Interfaith Housing Services, Inc.

Serving in Faith

Dear Applicant,

Thank you for your interest in the Kansas Housing Resources Corporation-Emergency Repair/Accessibility Modification program. This IDA program offered by IHS allows homeowners in Kansas to have their savings of up to $2,000 matched 3:1 to make emergency repairs or accessibility modifications.

In order to apply for these grant funds, qualified applicants must:

* Be the owner(s) and current resident(s) of the property
* Be current on property tax payments and mortgage payments (if applicable)
* Have household gross annual income below income guidelines (see chart)
* Adhere to the Kansas Housing Resources Corporation Retention Agreement
* Comply with contractor bid requirements

Persons in Household	275 Percent of Poverty
1	$32,670
2	$44,055
3	$55,440
4	$66,825
5	$78,210
6	$89,595
7	$101,007.50
8	$112,447.50

If you feel you meet all of the criteria listed above, please complete and return the enclosed application along with the requested required documents to:

Interfaith Housing Services, Inc.
Attn: Diane Crabtree
P.O. Box 1987
Hutchinson, KS 67504-1987

Upon receipt, IHS will review your information and contact you if additional information is needed. Qualified individuals must agree to complete eHomeAmerica Money Management ($20 registration fee) along with other required education components. Specific details and instructions will be provided upon approval of your application. Also, upon approval, IHS will guide you through the process of opening your IDA account and moving forward with your emergency repair or accessibility modification. Upon project completion, IHS will render payment(s) due and will provide you with the required closing documents along with instructions on how to complete them. IHS will also file the three-year, prorated Kansas Housing Resources Corporation Retention Agreement with the local Register of Deeds and provide you with a copy of the filed document for your records.

If you have any questions about this program and/or need any assistance with this application, please contact Diane Crabtree at 620-662-8370 Ext. 719.

Sincerely,

Diane Crabtree

Diane Crabtree
Home Repair Coordinator

1326 East Avenue A • PO Box 1987 • Hutchinson, Kansas 67504-1987
620.662.8370 • FAX 620.662.8399 • Toll Free 877.447.5927
ihs@ihs-housing.org www.ihs-housing.org

Equal Housing Opportunity

INTERFAITH HOUSING SERVICES, INC.
Kansas Housing Resources Corporation
Emergency Repair/Accessibility Modification Application

Please complete this application entirely. Read each section carefully, answer all questions, and do not leave any blanks.

APPLICANT INFORMATION

Applicant(s) must be the owner(s) of the property for which the home repairs are being requested for and must be the resident(s) of the property. Household size should include **all** individuals living in the home at least 50% of the time regardless of relationship.

Name of Applicant(s)					Household Size
Primary Phone	**Alternate Phone**	**Email Address**			
Property Address	**Mailing Address** (if different)	**City**	**State**	**Zip**	**County**
			KS		

HOUSEHOLD COMPOSITION

Complete for **all** individuals living in the home at least 50% of the time regardless of relationship. Use an extra page if necessary.

Name (First and Last)	Date of Birth	Age	Gender	Relationship to Head of Household	Marital Status
1.				Head of Household	
2.					
3.					
4.					
5.					
6.					

Is any individual living in the home not a United States citizen? NO YES, please list: _____

If answered YES, documentation must be provided to verify non-citizen has eligible immigration status.

Please answer for each household member by circling the number which corresponds with the name(s) listed above:

Ethnicity:	Hispanic or Latino	1	2	3	4	5	6	Other: _____
	Not Hispanic or Latino	1	2	3	4	5	6	Other: _____
Race:	American Indian / Alaska Native	1	2	3	4	5	6	Other: _____
	Asian	1	2	3	4	5	6	Other: _____
	Black / African American	1	2	3	4	5	6	Other: _____
	Native Hawaiian / Other Pacific Islander	1	2	3	4	5	6	Other: _____
	White	1	2	3	4	5	6	Other: _____

Highest Education Level (Completed): <High School Diploma High School Diploma Associate's Degree Bachelor's Degree Master's Degree >Master's Degree

*** IHS complies with the Fair Housing Act and does not discriminate based upon Race, Color, National Origin, Disability, Familial Status, Religion, or Sex. The information regarding race, national origin, and sex designation solicited on this application is requested to assure the Federal Government that the Federal Laws prohibiting discrimination on the basis of Race, Color, National Origin, Religion, Sex, Familial Status, Age, and Disability are complied with. Completing this section is encouraged but not required; however, if you choose not to, IHS is required to note the race, ethnicity, and sex of each individual applicant on the basis of visual observation or surname. ***

HOUSEHOLD INCOME INFORMATION

Please answer the following questions regarding household income. Include information for **all** individuals living in the home at least 50% of the time regardless of relationship.

