



Renter 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

Step 1. Applicant Information:

Full Name: _____
Last First M.I.

Address: _____
Street Address Apt #, Unit, Suite

_____ *City State Zip*

Home Phone: () - _____ Alternate Phone () - _____

Are you head of your household? Yes 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.

1. Full Name: _____
Last First M.I.

Birth Date: _____ Age: _____
Month/Day/Year

Gender: _____ Ethnicity: _____

Student? Yes No Disabled? Yes No

2. Full Name: _____
Last First M.I.

Birth Date: _____ Age: _____
Month/Day/Year

Gender: _____ Ethnicity: _____

Student? Yes No Disabled? Yes No

3. Full Name: _____
Last First M.I.

Birth Date: _____ Age: _____
Month/Day/Year

Gender: _____ Ethnicity: _____

Student? Yes No Disabled? Yes No

Full Name: _____

4. _____
Last *First* *M.I.*
 Birth Date: _____ Age: _____

Month/Day/Year
 Gender: _____ Ethnicity: _____
 Student? Yes No Disabled? Yes No

5. Full Name: _____

Last *First* *M.I.*
 Birth Date: _____ Age: _____

Month/Day/Year
 Gender: _____ Ethnicity: _____
 Student? Yes No Disabled? Yes No

6. Full Name: _____

Last *First* *M.I.*
 Birth Date: _____ Age: _____

Month/Day/Year
 Gender: _____ Ethnicity: _____
 Student? Yes No Disabled? Yes No

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

Step

3. Information about your home:

Who owns the house in which you reside? _____

What is the monthly rent at this address? \$ _____

What is your landlord's address? _____

Landlord's Phone: () - _____ Alt Phone: () - _____
Street *City/State* *Zip*

When was your house built? _____

How many bedrooms does your house have? _____

What major repairs do you feel your home needs? _____

Step 2. Family Income Information:

Please tell us which members of your family work, how much they make, and for whom they work:

Full Name: _____
Last First M.I.

Employer: _____

Employer Phone: () - _____

Employer Address: _____
Street City Zip

Monthly Income: _____

Full Name: _____
Last First M.I.

Employer: _____

Employer Phone: () - _____

Employer Address: _____
Street City Zip

Monthly Income: _____

Full Name: _____
Last First M.I.

Employer: _____

Employer Phone: () - _____

Employer Address: _____
Street City Zip

Monthly Income: _____

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

Please indicate all other forms of assistance or income that you or any member of your family residing at this address received in the past year.

- | | | |
|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> GA | <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI/SSA |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Child Support | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Foster Care | <input type="checkbox"/> VA |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other: _____ | |

Please note that SCKEDD is required to verify all income. Provide this information to the best of your ability, and SCKEDD will work with you to secure the required. Documentation.

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 occupy the dwelling listed in this application 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 at my residence. I will grant access to my residence 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.

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

Renter signature Date Renter signature Date

Statement of Truthfulness & Release of Information:

Waiver of liability:

I hereby release the City of Arkansas City, KS and the South Central Kansas Economic Development District (SCKEDD) from any and all claims of liability arising from the City of Arkansas City, KS CDBG Housing Rehabilitation Project.

Renter signature Date Renter signature Date

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.

Homeowner signature Date Homeowner signature Date

Include the following items with your completed application:

Step

6.

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. Proof of paid utilities (gas, water/sewer, & electric)

Please feel free to submit your application even if you are missing one or more of the above. The City of

FOR SCKEDD OFFICE USE ONLY

Date application received by SCKEDD: _____

Date received all supporting documentation: _____

APPROVED

DENIED

Reason for Denial: _____

Rating Points: _____

KWAP Eligible? Yes No

SCKEDD reviewer: Printed: _____

 Signed: _____

Arkansas City or SCKEDD may be able to assist you in obtaining some of the required documentation.