



HOUSING REPAIR APPLICATION

Project #

P.O. BOX 1987 • Hutchinson, KS 67504
 PHONE (620) 662-8370 • EMAIL: RiceCountyH4H@gmail.com

CONTACT INFORMATION

NAME:		DATE:	
ADDRESS: STREET			
COUNTY	Rice	CITY	STATE KS ZIP
PRIMARY PHONE:		SECONDARY PHONE:	
EMAIL:			

HOUSEHOLD COMPOSITION

FULL NAME	AGE	GENDER	RELATIONSHIP	DISABLED (Y/N)	INCOME TYPE
			HEAD OF HOUSEHOLD		
Annual Household Income: \$			Savings/checking/assets: \$		

DWELLING INFORMATION

DWELLING TYPE: <input type="checkbox"/> SINGLE FAMILY HOME <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> DUPLEX/TRIPLEX/ETC <input type="checkbox"/> OTHER: _____			
NUMBER OF STORIES: _____ BASEMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO CONSTRUCTION YEAR: _____			
<input type="checkbox"/> HOMEOWNER <input type="checkbox"/> RENTER <input type="checkbox"/> RENT-TO-OWN			
PLEASE ANSWER THE FOLLOWING:	Y/N	PLEASE ANSWER THE FOLLOWING:	Y/N
I have a working heat source		My home is air conditioned	
I have a central heat		I have central air conditioning	
I have a wall furnace		I have a window air conditioner	
I have a floor furnace		I have mold in my house	
I have a space heater		I am aware of lead based paint	
I have a wood burning stove		I have a roof leak	
I have a wood burning fireplace		I have a plumbing leak	
I have applied for Weatherization		I have received a code violation from the city	
I am current on my property taxes		I am current on my utility bills	
I have home insurance		I am current on my mortgage payments (if applicable)	

Please list major repairs needed on your home:



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Each applicant must attach:

- Three Months Paystubs or Employment Verification Form
- Social Security Benefit Letter (if applicable)
- Affidavit of no income (if applicable)
- Copy of current homeowner's insurance
- Verification of paid real estate taxes
- Proof payments are current on your home mortgage (if applicable)
- Proof of Land Contract or Rent-to-Own Agreement (if applicable)
- Property Owner/ Rental Property Agreement Form (Rentals & Rent-to-own ONLY)

ACKNOWLEDGEMENT:

I have reviewed this application and confirm the information contained herein is true and correct. I authorize Hearts for Homes to photograph my home, and use the photographs for administrative, marketing, and other purposes. I authorize Hearts for Homes to place sign-age on my property before, during, and after the project for a reasonable time. I will not claim any compensation for the use of the photographs.

I certify that due to various funding sources, there may be additional program specific applications and forms required.

I certify that if selected for assistance, full access and cooperation will be provided to inspectors, contractors and employees for the purpose of obtaining signatures and completing all necessary repairs. Furthermore, specific guidelines dictate certain procedures; if at any time I cease cooperation, then any repairs made to my dwelling will be billable to the property owner.

I understand that if the dwelling is deemed unsafe for inspectors or contractors to perform their duties, (for various reasons including but not limited to mold, insect/rodent infestations, threat of violence or uncleanliness) then the project is deferred until the situation is corrected.

I understand that there are certain scoring criteria for each of the Hearts for Homes funding sources; therefore, submitting an application is not a guarantee of service. While acceptance to the waiting list qualifies applicant for the program, scoring criteria determines the order of service.

I certify that all information provided is true and accurate and that I/we occupy the home needing repairs/rehabilitation. I consent to the release of information contained in this application to concerned social service agencies, and authorize businesses, social service agencies and physicians to release all information necessary for verifying this application to Hearts for Homes. I understand that deliberate or misleading answers will result in disqualification for assistance from Hearts for Homes, and may result in legal action to recover expenses.

I hereby GRANT A WAIVER OF LIABILITY to the H4H and it agents, from any and all claims against the Hearts for Home Program, Interfaith Housing, and Rice County Affordable Housing Partnership arising from its presence on said property.

SIGNATURES

Owner Signature:

Applicant Signature:

Hearts for Home Signature:

Approved

Denied

Date:



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Property Owner/Rental Property Agreement

If you are a renter, rent-to own, or are buying on contract give this form to your landlord to complete. If you own your home, omit the Rental Section.

I, _____ do hereby declare that I am the legal owner of the dwelling located at _____ in _____, Kansas, and that this dwelling is occupied by _____ (tenant name). I understand that my ownership of this property will be verified through a review of public records within the county Register of Deeds office.

