

Dear Homeowner:

Thank you for your interest in the **R.A.M.P.** home improvement program. Please find below a list of additional information needed in order to determine your eligibility for participation in the program:

- Copy of the last two year's federal tax return or a Letter of Non-Filing from the IRS
- Copy of the last two year's W2s
- Two most recent paystubs or verification of other income
- □ Copy of *Warranty Deed*
- □ Copy of the **Declarations Page** showing *current property insurance*
- Current Mortgage Statement or Deed of Release
- Copy of current Paid Tax Receipt from Jackson County for the property or the most recent Year-end Statement of Mortgage
- Social security numbers of all residents
- □ Copy of State issued ID (Required)
- □ Copy of W-2 tax form.

If you have any questions regarding the requested documents, please contact Victor Velasco at 816-293-2750 or <u>vvelasco@westsidehousing.org</u>. We look forward to working with you.

Sincerely,

Victor Velasco Home Repair Specialist



CHARTERED MEMBER Providing decent, safe and affordable housing

Date Received:



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

## **RAMP** Program Application

Westside Housing Organization

919 W 24th Street, Kansas City, MO 64108

816-221-0286 | vvelasco@westsidehousing.org

Full Name:				
Street Address, City & Zip:				
Phone/Type:	Phone/Type:			
Email:				
Preferred Method of Contact: Email Mail Phone				
Other Titled Owner(s):				
Marital Status: Married Unmarried	Hispanic? 🗌 Yes 🗌 No			
Ownership: Single-family Multi-family* Other (condo/coop) *Complete addendum, page 3.				
Is any household member in the U.S. Armed Forces? Active Veteran No				

Mark at least one selection that best describes your household racial characteristics.

One Race Household		Multiracial Household	
White		American Indian/Alaskan Native & White	
Asian		Asian & White	
Black/African American		Black/African American &White	
American Indian/Alaskan Native		American Indian/Alaskan Native & Black/African American	
Native Hawaiian/Other Pacific Islander		Other Multiracial	

Please list requested repairs for your property.



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Please list all persons living in the household, showing name, age, social security number, and yearly income by source.

Household Member Name	Age	SSN	Income	Source

Total Household Income: \$\_\_\_\_\_

Verification papers are required for all forms of household income and should include: last year's Federal 1040 income tax return, award letters for Social Security/SSI/AFDC/pension, unemployment insurance, disability or worker's compensation and any other income. The total income (gross income before deductions and withheld taxes) must include all income received by all persons 18 years of age or over living in the household.

I hereby certify that I am the occupant of said property, and that the income I stated above represents the total household income for the year preceding this application. The income information provided above is subject to verification by the Westside Housing Organization on behalf of the Tax Increment Financing Commission of Kansas City. I agree to submit, upon request, copies of last two year's Federal tax returns.

I/We, the undersigned, do hereby swear under penalty of perjury that all information contained on this application is true and correct to the best of my/our knowledge and behalf.

**Applicant Signature** 

Date

**Co-Applicant Signature** 

Date



Addendum for multi-family applicants on	ly (2-12 units)
Legal name of business if different from applicant:	
Property address:	
Number of units in building: Amount held in Replacem	ent Reserve: \$
Name of Financial Institution and Account #:	
I hereby certify that I am the owner of said property, and that the replace accurate as of my last bank statement.	ement reserve I stated above is
The financial information provided above is subject to verification by the behalf of the Tax Increment Financing Commission of Kansas City, Misso copies of pertinent bank statements and copies of the last two year's fede if applicable.	ouri. I agree to submit, upon request,
I/We, the undersigned, do hereby swear under penalty of perjury that al application is true and correct to the best of my/our knowledge and beha	
Owner Signature	Date
Co-Owner Signature	Date