

Date Received: _____



LEE'S SUMMIT MISSOURI



MINOR HOME REPAIR PROGRAM APPLICATION FORM 2017/2018

Please read the program information packet thoroughly before completing this form.

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Application #: _____ Status _____ (If Approved) HUD Activity #: _____

Important: Only single-family owner-occupied residential units qualify for this program. Duplexes, multi-family residential units, rental units and commercial buildings are not eligible.

GENERAL INFORMATION

Applicant Name:

Last First Middle Initial

Spouse's Name:

Last First Middle Initial

Address:

Lee's Summit, Missouri 640_____

Telephone:

Home: (____)-____-____ Cell: (____)-____-____ Work: (____)-____-____

Email:

@_____

Do you own this residential unit?* Yes___ No___ (If the answer is "No", you are not eligible to apply)

Is this a single family detached unit? Yes___ No___ (If the answer is "No", you are not eligible to apply)

***Proof of Ownership: A copy of the Missouri Warranty Deed for the property must be attached. The applicant must be the owner of record.**

What year was your house built? _____

Have you received Minor Home Repair services in the past? Yes_____ No_____

Household Size: Total Persons_____ Female Head of Household? Yes _____ No_____

A household is defined as all persons occupying the same housing unit, regardless of their relationship to each other. The occupants could consist of one family, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

Please note: You must select at least one from the following list that best describes your household racial characteristics.

One Race Household:

White_____
Black/African American_____
Asian_____
American Indian/Alaskan Native_____
Native Hawaiian/Other Pacific Islander_____

Multi-racial Household:

American Indian/Alaskan Native & White_____
Asian & White_____
Black/African American & White_____
American Indian/Alaskan Native & Black/African American_____
Other Multi-Racial_____

Are you also Hispanic? Yes_____ No_____

Is any member of your household currently working as a City of Lee's Summit employee? Yes_____ No_____

Is any member of your household a family member or a relative of a City of Lee's Summit employee? Yes_____ No_____



INCOME INFORMATION (Attach more paper if necessary)

List all incomes of all adult persons in the household 18 years of age and older. Incomes should be a 12-month total from the most recent 12 months or from the most recent tax return filing period and all the incomes must be verifiable. Per federal requirements, this information will be used by the City to estimate your annual household income level for a period of 12 months immediately following the receipt of your application to determine your income eligibility. This means that the estimate of your total annual household income for the next 12 months is what determines your income eligibility for this program.

Household Members			Incomes from								
	Name	Age	Employment	Social Security	SSI	Pension	AFDC	Child Support	Unemployment Insurance	Disability Comp.	Other
Person #1			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #2			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #3			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #4			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #5			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #6			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #7			\$	\$	\$	\$	\$	\$	\$	\$	\$
Subtotals			\$	\$	\$	\$	\$	\$	\$	\$	\$

Total Annual Household Income (add all the subtotals above together): \$ _____

*For additional persons, attach a separate sheet

Required Documentation:

Verification papers are required for all forms of household income including:

- Proof of employment and/or income
- IRS tax form submitted for prior three years
- Award letters for social security, supplemental security income (SSI), aid to families with dependent children (AFDC)
- Pension
- Unemployment insurance, disability or workmen’s compensation
- Child support
- Other income

Indicate below any changes of income status as a result of circumstances such as marriage, divorce, death, etc. Documentation is required.

TYPE OF HOUSE REPAIRS REQUESTED (All repairs must be exterior)

Please select a maximum of 5 of the listed repairs needed to your property in order of importance:

- _____ Window/Glass
- _____ Door(s)
- _____ Minor Roof
- _____ Flashing or Gutter
- _____ Paint
- _____ Porch or Steps
- _____ Tuck Pointing of Mortar Foundation
- _____ Broken Masonry Units on Foundation
- _____ Walls or Trim
- _____ Front Driveway
- _____ Private Sanitary Sewer Repair/Improvements

Note: All structures built before January 1, 1978 will be subject to HUD’s lead-based paint regulations (24 CFR Part 35). Please contact Development Services at 969-1200 for information.

Note: All structures are subject to radon testing (24 CFR 58.5(i)(2) & 50.3 (i). Please contact Development Services at 969-1200 for information.

I hereby submit this application to the City of Lee’s Summit, Missouri, for the Minor Home Repair Program. I further certify that all ownership, occupancy and income information provided is true and correct.

I understand that the employment and income information provided above is subject to verification by the City of Lee’s Summit, Missouri. I agree to submit to the City, upon request, any additional documentation for employment and income verification.

I also understand that, if approved for program funding, I will be required to contribute towards the cost of the repairs a fixed amount to be determined by the City.

I hereby grant permission to the City of Lee’s Summit’s Minor Home Repair Program supervisors, employees and contractors the City may use to enter the above mentioned premises to perform work under the Minor Home Repair Program. I also hereby agree to sign the legal agreement as required by the City and further certify that I have legal authority to authorize the City to perform said services.

I, the undersigned, do hereby swear under penalty of perjury that all information contained on the application is true and correct to the best of my knowledge and belief.

_____ Date: _____
Applicant Signature

_____ Date: _____
Co-Applicant Signature

Lee’s Summit is an equal opportunity community and does not discriminate against any individual based on race, color, creed, national origin, sex, ancestry, age, marital status or disability.

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OFFICIAL REVIEW

Current Kansas City, MO-KS Area Income Level Applied \$ _____ (per FY 2017-18 HOME Income Limits*)

Household Income Level: _____Extremely Low (30%) _____Low (50%) _____Moderate (80%)

Applicant meets income qualification? Yes _____ No _____

Other comments/notes _____

Reviewer’s Name (Print)

Reviewer Signature

Date

(* Provided at the end of the Minor Home Repair Program Information Sheet)

