



Kickapoo Housing Authority

888 112<sup>th</sup> Drive

Horton, KS 66439

Phone: 785 486-3638

Fax: 785 486-2637

**APPLICATION FOR HOMEOWNERS ASSISTANCE**

To be considered a complete application, all questions must be answered, and all documentation must be submitted. **Incomplete applications will not be accepted.**

**A. APPLICATION INFORMATION**

(Applicant must provide CDIB)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
City, State and Zip Code

FOR OFFICE USE ONLY	
Received by:	_____
Date	_____ Time _____
Application Number	_____

\_\_\_\_\_  
Phone #

**B. HOUSEHOLD COMPOSITION** (Provide copies of social security cards for each listed)

Name	Relation to Head of Household	Sex M/F	Date of Birth	Social Security #
	HOH			

If any household member listed is handicap or disabled, please provide brief description below.

\_\_\_\_\_

Name	Description or Condition
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Is any household member listed, a relative of any employee or board member of the Kickapoo Housing Authority? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain.

**C. HOUSEHOLD INCOME (Must provide current documentation)**

Name	Type/ How Much?	Monthly Total:

**D. HOME INFORMATION (Must provide proof of homeownership)**

How long have you owned this home? \_\_\_\_ Year(s) \_\_\_\_ Mos.

Was your home constructed before 1978? Yes / no/ don't know

If yes, has your home been tested for lead-based paint? Yes / no/ don't know

Do you have homeowner's insurance on this home? Yes \_\_\_\_ No \_\_\_\_

If yes, please attach proof of insurance.

Have you received assistance from KHA before on this home? Yes \_\_\_\_ No \_\_\_\_

If yes, when and what assistance?

\_\_\_\_\_

Is this a mobile home? Yes \_\_\_\_ No \_\_\_\_

If yes, is the mobile home tied down and on a permanent foundation? Yes\_\_\_\_\_ No\_\_\_\_\_

Does the home have a basement, crawlspace, or none? Yes\_\_\_\_\_ No\_\_\_\_\_

**E. REPAIR INFORMATION**

Give a brief description of the housing repairs for which you are applying for:

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**F. REHABILITATION ASSISTANCE:**

The Rehabilitation Assistance Program to existing homeowners provides rehab assistance not to exceed \$10,000 per home. Repairs may include, but are not limited to, roofs, HVAC units, internal plumbing, interior repairs, exterior repairs, installation of amenities to meet 504 requirements, but limited in electrical repairs.

**Eligibility is based on low income and must be the primary residence of the applicant. A waiting list will be utilized; however, emergency circumstances do occur and may be considered first.**

Homeowners are recommended to maintain Homeowners Insurance coverage during the time of rehabilitation and throughout the term of the Useful Life/Affordability period which is one - five years. Should the total cost of repairs exceed \$5,001.00 dollars, the Useful Life/Affordability is five years. IF the house is sold, leased, sub-leased, rented or is no longer considered Affordable Housing during the time periods, repayment will be determined by the KHA Useful Live/Affordability Period and will be prorated accordingly. A KHA completion form is required when all the work is done.

**G. Affordability Period Determination**

The affordability period is determined by choosing a period of time that is the longest feasible period consistent with sound economics and the purpose of NAHASDA. A tiered schedule specifies a number of years during which the housing must remain affordable, dependent upon the amount of IHBG funds being invested in the property per occurrence.

<b>IHBG Funds Invested</b>	<b>Affordability Period</b>
All Programs up to \$5,000	1 Year
All Programs \$5,001 - \$15,000	5 Years
All Programs \$15,001 - \$30,000	10 Years
All Programs \$30,001 - \$50,000	15 Years
Over \$50,000	20 Years

**H. Signatures and consent to release information**

I/ We understand that this application is not a contract and is not binding in any manner. I/We hereby authorize the Kickapoo Housing Authority to obtain all information necessary for the purpose of verifying the statements made above. I also understand that it is my responsibility to inform KHA if there is any change in my family status along with reporting any changes income and living conditions.

\_\_\_\_\_  
Applicant (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date