

Attention Homeowners!

Up to \$9,500 Available for Home Repairs!

Comprehensive (whole house) repairs	Addressing issues throughout the house	Emergency & Accessibility Modifications
Mobile Home Emergency & Accessibility Repair	Emergency: Heat, A/C, Sewer Line, Roof, etc.	Accessibility: Ramps, handrails, showers, doorways, etc.



Plumbing



Age-in-Place Improvements



Structural Repairs



Painting



Heating & A/C



Electrical



Doors & Windows



Accessibility Upgrades



Roofing

Plus – Radon Testing & Abatement and Lead-Based Paint Mitigation



Start the Conversation at:

Cowley First
311 E. 9th Ave,
Winfield KS 67156
Phone: 620-221-9951

Email: jfalk@cowleycountyks.gov



For more information about the program:

<https://www.cowleycountyks.gov/departments/EconomicDevelopment/Housing>

Exhibit 1

GUIDELINES

Cowley County Housing Rehabilitation Program

[Based on Median Income for Cowley, Kansas](#)

Income Targeting:

Units at or below 50% of the area median income or \$37,200

Units at or below 60% of the area median income or \$30,000

Units at or below 80% of the area median income or \$61,650

Underserved Communities and Populations:

Special Needs & Elderly

* Limits are adjusted annually by the Department of Housing and Urban Development.
Current rates effective 2023.



Cowley County Affordable Home Rehabilitation Program Application

A. APPLICANT INFORMATION									
Applicant Name: (Last, First, Middle)					Email:				
					Home/Cell Phone:				
Social Security Number:					Applicant's Date of Birth:				
Present Street Address & Mailing Address (i.e. PO Box)					City		State		Zip Code
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated					Number of Dependents				
If unmarried, check: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner									
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse of Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Name(s):									
Employer Address(es):									
Business Phone(s): ()					Position/Title(s):				
If not employed, are you?: <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired Other (specify): _____									
B. CO-APPLICANT INFORMATION									
Applicant Name (Last, First, Middle)					Email:				
					Home/Cell Phone:				
Social Security Number:					Applicant's Date of Birth:				
Present Street Address & Mailing Address (i.e. PO Box)					City		State		Zip Code
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated					Number of Dependents				
If unmarried, check: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner									
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse of Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No		Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer Name(s):									
Employer Address(es):									
Business Phone(s): ()					Position/Title(s):				
If not employed, are you?: <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired Other (specify): _____									
C. HOUSEHOLD COMPOSITION (List the Head Of Household (HOH) as number 1, and all others who live in your home. Give relationship of each family member to the head, each member's age, the last 4 digits of their social security number and indicate whether disabled.)									
Member #	Full Name	Relationship	Age	Last 4 of SSN	Disabled Y/N				
1 (HOH)									
2									
3									
4									
5									
6									
7									
8									
D. HOW DID YOU HEAR ABOUT THIS PROGRAM:									
<input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Neighbor <input type="checkbox"/> Community Official <input type="checkbox"/> Public Meeting <input type="checkbox"/> Utility Bill <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Radio Ad <input type="checkbox"/> Poster/Brochure Other: _____									
PLEASE SPECIFY WHICH PROGRAM YOU ARE APPLYING FOR:									
<input type="checkbox"/> Comprehensive Rehabilitation <input type="checkbox"/> Emergency or Accessibility Rehabilitation <input type="checkbox"/> Mobile Home Emergency or Accessibility Rehabilitation									

E. ANNUAL INCOME					
Source	Applicant		Co-Applicant		Other Household Member(s) 18 years or older
Salary					
Overtime Pay					
Commissions					
Fees					
Tips					
Bonuses					
Interest and/or Dividends					
Net Income from a Business					
Net Rental Income					
Social Security (including SSI or SSD)					
Pension(s)					
Retirement Funds					
Unemployment Benefits					
Workers Compensation, etc.					
Alimony and/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 support payments.	Amount/Mo.: \$		Amount/Mo.: \$		Amount/Mo.: \$
	Case #:		Case #:		Case #:
	County:		County:		County:
	<input type="checkbox"/> Check if Child Support		<input type="checkbox"/> Check if Child Support		<input type="checkbox"/> Check if Child Support
	<input type="checkbox"/> Check if Alimony		<input type="checkbox"/> Check if Alimony		<input type="checkbox"/> Check if Alimony
Welfare Payments (TANF, Food Stamps, ADC, etc.)					
Other					
TOTALS:					

F. ASSETS				
Type	Current Estimated Cash Value of Acct	Annual Income (i.e. interest, dividends)	Bank or Investment Company Name & Address	Account #
Checking Account(s)				
Savings Account(s)				
Credit Union Account(s)				
Certificate(s) of Deposit				
Stocks, Bonds, IRAs, etc.				
401(k) or other retirement /pension accounts				
Life Insurance Policies				
Other Assets/Investments				
Home Mortgage Balance:		Estimated Value of Home:		

G. LIABILITIES & UTILITIES (List outstanding obligations (your debts) including auto loans, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans. Also list your monthly utilities, with average payment amount. Please attach a separate piece of paper if necessary.)

