

CDBG Home Accessibility Program Application



About the program:

The City of Leavenworth administers the Home Accessibility Program with Community Development Block Grant (CDBG) funding. CDBG funds are federal funds that the City receives as an entitlement city through the Department of Housing & Urban Development (HUD). The program is subject to federal guidelines and regulations. This program is centered on accessibility needs in a home for homeowners or renters that have no other means for their accessibility needs.

The purpose of this program is to assist low and moderate income homeowners or renters, within the corporate bounds of the City of Leavenworth, to make accessibility safety repairs, placement, or replacement to their residences to assist in sustainability of a safe and healthy home.

- Qualified applicants in the low income tier can receive up to \$13,000 in accessibility.
- Qualified applicants in the moderate income tier can receive up to \$10,000 in accessibility.
- Amount awarded will be determined by the program administrator based on project evaluation, federal regulations, and program guidelines.

Minimum qualifications for the program:

1. The home must be within the corporate bounds of the City of Leavenworth.
2. The applicant must meet the current HUD Income Limits guidelines set by HUD for low/moderate income. See page 3. All members of the home are included. Documentation must be able to be provided.
3. The applicant must be the current homeowner and occupant for a minimum of one year OR a renter with a current lease. Renters must have permission from the owner of the property with use of the Landlord Agreement Form. The Landlord Agreement Form is the last page of this packet.
4. The property cannot be held in a trust. Property including an additional rental unit is not eligible.
5. If the applicant is the homeowner, the home must be the only property owned by the applicant and co-applicant.
6. Prior award with the use of CDBG funds to the homeowner or renter disqualifies the applicant from receiving further CDBG award for 10 years. However, if the prior award was under \$2,000, the applicant may apply. Further details of program guidelines will be reviewed with the applicant, if eligible.
7. The property cannot be in the 100 year flood plain and is subject to an environmental review.
8. Manufactured homes or trailers may be considered if it is skirted or attached to a permanent foundation. In all cases, accessibility cannot be constructed that values more than the value of the home.

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Eligibility Self-Check:

Before you complete the Home Accessibility Program application, **please read** the program information in its entirety and complete the following self-check to determine if you are eligible for this program.

QUESTION		ELIGIBILITY CONSIDERATIONS
Do you rent OR own <u>and</u> occupy a single-family home within Leavenworth City limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	You are not eligible for this program if you do not rent OR own and occupy a single-family home, located within Leavenworth city limits, which you are applying for.
If you are a renter, is the homeowner willing to complete the Landlord Agreement Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	If the homeowner is not willing to agree to accessibility made to the home then the City of Leavenworth will not be able to assist. Please contact the CD Coordinator at 913-680-2628 to discuss other possible suggestions.
If you are the homeowner, is this single-family home your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	If you own more than one property and the referenced single-family residential unit is not your primary residence, you are not eligible for this program. Title search is conducted as part of the application processing.
Do you or any of your household members also own or co-own other real estate anywhere in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you or any members of your household own/co-own other real estate, regardless of its location, you must report it as part of your household assets.
Are you an owner or a co-owner of a business (including an online business) or any household member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership/co-ownership of a business means that business income must be included in the household income for eligibility determination regardless of who the household member is.
Have you previously received a CDBG award within the last 10 years OR if you are a renter, did the homeowner previously receive a CDBG award in the last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you and/or the homeowner received a previous award in the last 10 years that was more than \$2,000 then you are not eligible for the program.
Are any of the needed accessibilities covered under a current insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you don't know, contact your insurance company to find out first. If the accessibility needs are covered under an insurance policy, you should not apply for the Home Accessibility Program.
Was the home built before 1978?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES", the home is subject to Lead-based Paint regulation compliance, which means that a Lead-based Paint inspection and abatement may be required.

Information above is not intended to be inclusive for eligibility determination.

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HUD Income Limits:

Household Size	Low Income	Moderate Income
1 Person	\$36,100	\$57,750
2 Persons	\$41,250	\$ 66,000
3 Persons	\$46,400	\$ 74,250
4 Persons	\$51,550	\$ 82,500
5 Persons	\$55,700	\$ 89,100
6 Persons	\$59,800	\$ 95,700
7 Persons	\$63,950	\$ 102,300
8 Persons	\$68,050	\$ 108,900

Figures are adjusted annually by the Department of Housing and Urban Development; current rates are effective April 1, 2024.

Notice: Department of Housing and Urban Development (HUD) program income limits and qualifications are subject to change without notice. Additional conditions and limitations to this program are in effect. This program is funded by HUD’s Community Development Block Grant Program (CDBG) and is conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-3619), and implementing regulations.