I grant the Hearts for Homes (H4H) permission to repair the dwelling at the aforementioned address and to do whatever reasonable repairs are deemed necessary within guidelines set forth by the Rice County Affordable Housing Partnership. I further declare that I shall forever save and hold the H4H, its agents, servants and employees harmless from all claims, dividends, costs, and liabilities arising from damage or injury, actual or claimed, of whatever kind or character, to persons or property, occurring or claimed in, on or about the premises arising out of the service provided and shall defend the H4H in any action or proceeding brought about.

I understand that the H4H is entitled to all salvageable materials that are replaced with new weatherization materials.

Rental Properties:

In return for repairs of the aforementioned residence, I, as owner, agree to and understand the following:

1. I understand that the H4H will assess the entire property. If found unsafe or inefficient, I may be required to contribute costs of materials and labor for repairs or replacements in excess of the first \$2500. I understand I will be contacted about any contribution and that repairservices may be halted unless or until an agreement is made.
2. I will not raise the rent on this property because of any improvements made by Hearts for Homes for a period of one (1) year following completion of the repairs work. I have the right to increase the rent an appropriate sum if I do additional repairs at my own expense unrelated to Hearts for Homes work. Furthermore, I do not intend to sell the property for a period of one (3) years. Should I sell the property within 3 years, I will ensure the new owner agrees to the restrictions/requirements of this agreement. I also will not evict the tenant because of any improvements made by the H4H. I retain the right to evict the tenant on matters demonstrably not related to Hearts for Home repairs. The Legal Aid Society is responsible for arbitrating landlord—tenant disagreements arising from repair activities. Contact Kansas Legal Services statewide hotline at 1-800-383-0217 to locate the nearest Legal Aid Office.
3. I will be required to allow the repair work to be continued if the client moves from the dwelling before the work scope has been completed. Access to the unit will be made available as needed to all Hearts for Home staff, inspectors, contractors and crews to allow for completion of the work. Work planned or not yet started may be terminated if the tenant moves or the house is sold.
4. The H4H may notify the appropriate utility company in addition to the tenant and myself if it discovers any physical condition which is believed to pose a threat to the safety of the tenant.
5. The benefits of the H4H are to accrue primarily to the low income tenants residing in the unit. No undue or excessive enhancements will occur to increase the value of the unit.
6. I hereby GRANT A WAIVER OF LIABILITY to the H4H and it agents, from any and all claims against the Hearts for Home Program, Interfaith Housing, and Rice County Affordable Housing Partnership arising from its presence on said property.

Owner Signature Date

Tenant Signature Date

Address

Address

City State Zip

City State Zip

Phone

Phone

AFFIDAVIT OF NO INCOME

Each member of your household over 18 years of age who has not received any income from any source other than excluded sources within the last year must complete this affidavit. For rules about what constitutes income, refer to the information below.

By signing, in the presence of a Notary Public, I certify under penalty of perjury that: (a) I am not presently employed, nor have been employed within the last year AND (b) I did not receive any income from any source within the past year except that which is excluded under the rules of this Program (displayed below).

Signature of Household Member	Printed Name	Date

This form must be notarized by a Notary Public:

County of _____
State of _____

This instrument was acknowledged before me on ____ day of _____ 20____ by _____
by _____
by _____
by _____

Signature of Household Member (s)

Notary Public's Signature My Commission Expires _____

Income includes money, wages, and salaries before any deductions; net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses). Income includes regular payments from social security, railroad retirement, unemployment compensation strike benefits from union funds, workers' compensation, veterans' payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay) and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

Income excludes capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury; Also excluded are non-cash benefits such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches and housing assistance, and combat zone pay to the military. Note: Child Support Payments and College Scholarships are excluded.

EMPLOYMENT VERIFICATION FORM

If you receive wages, take this form to your employer to complete. You may submit paystubs for the most recent three month period in lieu of completing this form.

EMPLOYEE INFORMATION

To be completed by Applicant

Applicant's Name and Address:

Your Employer's Name and Address:

Dates of Employment: From: _____ To: _____

EMPLOYER INFORMATION

To be completed by the Applicant's employer

Employee's Job Title: _____

Most Recent Regular-Time Wage: _____ per _____

(If an hourly wage, how many regular time hours per week on average? _____)

Most Recent Overtime Wage: _____ per _____

(If an hourly wage, how many overtime hours per week on average? _____)

Indicate additional compensation type and amounts, on average, per week (Including, but not limited to, tips, sales commissions, piece rate, or shift differentials)

Has the employee received any pay increases within the past twelve months? If so, describe amount of increase and effective date:

SIGNATURE

I authorize the release of my wage and employment information to Hearts for Homes Program.

Under penalty of perjury, I hereby attest that all information provided is correct to the best of my knowledge. I understand that all fields are to be completed and if there is a blank field I have indicated that the information is not applicable to the employee

Employee's Signature

Date

Employer's Signature

Date

Employer's Phone