

Homeowner Application for Housing Repair

City of Arkansas City CDBG Housing Project, Administered by SCKEDD Questions? Call 1 (316)262-7035 and ask for help with the Arkansas City CDBG Application.

Homeowner Information: Step Full Name: First M.I.Address: Street Address Apt #, Unit, Suite City State Zip Home Phone: Alternate Phone Are you head of your household? □ Yes \square No If not, who is? **Information about you & your family:** Please list every member of your household who resides at this address, including yourself first. Full Name: First M.I. Last Birth Date: Age: Month/Day/Year Ethnicity: Gender: Student? □ Yes \square No Disabled? \square Yes \square No **2.** Full Name: M.I. Last First Birth Date: Age: Month/Day/Year Gender: Ethnicity: □ Yes \square No □ Yes \square No Student? Disabled? **3.** Full Name: M.I. Last First Birth Date: Age: Month/Day/Year Gender: Ethnicity: Student? □ Yes \square Yes \square No Disabled? \square No

4.	Full Name:								
	Birth Date:	Las	t			First A	ge:	M.I.	
	Gender:	Мо	nth/Day/	Year			thnicity:		
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	Student?	□ Ye	es	L] No		Disabled?	□ Yes	□ No
5.	Full Name:								
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	(If you need more space, please use the back of this sheet)								
Step		_			v		•		
Please tell us which members of your family work, how much they make, and for whom they work:									
						n they work:			
	Full Name:	Last			First		Λ	<i>M.I.</i>	
	Employer:								
	Employer Pho	ne:	()	-				
	Employer Ado	dress:							
	Monthly Incom	me:	Street				City	Zip	
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	Full Name:	Last			First		Λ	<i>М.</i> І.	
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	Employer Add	dress:							
			Street				City	Zip	
	Monthly Incom	me:							

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Last Employer:	F	irst	M.I.	
Employer Phone:	() -			
Employer Address:				
Monthly Income:	Street	City	Zip	
(If you need more space	e, please use the back o	f this sheet)		
Please indicate all ot this address received		ce or income that you	or any member of	your family r
□ GA□ Pension□ TANF		Social Security Child Support Foster Care		I/SSA mony
☐ Unemployme	ent \square	Other:	_ ,,,	•
Information about Do you have a mortgo			Yes	□ No
If so, are you current	on your mortgage pa	yments?	Yes	□ No
When was your house	e built?			
How many bedrooms				
	f1 h	needs?		
What major repairs d	o you reer your nome			
What major repairs d	o you reer your nome	, necus:		
Waiver of liability I hereby release to the description of the descri	: the City of Arkansas	City, KS and the South n any and all claims of		

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

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 Arkansas City, KS determines the property cannot be cost-effectively rehabilitated to the Kansas CDBG/HQS 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 CDBG 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 Arkansas City, KS 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 CDBG grant.

of the statements made, in	cluding, but no	t limited to income.	

Statement of Truthfulness & Release of Information:

Include the following items with your completed application:

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

- 1. Copy of previous year's Federal Income tax filing for all household members over the age of 18 that are employed
- 2. The most recent Social Security Administration benefit letter and/or monthly pension statements to prove income that doesn't come from an employer, plus verification of all other sources of income for everyone in the household over 18 years of age (if applicable)
- 3. Copy of the deed to your house
- 4. Copy of current homeowner's insurance
- 5. Verification of paid real estate taxes
- 6. Proof payments are current on your home mortgage (if applicable)

Step

6.

What to expect:
The following is a list of what you should and should not expect during the course of this project. Please check or initial each item and then sign at the bottom indicating you have read this information.

Completing this application does not guarantee that I will receive housing rehabilitation assistance.					
Even if I am income-eligible, I may still be denied assistance after the housing inspection. I understand that the CDBG 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 eligible 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. I understand that my life as well as the lives of my family and pets may 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 City's CDBG 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 a pro-rated amount of 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.					

FOR SCKEDD OFFICE USE ONLY					
Date application receiv	•	n:			
☐ APPROV	ED		☐ DENIED		
Reason for Denial: Rating Points:					
KWAP Eligible?	□ Yes	□ No		_	
SCKEDD reviewer:	Printed:				
	Signed:				