Radon:

Radon is a decay product of naturally occurring radioactive elements in the soil, and is a colorless, odorless gas. The radon gas can enter surface soils and become part of the “soil gas” environment, which then can enter the air, including air inside of buildings. When radon enters a building, radon and its decay products are either directly inhaled or inhaled after becoming attached to dust. The risk of contracting lung cancer from radon increases with an increase in the concentration of radon in the air.

HUD regulations at 24 CFR 50.3(i) and 58.5(i)(2) require all property to be free of contamination where a hazard could affect the health and safety of occupants or conflict with the intended use of the property. Section 50.3(i) states that “It is HUD policy that all property proposed for use in HUD programs be free of hazardous materials, contamination, toxic chemicals and gasses, and radioactive substances, where a hazard could affect the health and safety of occupants or conflict with the intended utilization of the property”.

The CDBG Home Repair/Accessibility Program is conducting a radon analysis, beginning 7-1-23, for all homes that qualify for the program. **If you are the homeowner, do you agree to allow radon testing in your home for data collection and further discussion of possible radon mitigation?** Yes No Not Applicable, I am the renter. **If you are the homeowner and do not agree to testing, please advise why.** _____

An additional \$1,000 is available to approved applicants for radon mitigation.

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How to Apply:

1. Read the entire packet. Fill out the entire application. Call our office at 913-680-2628 if you have questions.
2. Complete the **Eligibility Self Check** on page 2 of this packet and answer the **radon question** on page 3 of this packet. Have the **Landlord Agreement Form**, page 9, completed, if you are a renter.
3. Submit your last filed IRS federal tax forms, 1040. If your income was below the required to file, then our office has a *Certificate of Non-Filing* available.
4. Submit all income verification at your appointment. Listed below are some sources of income for you to consider, however, all income will be required to be acknowledged and provide documentation.
 - a. pay stubs for the last two months unless your income is variable, then 3 months will be required
 - b. annual social security determination letter
 - c. letter of eligibility for annuity or pension
 - d. document determining received child support and/or alimony
 - e. unemployment or disability determination letter
 - f. statement of interest earning for the last two years from all accounts
 - g. If there are adult members of the household that have no income then our office has a *Certificate of Zero Income* that will need to be completed.
5. Call 913-680-2628 to set up application review & submission. We can also assist in making copies of your documents needed to apply for this program at your appointment time so that you can keep your originals.
6. The application cannot be accepted or processed until staff verifies receipt of all documentation required. **Please do not** attempt to drop off documents or applications without making an appointment. **Please do not** attempt to email your documents or application. The attachments will not be opened or accepted.

Do you have questions or want to discuss if your particular circumstances qualify? If so, please call 913-680-2628. An appointment is required for application submission.

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Applicant Name: _____
Last First Middle Initial

Co-applicant Name: _____
Last First Middle Initial

Applicant Telephone: Home: (____)-____-____ Cell: (____)-____-____

Email: _____

Address of Accessibility Needed: _____

Is the above address your mailing address? ____ Yes ____ No

If not, what is your mailing address? _____

Do you own home that is in need for accessibility? ____ Yes ____ No

If yes, what year did you purchase the home or what year were you added to the title? _____

If you are not the owner, who is the owner? Please provide the owner's name, address, phone number, and any further contact information that you have. *(The rental management company information cannot be accepted in lieu of the owner's information, but may be offered as additional information.)*

Accessibility Needed:

All accessibility must be needed for health and/or safety purposes. Cosmetic repairs are not eligible for this program.

Please select from the list of accessibility needs to the property.

____ Grab Bars ____ Wheelchair Ramp ____ Staircase Rails ____ Other

Please indicate, in as much details as possible, what accessibility needs you are seeking assistance for. _____

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Statistical Data for Government Monitoring Purposes:

***Please note:** HUD requires the City of Leavenworth to report the following information for all grant recipients. HUD encourages self-reporting, but you are not required to furnish the following information. Answers have no effect in qualifying for the program or not. Information is captured for statistical purposes.

***Please select at least one from the following list that best describes your household racial characteristics.** A **household** is defined as all persons occupying the same housing unit, regardless of their relationship to each other. The occupants could consist of one family, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Asian and White | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> American Indian/Alaskan Native and Black/African American | <input type="checkbox"/> Other Multi-Racial |

***Are you also Hispanic?** Yes No

***Is a female Head of Household?** Yes No

Household Members:

List the Head of Household (HoH) as number 1, and all members who live in your home. Give relationship of each member to the HoH, each member's age, and indicate if they are disabled. Attach a separate sheet for additional members.