Type	Creditor's Name	Utilities (Gas, Electric, Cable, Trash)	Monthly Payment	Unpaid Balance	Due Date

H. MONTHLY HOUSING EXPENSES

Item	Monthly Payment	Unpaid Principal Balance	Balloon Payment <input type="checkbox"/> Yes <input type="checkbox"/> No	Balloon Amount \$ _____	Date Due
a. First Mortgage (P & I)	\$ _____	\$ _____	Describe any special circumstances relative to your housing or its financing:		
b. Other Financing secured by property (P & I)	\$ _____	\$ _____			
c. Hazard & Flood Insurance	\$ _____	\$ _____			
d. Real Estate Taxes	\$ _____	\$ _____			
e. Other (Please Specify)					
f. TOTAL	\$ _____	\$ _____			

List the modifications, updates, and repairs you feel are needed for your property:

I. OTHER PERSONS: Please identify anyone who will advise or assist you regarding the Rehabilitation application and processes:
 Name: _____ Best Contact: _____ Relationship _____

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification, and that it may be a federal crime to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

Applicant

Date

Co-Applicant

Date



I. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, whether you choose to furnish it or not. *If you furnish the information, please provide both ethnicity and race.* For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish this information, please check the box below. Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject to under applicable state law for the particular type of loan applied for.

<u>BORROWER</u>	<u>MEMBER # 2 or CO-APPLICANT</u>
<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other</p> <p>Race: <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 & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & <input type="checkbox"/> Other Multi-Racial</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: Specify _____</p> <p>Veteran: <input type="checkbox"/></p>	<p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other</p> <p>Race: <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 & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & <input type="checkbox"/> Other Multi-Racial</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: Specify _____</p> <p>Veteran: <input type="checkbox"/></p>
<u>MEMBER #3</u>	<u>MEMBER #4</u>
<p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other</p> <p>Race: <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 & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & <input type="checkbox"/> Other Multi-Racial</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: Specify _____</p> <p>Veteran: <input type="checkbox"/></p>	<p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Other</p> <p>Race: <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 & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & <input type="checkbox"/> Other Multi-Racial</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: Specify _____</p> <p>Veteran: <input type="checkbox"/></p>

I. INFORMATION FOR GOVERNMENT MONITORING PURPOSES (Continued)

MEMBER #5

- Ethnicity:** Hispanic or Latino
 Other
- Race:** White
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native & White
 Asian & White
 Black/African American & White
 American Indian/Alaskan Native & Black/African American
 Other Multi-Racial
- Sex:** Female
 Male
 Other: Specify _____
- Veteran:**

MEMBER #6

- Ethnicity:** Hispanic or Latino
 Other
- Race:** White
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native & White
 Asian & White
 Black/African American & White
 American Indian/Alaskan Native & Black/African American
 Other Multi-Racial
- Sex:** Female
 Male
 Other: Specify _____
- Veteran:**

MEMBER #7

- Ethnicity:** Hispanic or Latino
 Other
- Race:** White
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native & White
 Asian & White
 Black/African American & White
 American Indian/Alaskan Native & Black/African American
 Other Multi-Racial
- Sex:** Female
 Male
 Other: Specify _____
- Veteran:**

MEMBER #8

- Ethnicity:** Hispanic or Latino
 Other
- Race:** White
 Black/African American
 Asian
 American Indian/Alaskan Native
 Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native & White
 Asian & White
 Black/African American & White
 American Indian/Alaskan Native & Black/African American
 Other Multi-Racial
- Sex:** Female
 Male
 Other: Specify _____
- Veteran:**

Income and Assets Documents

Applicants,

Housing Rehab Assistance is based on income qualifications for low- and moderate-income homeowners. The County must confirm income eligibility through the use of some of the following documents. Please provide the most current copies of the documents that apply to you along with your application.

Please remember all income qualification is based on the “Total Gross” income amount before taxes. Failure to provide these documents will result in a delay of an assessment of your application.

- Paystubs: 3 months (Current) if applicable
- Most Current Social Security Benefits
- Most Current Pension Benefits
- Life Insurance –verification of Current Value
- Checking-3 months statement
- Savings-3 months statement
- Credit Union-3 months statement
- IRA, Stocks, Bonds, 401K, CD/other investments
- Other assets
- Public Assistance
- Child Support / Alimony income plus documents
- Any miscellaneous income
- Current Tax Return Statement
- Proof of Homeowners Insurance
- Water Bill
- Gas Bill
- Electric Bill

Attention Mobile Homeowners: Provide an Official Duplicate of your title for qualification purposes.

If you cannot provide copies of requested official documents or statements from specific institutions or agencies, City Staff will provide you the appropriate release form(s), and City staff will attempt to collect the information directly from the financial institution or agency.