

City of Kansas City, MO Neighborhoods and Housing Services Department Housing and Community Development Division 4400 Blue Parkway, 2nd floor Kansas City, MO 64130 (816) 513-3200

2019-20 City Home Repair Application

The Ci	ty Home Repair Programs	assist Kansas City, MO.	Homeowners by making minor hou	sing repairs	
Which of the following hom	e repairs are you re	equesting? Please cl	neck one repairs from list bel	ow:	
☐ Plumbing –water s ☐ Plumbing – sewer se	ervice line, which mervice line, which ma service entrance and	nay include branch by include branch lind main panel, which in	n reduce storm water run- lines and water heater es or interior improvements may include branch circuits rk	off from the site	
 Applicants must ow Properties must be s Applicants cannot o Applicants cannot h 	n and reside in the pringle family residence wn more than one resave received home resumay become ineligi	roperty to be repaired be (no duplexes, townsidential property. Epair assistance from	Kansas City, Missouri I nhomes or other multifamily the City in the last five year he home are determined to b	rs.	
courthouse	nership (recorded was nome – proof of all indesocial security benefit the entire application current water bill post recent checking a Income (80%) HUI	come sources for all its and pension bene — be sure to sign and nd savings accounts D 2019 guidelines to	its <u>(details on back)</u> date statements o determine income eligibil	ng 2 months most recent pay	
Homeowner's name		-		es are acauciea	
Address	C	ity	State	ZIP	
County	Home ph	none	Work phone	ne	
	House	ehold and Composi	ion Information		
A household is defined as all p Household size (Total Persons)			regardless of their relationsh hold: Yes No	ip to each other.	
Name of Household Member	Relationship	Birth Date	Full-time Student (yes or no)	Social Security No.	

Rac	e: White		□ Black/A	African American	ı	☐ American]	Indian/		
	☐ Native Hawaiian/						Alaskan Native & White Asian & White		
	Other Pacific islander Black/African American & White		☐ America	an Indian/Alaska & Black/African					
Ethnicity: Hispanic		□ Non-Hi	spanic						
It is of in	the responsibility of the apacome & asset they receive next 12 months also provide	pplicant to provide, give the source	of the income a	and the amount o					
Alin fund	se are types of income and mony, Child support, Supp ds, money market, Cash va you have a savings or che	lemental Security lue of Life Insura	, Cash in saving nce, Personal I	gs & checking, s nvestment Prope	tocks, bonds, IF rty, Lump Sum	RA's, 401K, Kee			
	Name of Household Member	Relationship	Type of income	Monthly amount	Type of Asset	Monthly Amount	Checking (Circle)	Saving (Circle)	
							Y N	Y N	
			Total Amount		Total Amount				
the r	e: The income information responsibility of the applicant of income and assets of	ant to provide all	is subject to ver of the informat	ion to determine	Neighborhoods program eligib				
I her	larations reby certify that I am apply er penalty of law, that I am resentation of my househol	the owner and o						rtify,	
acco finar verif requ	reby grant permission to the ording to the City Minor H ncial claim arising from the fication and that if found in hired, federal income tax recipation in the program.	ome Repair Progree performance of nerror may elimin	am guidelines. this work. I und nate my particij	I will not hold the derstand that all pation in this and	ne City of Kans information pro I other City pro	as City, Mo., lia ovided to the City grams. I agree to	ble for any leg y will be subje o submit to the	gal or ect to City, as	
	e undersigned, do hereby a ect to the best of my know		alty of perjury a	and fraud that all	information co	ntained on this a	pplication is to	rue and	
I un	derstand that receipt of thi	s application or no					program. I also)	
	neowner's signature	•			_	ate			