



Homeowner Application for Housing Repair

City of Kingman CDBG Housing Project, Administered by SCKEDD

Questions? Call (316) 262-7035 and ask for help with the Kingman CDBG Application.

Step

1.

Homeowner 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 Relationship to Applicant:

Disabled? Yes No _____

3. Full Name:

_____ *Last First M.I.*

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

Gender: _____ Ethnicity: _____



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Student? Yes No Relationship to Applicant: _____
Disabled? Yes No _____

4. Full Name: _____
Last First M.I.
Birth Date: _____ Age: _____
Month/Day/Year
Gender: _____ Ethnicity: _____
Student? Yes No Relationship to Applicant: _____
Disabled? Yes No _____

5. Full Name: _____
Last First M.I.
Birth Date: _____ Age: _____
Month/Day/Year
Gender: _____ Ethnicity: _____
Student? Yes No Relationship to Applicant: _____
Disabled? Yes No _____

6. Full Name: _____
Last First M.I.
Birth Date: _____ Age: _____
Month/Day/Year
Gender: _____ Ethnicity: _____
Student? Yes No Relationship to Applicant: _____
Disabled? Yes No _____

Full Name: _____
Last First M.I.
Birth Date: _____ Age: _____
Month/Day/Year
Gender: _____ Ethnicity: _____
Student? Yes No Relationship to Applicant: _____
Disabled? Yes No _____

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



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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.



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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. Statement of Truthfulness & Release of Information:

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 Kingman, 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 Kingman, 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 Kingman, KS & 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



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Step Include the following items with your completed application:

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. Copy of the deed to your house
4. Copy of current homeowner's insurance
5. Verification of paid real estate taxes
6. Proof of pain utilities (water/sewer, gas, & electric)

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

FOR SCKEDD OFFICE USE ONLY

Date application received by SCKEDD: _____

Date received all supporting documentation: _____

APPROVED

DENIED

Reason for Denial: _____

KWAP Eligible? Yes No

Rating

SCKEDD reviewer: Printed: _____

Signed: _____