Member #	Full Name	Relationship to HoH	Age	Disabled Y/N
1 (HoH)				
2				
3				
4				
5				
6				
7				

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Income of Household Members:

List gross income of all members in the household, 18 years of age and older. Incomes should be a 12-month total from the most recent 12 months or from the most recent tax return filing period. All income must be verifiable and proof must be supplied at the appointment to submit this application. Per federal requirement, this information will be used by the City to estimate your annual household income level to determine your income eligibility.

Source	Applicant	Co-Applicant	Other Household Member
Salary/Wages	\$	\$	\$
Business Income	\$	\$	\$
Social Security (SSI or SSD)	\$	\$	\$
Pension or Retirement	\$	\$	\$
Unemployment	\$	\$	\$
Workers Compensation	\$	\$	\$
Welfare	\$	\$	\$
Other	\$	\$	\$
***Alimony or Child Support	\$	\$	\$

***Please provide the Case Number and County where alimony and/or child support court order was filed. Please provide a copy of divorce decree that outlines child custody and/or support payments.

Indicate any recent changes of income status as a result of circumstances such as job loss, divorce, death, etc. Documentation is required.

Assets of Household Members:

Type of Asset	Current Estimated Cash Value	Annual Income (interest, dividends)	Bank or Investment Company Name
Checking Account	\$	\$	
Savings Account	\$	\$	
Stocks, Bonds, IRA, etc	\$	\$	
401(k) or other retirement/pension	\$	\$	
Other	\$	\$	

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City Information:

How did you hear or learn about the CDBG Home Accessibility Program? _____

Is any member of your household currently working as a City of Leavenworth employee? ____Yes ____No

Is any member of your household a relative of a City of Leavenworth employee? ____Yes ____No

Have you, the property, or property owner received a grant from the City of Leavenworth or the State of Kansas for home buying assistance or house repairs? ____Yes ____No If yes, what year? _____

Acknowledgement of General Terms:

I/we hereby submit this application to the City of Leavenworth, Kansas, for the Home Accessibility Program. I/we further certify that all ownership, occupancy, rental, and income information provided is true and correct. I/we agree that if I/we are not the homeowner, then the Landlord Agreement Form must be completed to submit this application.

If the approving staff determines that a grant cannot be made for the purposes described herein, I/we understand that the City shall provide no assistance for this project.

I/we agree not to discriminate upon the basis of race, color, creed or national origin in the future sales, lease, rental, use, improvement or occupancy of the real property rehabilitated with assistance from this grant.

I/we understand that all information, including employment and income information, provided is subject to verification by the City of Leavenworth, Kansas. I/we agree to submit to the City, upon request, any additional documentation.

I/we hereby grant permission to the City of Leavenworth's staff and contractors to enter the above-mentioned premises to perform work and inspections for the Home Accessibility Program.

By my/our own signature(s), I/we acknowledge receipt of, have read, and understand the City's Home Accessibility Program Application to its entirety and I/we agree to abide by the program terms, contract documents, and applicable city codes. Further, I/we acknowledge that this program is funded with federal funds and is subject to federal regulations.

I/we agree that all questions have been answered by Leavenworth City staff and I/we acknowledge to communicate any further questions or concerns.

I/we, 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.

_____ Date: _____

Applicant Signature & Printed Name

_____ Date: _____

Co-applicant Signature & Printed Name

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Landlord Agreement Form

The landlord/owner of _____

(location of accessibility needed - Address, City, State and Zip Code)

is requested to provide their signature on this form to document their permission, in advance, for the accessibility modifications listed in this application. As the landlord/owner of this property, I have a tenant(s) by the name(s) of _____ that have advised they are applying for accessibility assistance to the home address listed above. I am aware that the said tenant(s) have applied for the following accessibility needs:

This form also reflects the landlord/owner's awareness of the tenant's right under the Fair Housing Act to make reasonable accessibility modifications in an existing rental unit. The intent in the Fair Housing Amendments Act of 1988 is that the vast majority of accessibility improvements made in existing rental units remain to benefit future tenants.

Please list below any accessibility modifications that must be restored to the condition that existed before the modifications, reasonable wear and tear accepted. ***The tenant(s), not the Home Accessible Program or City of Leavenworth, is responsible for any restoration.***

Landlord/Owner (please print): _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

Landlord/Owner Signature

Notary Public Signature

Landlord/Owner Printed Name

Notary Public Printed Name

My appointment expires:
