

Home Preservation Program Application



Please send your completed form to HPP@habitatkc.org. If you need assistance, please call 816-924-1096.

Official Use Only – Do Not Write in This Box

Date Received: _____ 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

Co-applicant Name: _____
 Last First Middle Initial

Address: _____

Applicant Telephone: Home: (____)-____-____ Cell: (____)-____-____

Email: _____

Do you own this residential unit? _____ Yes _____ No (If the answer is “No”, you are not eligible to apply)
 If yes, year purchased: _____

Have you or the property received assistance from Habitat to purchase the home or for home repairs? _____ Yes _____ No
 If yes, what year? _____

Do you own other property (land, business or residence), besides this house? _____ Yes _____ No
 If yes, what address? _____

Number in Household: _____ **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: Please select at least one from the following list that best describes your household racial characteristics. HUD requires HFHKC to report the following information for all grant recipients. HUD encourages self-reporting, but you are not required to furnish the following racial/ethnic information:

- One Race Household:**
- _____ White
 - _____ Black/African American
 - _____ Asian
 - _____ American Indian/Alaskan Native
 - _____ Native Hawaiian/Other Pacific Islander
- Multi-racial Household:**
- _____ American Indian/Alaskan Native and White
 - _____ Asian and White
 - _____ Black/African American and White
 - _____ American Indian/Alaskan Native and Black/African American
 - _____ Other Multi-Racial
- Are you also Hispanic?** _____ Yes _____ No

Is any member of your household currently working as a HFHKC employee? _____ Yes _____ No

Is any member of your household a relative of a HFHKC employee? _____ Yes _____ No

Is any member of your household a current or former member of the U.S. military? _____ 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 requirement, 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	Name	Age	Incomes from								
			Employment	Social Security	SSI	Pension	Disability	Child Support	Unemployment	AFDC	Other
Person #1			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #2			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #3			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #4			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #5			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #6			\$	\$	\$	\$	\$	\$	\$	\$	\$
Person #7			\$	\$	\$	\$	\$	\$	\$	\$	\$
Subtotals			\$	\$	\$	\$	\$	\$	\$	\$	\$

For additional persons, please attach a separate sheet.

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

Please list dollar value of all assets at time of application for all adults in the household:

ASSETS	APPLICANT	CO-APPLICANT	OTHER (18 yrs & older)	OTHER (18 yrs & older)	OTHER (18 yrs & older)
Checking Account					
Savings Account					
Money Market/ Mutual Fund/ Stocks/ Bonds					
Other assets or property:					

TYPE OF HOUSE REPAIRS REQUESTED (All repairs must be exterior unless it is weatherization or critical home repair.)

Please select a maximum of 3 of the listed repairs needed to your property and rank them 1, 2 or 3 in order of importance:

- | | | |
|--|--|---|
| <input type="checkbox"/> Heating System | <input type="checkbox"/> Code Violations | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Storm Door/window | <input type="checkbox"/> Electrical Issues |
| <input type="checkbox"/> Sanitary Sewer (private) | <input type="checkbox"/> Plumbing Issues | <input type="checkbox"/> Handicap Accessibility |
| <input type="checkbox"/> Exterior Structural Repair* | <input type="checkbox"/> Windows (repair only) | <input type="checkbox"/> Other |

*Any water issues will be limited to being addressed by gutters or sump pump at the determination of the HPP Manager.

Please describe the repairs that are needed:

I hereby submit this application to the Habitat for Humanity of Kansas City, for the Home Preservation Program. I further certify that all ownership, occupancy, income and asset information provided is true and correct.

If the approving staff determines that the Home Repair project cannot be made for the purposes described herein, I understand that the HFHKC shall provide no assistance for this project.

I understand that the employment, income and asset information provided above is subject to verification by Habitat for Humanity of Kansas City. I agree to submit to the HFHKC, upon request, any additional documentation for employment, income and asset verification.