Is any individual living in the home receiving income from...

Employment?	NO	YES, please list: _____
Self-employment?	NO	YES, please list: _____
Social Security?	NO	YES, please list: _____
Supplemental Security Income (SSI)?	NO	YES, please list: _____
Pensions / Annuities / Retirement Funds?	NO	YES, please list: _____
Veterans Administration Benefits?	NO	YES, please list: _____
Disability / Death Benefits?	NO	YES, please list: _____
Life Insurance Dividends?	NO	YES, please list: _____
Unemployment Compensation?	NO	YES, please list: _____
Workers' Compensation?	NO	YES, please list: _____
Severance Pay?	NO	YES, please list: _____
Military Pay?	NO	YES, please list: _____
Public Assistance?	NO	YES, please list: _____
Child Support?	NO	YES, please list: _____
Alimony?	NO	YES, please list: _____
Rental Income from Real Estate Property?	NO	YES, please list: _____
Lottery Winnings and/or Inheritances?	NO	YES, please list: _____
Other Income (not listed above)?	NO	YES, please list: _____

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HOUSEHOLD INCOME CALCULATION

Please list **all** income received from **all** income sources (as listed above) for **all** individuals living in the home at least 50% of the time regardless of relationship. Use extra page, if necessary.

Name (First and Last)	Source of Income	Monthly Gross Amount
1.		$
2.		$
3.		$
4.		$
Total Household Gross Annual Income		**$**

PROPERTY INFORMATION

Please answer the following questions regarding the property for which the home repairs are being requested. The property must be owned by the applicant(s), must be the primary residence of the applicant(s), and must be current on property tax and mortgage payments to be eligible.

Is/Are the applicant(s) listed as the owner(s) on the property title or deed? YES NO, please explain:

_____

Is/Are any other person(s) listed as the owner(s) on the property title or deed? NO YES, please explain:

_____

Is the property the primary residence of the applicant(s)? YES NO, please explain:

_____

Residence Location Type: Rural (population under 90,000) Urban (population above 90,000)

Is the property a mobile or modular home? NO YES, please answer:
Is the home permanently affixed to the foundation? YES NO
Is/Are the applicant(s) listed as the owner(s) of the land on which the home sits? YES NO

Are the property taxes current? YES NO, please explain: _____

Are the house payments current? YES NO, please explain: _____

Please list the name of the current mortgage company, or if the home is being purchased on a land contract, please provide the name and address of the seller: _____

PROJECT INFORMATION

Complete for **all** desired home repairs to be paid for by available assistance. . **If this is for emergency repairs, please state specifically, what the emergency is.** Use extra page if necessary.

Description of Repairs	Bid #1	Bid #2	Bid #3 (optional)	Accepted Bid
	Name of Contractor _____ Total Cost $_____	Name of Contractor _____ Total Cost $_____	Name of Contractor _____ Total Cost $_____	Bid # ____ Total Cost $_____
	Name of Contractor _____ Total Cost $_____	Name of Contractor _____ Total Cost $_____	Name of Contractor _____ Total Cost $_____	Bid # ____ Total Cost $_____
	Name of Contractor _____ Total Cost $_____	Name of Contractor _____ Total Cost $_____	Name of Contractor _____ Total Cost $_____	Bid # ____ Total Cost $_____
Total Project Cost for ALL Desired Home Repairs				**$**

*** Bids must be solicited from licensed and insured contractors for the desired repair(s). No project may begin without approval. ***

REQUIRED DOCUMENTATION

The following documentation must be submitted as part of this application. Contact the IHS office for assistance if needed.

Income Verification – Documentation must be provided for **all** income received from **all** income sources for **all** individuals living in the home at least 50% of the time regardless of relationship.

- Employment income must be verified with paystubs from the most recent sixty (60) days.
- Self-Employment income must be verified with complete signed individual federal tax returns for the most recent two (2) years including all schedules, W-2s, and 1099s. IRS e-file Signature Authorization forms (IRS Form 8879) can be provided in lieu of signatures.
  - If self-employment is less than one (1) year, income must be verified with a signed YTD Profit and Loss document.
  - If two (2) years of tax returns are not available, income must be provided with the most recent tax return and a signed YTD Profit and Loss document.
- Child Support and/or Alimony income must be verified with third party documents from the appropriate government agency (i.e. divorce decree, affidavit, child support payment history showing at least 60 days of history).
- Social Security must be verified with copy of the most recent benefits letter
- Retirement income can be verified with a statement reflecting monthly benefits or the most recent 1099.
- Please contact the IHS office regarding any other income received for documentation instructions.

