



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.

Step
1.

Homeowner Information:

Full Name: _____
Last First M.I.

Address: _____
Street Address Apt #, Unit, Suite

Home Phone: _____
City State Zip
() - 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

4. Full Name: _____
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
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.

Step

3. Information about your home:

Do you have a mortgage on your home? Yes No

If so, are you current on your mortgage payments? Yes No

When was your house built? _____

How many bedrooms does your house have? _____

What major repairs do you feel your home needs? _____

Step

4. 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.

_____	_____	_____	_____
Homeowner signature	Date	Homeowner signature	Date

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.

Homeowner signature Date

Homeowner signature Date

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: _____