I hereby grant permission to Habitat for Humanity of Kansas City Home Preservation Program supervisors, employees and contractors to enter the above-mentioned premises to perform work under the Home Preservation Program. I also hereby agree to sign the legal agreement as required by Habitat for Humanity of Kansas City and further certify that I have legal authority to authorize Habitat for Humanity of Kansas City to perform said services.

By my/our own signature(s), I/we acknowledge receipt of, have read, and understand Habitat for Humanity of Kansas City's Home Preservation Policy and I/we agree to abide by the terms of the policy, the rehabilitation contract documents, and applicable City codes.

I/we, 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.

Applicant Signature Date: _____

Co-Applicant Signature Date: _____

INCOME LIMITS 2023

HFHKC Home Repair Program

Household Size	Maximum Annual Income up to 30% AMI \$100 payment	Maximum Annual Income 31% - 60% AMI \$300 payment	Maximum Annual Income 61% - 80% AMI \$500 payment
1 Person	30,000	30,001 – 43,050	43,051 – 57,400
2 Persons	30,000	30,001 – 49,200	49,201 – 65,600
3 Persons	30,000	30,001 – 55,350	55,351 – 73,800
4 Persons	30,750	30,751 – 61,500	61,501 – 82,000
5 Persons	33,210	33,211 – 66,420	66,421 – 88,600
6 Persons	35,670	35,671 – 71,340	71,341 – 95,150
7 Persons	38,130	38,131 – 76,260	76,261 – 101,700
8 Persons	40,590	40,591 – 81,180	81,181 – 108,250
9 Persons	43,050	43,051 – 86,100	86,101 – 114,800
10 Persons	45,510	45,511 – 75,850	75,851 – 121,360

*Figures are adjusted annually by the Department of Housing and Urban Development; current rates effective May 2023.

Notice: Department of Housing and Urban Development (HUD) program income limits and qualifications are subject to change without notice. Additional conditions and limitations to this program are in effect. This program is funded by HUD’s Community Development Block Grant Program (CDBG) and is conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-3619), and implementing regulations.

This section to be completed by office:

Household Member #1 Income: _____
 Household Member #2 Income: _____
 Household Member #3 Income: _____
 Household Member #4 Income: _____
 Total Household Income: _____
 Total Project Cost Based on Guidelines: _____
 Date Paid: _____



Eligibility Self-Check

Before you fill out the Home Repair Application, please read the Program Information in its entirety and complete the following self-check to determine if you are eligible for this program.

QUESTIONS	YOUR ANSWERS	ELIGIBILITY CONSIDERATIONS
Do you own and reside in a home within Jackson, Clay, Platte, Johnson, Wyandotte or Leavenworth County? In addition, is it attached to a permanent foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	You are not eligible for this program if you do not own and reside in the home located within those counties or if your home is a mobile home.
Have you owned your home for at least one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	It is a requirement that you own your home for at least one year. If you have not owned your home for a year, you are advised to wait until you have owned the home 1 year.
If "Yes" above, will you remain the owner of this home for the next 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If there is a possibility of ownership change in the next three years, you are advised not to apply for program funds.
Do you or any of your household members also own or co-own other real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Applicants are not eligible if they own other real estate. If any members of your household own/co-own other real estate, regardless of its location, you must report it as part of your household assets.
Are you or another member of your household an owner or a co-owner of a business (including an online business)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	The business income must be included in the household income for eligibility determination.
Are any of the needed repairs covered under your current homeowner insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you don't know, contact your insurance company to find out first. If repairs are covered under your homeowner insurance, you should not apply for the Home Repair Program to pay for such repairs.
Was your home built before 1978?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES", your home is subject to Lead-based Paint regulation compliance, which means that a Lead-based Paint inspection will be required (at the program's expense) and Lead-based Paint abatement may be required. This normally translates to longer processing time and higher costs the program may or may not support.
My household meets the income guidelines on page 3 or is in a qualified census tract. I am willing to pay the program delivery fee based on my income.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Your household must meet the income limits on page 3. Unless your home is in a qualified census tract. Your one-time payment for program delivery fee is based on your annual income.