



Westside Housing

919 West 24th Street Kansas City, MO 64108

Office: 816-421-8048 • Fax: 816-421-8131 • westsidehousing.org

Dear Homeowner,

Thank you for your interest in the Home Repair program. You will find enclosed an application. Please fill it out to the best of your ability, initial and sign on page 5 of the application, and submit it to us with the additional items listed below.

The Following Items Are Required To Process Your Application:

- Two months of paystubs, Award Letters or other Source Documentation of Income for all household members age 18 and over
- Six months of bank statements from checking account
- Most current bank statement from savings account
- Copy of signed federal tax return for the last two years or a letter of non-filing from the IRS for the last two years.
- Copy of warranty deed of property
- Current paid tax receipt from Jackson county for the property
- Copy of the declarations page showing current property insurance

After we receive the requested information, we will contact you. If you have any questions, please contact Westside Housing Organization at 816.421.8048



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Home Repair Program Application

Only single-family, owner-occupied residential units qualify for this program. Duplexes, multi-family residential units, rental units, and commercial buildings are not eligible. Home repair project prioritizes applications based on the greatest need in terms of household income and needed repairs.

TYPE OR PRINT THE ENTIRE APPLICATION.

Full Name:		Co-applicant Name:	
Street Address, City & Zip:			
SSN:	Phone/Type:	Phone/Type:	
Email:			
What is your preferred method of contact? <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone			
Do you own the resident unit listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What year was your house built?	
Is this a single-family house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Household size: person(s)	
Have you participated in the Minor Home Repair program in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list year(s) and other programs received through Westside Housing.	
Has any household member served in the U.S. armed forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is he/she active or a veteran? <input type="checkbox"/> Active <input type="checkbox"/> Veteran	
How did you hear about the Minor Home Repair program? <i>Check all that apply.</i>			
<input type="checkbox"/> Flyer or posting <input type="checkbox"/> Newspaper ad <input type="checkbox"/> Previous client <input type="checkbox"/> Website			
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Referral by other agency: _____			

Household Demographic

Check each section that applies to your household			
White		Mental or Physical Impairment	
Asian		Recovering from Physical Abuse	
Black/ African American		Recovering from Substance Abuse	
American Indian/ Alaskan Native		Living with HIV/ AIDS	
Native Hawaiian/ Other Pacific Islander		Elderly (62 or better)	
Hispanic		Female Head of Household	
Non-Hispanic			

Marital status: Single Married Divorced Separated Widowed

Applicant sex: Male Female

Co-applicant sex: Male Female

Check all languages spoken in the home:

English Spanish Other: _____

Date Received:



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INCOME INFORMATION:

List all people in the household regardless of age. Complete income information for everyone 18 years of age or older *as well as* unearned income for minors e.g. SSI. Attach more paper if necessary. Anyone age 18 or older who reports no income will be asked to sign a zero-income statement.

Household Member Name	Age	Income	Source
Person 1:			
Person 2:			
Person 3:			
Person 4:			
Person 5:			

REQUIRED DOCUMENTATION

Verification papers are required for all forms of household income including:

- Paystubs covering two most recent months
- IRS tax form 1040 submitted for prior two years or verification of non-filing
- Unemployment insurance, disability, or workman’s compensation
- Current award letters for social security, supplemental security income (SSI), aid to families with dependent children (AFDC)
- Current pension statement
- Child support

Indicate below any changes of income status as a result of circumstances such as marriage, divorce, death, etc. Documentation is required.

ASSET INFORMATION

Mark whichever asset(s) apply to your household. Verification documentation will be requested.

- | | |
|---|---|
| <input type="checkbox"/> Certificate of deposit | <input type="checkbox"/> 401k or other retirement account |
| <input type="checkbox"/> Checking account | <input type="checkbox"/> Personal property investments |
| <input type="checkbox"/> Savings account | <input type="checkbox"/> Real estate other than your home |
| <input type="checkbox"/> Stocks or bonds | <input type="checkbox"/> Revocable trust |

Assets belonging to household members will be counted to the extent of their potential cash value.



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TYPE OF HOUSEHOLD REPAIRS REQUESTED

All repairs must be exterior. Select a maximum of 5 of the listed repairs needed for your property in order of importance (**1 being The Highest**):

- _____ Window/Glass
- _____ Private Sanitary Sewer Repair/Improvements
- _____ Tuck Pointing of Mortar Foundation
- _____ Electrical
- _____ Door(s)
- _____ HVAC
- _____ Roofing
- _____ Plumbing
- _____ Flashing or Gutter
- _____ Siding repair
- _____ Paint
- _____ Bathroom repair
- _____ Porch or Steps
- _____ Other, please explain:

Note: All structures built before January 1, 1978 will be subject to HUD's lead-based paint regulations (24 CFR Part 35). Please contact Project Lead-Safety KC at 816-513-6048 for information.



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PLEASE INITIAL EACH STATEMENT AND SIGN AT THE BOTTOM OF THIS PAGE:

_____ I hereby submit this application to Westside Housing Organization for the Minor Home Repair Program. I further certify that all ownership, occupancy and income information provided is true and correct.

_____ I understand that the employment and income information provided above is subject to verification by the Westside Housing Organization. I agree to submit to Westside Housing, upon request, any additional documentation for employment and income verification.

_____ I understand that the estimate of my total annual household income for the next 12 months as well as my income from assets is what determines my income eligibility for this program. Per federal requirements, the income information provided will be used by Westside Housing Organization to estimate my annual household income level for a period of 12 months immediately following the receipt of my application.

_____ I hereby grant permission to Westside Housing Organization’s Minor Home Repair Program supervisors, employees and contractors Westside Housing Organization may use to enter the above mentioned premises to perform work under the Minor Home Repair Program. I also agree to sign the legal agreement as required by Westside Housing Organization and further certify that I have legal authority to authorize Westside Housing Organization to perform said services.

I, 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

Westside Housing Organization is an equal-opportunity community and does not discriminate against any individual based on race, color, creed, national origin, sex, ancestry, age, marital status, or disability.