Property Verification – Documentation must be provided to verify the current owner of the property and to ensure the property tax and mortgage payments (if applicable) are currently up-to-date.

- Ownership must be verified with a copy of the property title or deed.
- Current property tax payments must be verified with a tax statement and/or receipt.
- Current mortgage payments must be verified with a lender statement and/or receipt.
- Copy of land contract, if applicable.

Project Verification – At least (2) comparable bids from licensed and insured contractors for the desired home repairs must be provided. The lowest bid must be signed by the homeowner(s) as the accepted bid (unless approved otherwise by IHS).

- All bids must include contractor contact information, must list the homeowner name and address as the recipient of services, and must be completed on an official company quote, estimate, and/or invoice document.
- All bids must contain the same scope of work, must include detailed description of the home repairs to be completed (including but not limited to square footage, linear footage, product type, and list of materials), and must include tax in the total amount due.
- If this is for emergency repairs, the bid(s) must include a statement from the contractor describing the nature of the emergency.
- All contractors must be able to submit to IHS a copy of current liability insurance documentation, must be able to submit to IHS a completed W-9.
- Accepted bids must be signed by the client.

KANSAS HOUSING RESOURCES CORPORATION LOAN RETENTION AGREEMENT

Please read the following statements and sign and date accordingly. Contact the IHS office for assistance if needed.

I/We acknowledge that Interfaith Housing Services, Inc., informed me/us of the Kansas Housing Resources Corporation Agreement requirement for the use of KHRC Emergency Repairs/Accessibility Modification grant funds and hereby agree to the following statements:

- I/We will comply with this requirement by signing the Kansas Housing Resources Corporation retention agreement and allowing said document to be filed accordingly.
- I/We understand the retention period begins on the project completion date and ends three (3) years from this date, and that as long as there is no sale or refinancing of the property, there is no repayment upon release.
- I/We understand that any sale or refinancing of the property prior to the end of the retention period must be reported to Kansas Housing Resources Corporation and that a prorated amount of the total grant amount must be paid to Kansas Housing Resources Corporation prior to the release of the retention agreement.

Signature Date	Signature Date
Signature Date	Signature Date

STATEMENTS AND AUTHORIZATIONS

Please read the following statements and answer accordingly. Contact the IHS office for assistance if needed.

I/We understand that completing this application does not guarantee IHS will be providing assistance for the requested home repairs. Furthermore, I/we understand this application must go through a review process and must be approved before proceeding with any of the requested home repairs. YES NO

I/We authorize IHS to share the information provided in this application with businesses, social service agencies, and/or other IHS programs for the purpose of completing the requested repairs to my/our home. Furthermore, I/we consent to the release of this information to all involved parties for the purpose of verifying my/our application. YES NO

I/We understand that collaboration with other service agencies and/or other IHS programs may require additional forms and applications. YES NO

I/We understand that if my/our home is deemed unsafe for inspectors or contractors to perform their duties (including but not limited to mold, insect and/or rodent infestation, threat of violence, and/or uncleanliness), my/our application may be deferred until the situation is corrected. YES NO

I/We understand full access and cooperation must be provided with IHS staff, contractors, inspectors, and any other personnel necessary for completing the home repairs and the associated documentation required. Furthermore, if at any time I/we cease to cooperate with any involved parties, I/we understand I/we will be billed for any home repairs and will be fully responsible for the complete payment due. YES NO

I/We authorize IHS to photograph my/our home and use the photographs for administrative, marketing, and other purposes. Furthermore, I/we will not claim any compensation for use of these photographs. YES NO

I/We would like to receive information regarding no cost financial education services available in my area. YES NO

I/We would like to receive information regarding no cost credit counseling services available in my area. YES NO

I/We certify under penalty of perjury that all information provided in this application is true and complete to the best of my/our knowledge and belief. Furthermore, I/we understand that willful misrepresentation of any information provided constitutes fraud which will result in disqualification for any Interfaith Housing Services, Inc., assistance and may result in legal action in order to recover expenses. YES NO

Please have all adults (18 years+) listed on this application sign and date accordingly:

_____ _____
Signature Date Signature Date

_____ _____
Signature Date Signature Date

FOR IHS OFFICE USE ONLY:

IHS Received Application: _____ / _____ / _____ Received By: _____

IHS Reviewed Application: _____ / _____ / _____ Reviewed By: _____

Application meets **all** eligibility requirements? YES NO, please explain: _____

_____