application**.

Step **Information about you:**

1.

Name: _____

Address: _____

City: _____ ZIP: _____

Home Phone: _____ Work: _____

Cell: _____

Are you the head of household? Yes No

If not, who is? _____

Information about you & your family:

Please list every member of your household that lives at this address, starting with yourself.

Name: _____ Disabled? _____

Social Security Number: _____ Yes No

Birthdate: _____ Race: _____ Student? _____

Gender: _____ Yes No

Name: _____ Disabled? _____

Social Security Number: _____ Yes No

Birthdate: _____ Race: _____ Student? _____

Gender: _____ Relationship to you: _____ Yes No

Name: _____ Disabled? _____

Social Security Number: _____ Yes No

Birthdate: _____ Race: _____ Student? _____

Gender: _____ Relationship to you: _____ Yes No

Name: _____ Disabled? _____

Social Security Number: _____ Yes No

Birthdate: _____ Race: _____ Student? _____

Gender: _____ Relationship to you: _____ Yes No

(If you need more space, please use the back of this sheet.)

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Step **Information about your family's income:**

2.

As best as you can, please tell us which members of your family work, for whom they work, and how much they make:

Name: _____

Monthly Income: _____

Employer: _____

Employer Address: _____

City: _____ ZIP: _____

Name: _____

Monthly Income: _____

Employer: _____

Employer Address: _____

City: _____ ZIP: _____

Name: _____

Monthly Income: _____

Employer: _____

Employer Address: _____

City: _____ ZIP: _____

Name: _____

Monthly Income: _____

Employer: _____

Employer Address: _____

City: _____ ZIP: _____

(If you need more space, please use the back of this sheet.)

Please circle all of the forms of assistance or income that you or any member of your family living at this address received in the past year:

GA Social Security SSI/SSA TANF Foster Care
VA Pension Child Support Alimony Unemployment

Please note that SCKEDD is required to verify all income. Provide your best, good-faith information, and SCKEDD will work with you to secure documentation.

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Step **Information about your family's assets:**

3.

Do you have a checking account? _____

Bank name: _____

Address: _____

City: _____ ZIP: _____

Do you have a savings account? _____

Bank name: _____

Address: _____

City: _____ ZIP: _____

(If you have other accounts, please use the back of this sheet.)

Do you have any marketable securities, bonds, or certificates of deposit? _____

Do you own any real estate other than the house in which you live? _____

If you have a mortgage on your home, are you current with your payments? YES NO

Step **Information about your house:**

4.

When was your house built? _____

How many bedrooms does your house have? _____

What are the major repairs your house needs? _____

Step **Sworn statement of truthfulness & releases:**

5.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

“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 uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than **\$10,000** or imprisoned not more than **five (5) years, or both**”. ~ U.S.C. TITLE 18, SECTION 1001

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I, THE APPLICANT(S) CERTIFY ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I understand the statement above concerning the penalty of making a fraudulent statement. I certify that I am the owner of the property described in this application, and that I occupy the dwelling as my principal residence. If the City of Douglass determines the property cannot be cost-effectively rehabilitated to the Kansas HOME standards, I acknowledge that with respect to the grant funds I shall have no further interest, right, or claim. If this application is approved and rehabilitation can be achieved, I hereby authorize the HOME rehabilitation work to be completed on my property. I will grant access to my property and will provide electricity and water to the rehabilitation personnel at no cost. I understand that temporary relocation may be required when lead-based paint hazard reduction activities are performed.

I covenant and agree that I will comply with all requirements outlined in the City of Douglass Housing Plan and rules imposed by Housing and Urban Development (HUD). I covenant and agree I will not discriminate upon the basis of race, color, creed, or national origin in the sale, lease, rental, use, or occupancy of the property herein assisted with the HOME grant.

I authorize the City of Douglass & SCKEDD to make inquiries as necessary to verify the accuracy of the statements made, including, but not limited to income.

Homeowner signature Date Homeowner signature Date

Waiver of liability:

I hereby release The City of Douglass and the South Central Kansas Economic Development District (SCKEDD) from any and all claims of liability arising from the City of Douglass HOME Housing Rehabilitation Project.

Homeowner signature Date Homeowner signature Date

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Step **What to expect**

6. Below is a list of what you should and should not expect during the course of this project. Please initial each item and then sign at the bottom.

____ Completing this application does not guarantee that I will receive housing repair assistance.

____ Even if I am income-eligible, I may still be denied assistance after the housing inspection. I understand that the HOME program is unable to serve some homes needing extensive repairs because of program regulations about cost-effectiveness.

____ Any housing repair assistance I receive will be determined by the project inspector. I do not get to decide which items are repaired and/or how they are repaired.

____ The work on my home will be bid out to area contractors. I will not get to choose who does the work on my home.

____ Rehabilitation work is inconvenient. There will be workers around my house. My life as well as the lives of my family and pets will be disrupted by the construction work.

____ I will move my possessions out of the way of the contractor as the contractor may deem necessary.

____ This is not a remodeling program. The goal of the program is not to make my house look better, but to make it safer. I will have only a limited selection when it comes to paint color or other choices, if these repairs are even eligible.

____ I may have to relocate from the home while work is underway on my home. If relocation is necessary, the HOME program will provide me with lodging of the program's choice.

____ I understand a lien will be filed against my home if rehabilitation work is done. I understand that, if I sell or move out of the home within three years of the completion date of the rehabilitation, I will have to repay the cost of rehabilitation.

____ I understand that the property taxes and homeowners insurance must be current on my house for me to be eligible for assistance.

I agree to all of the above.

Homeowner signature Date Homeowner signature Date

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Step **Include these items with your application:**

- 7.** 1. Copies of your federal tax returns for the last two years.
2. The most recent paycheck stubs for every member of the household that works.
3. The most recent Social Security Administration benefits letter and/or monthly pension statements to prove income that doesn't come from employer.
4. Copy of the deed to your house.
5. Copy of the most recent county appraisal showing fair market value.
6. Copy of homeowners insurance.
7. Verification of paid real estate taxes.
8. Signed lead paint notification.

Please feel free to submit your application even if you are missing one or more of the above. SCKEDD may be able to assist you in getting the required documentation.

FOR SCKEDD OFFICE USE ONLY

Date received by SCKEDD: _____

Date received all supporting documentation: _____

APPROVED

DENIED

Reason for denial: _____

Rating points: _____

KWAP eligible? _____

SCKEDD reviewer: _____