



ACCESSIBILITY GRANT PROGRAM

A. Eligibility Requirements

1. The property must be located within the city limits and not within a designated flood plain area.
2. The property must be a single-family residence and be owner-occupied. The applicant must be the owner and occupant of the property for a minimum of one year prior to application.
3. If the residence is a mobile home, Kansas Certificate of Title must be provided showing purchase date, owner, and lien holder (if any). Applicant must be current on lot rent (if any).
4. The applicant must be current on mortgage payments.
5. The applicant must have an adequate homeowner's insurance policy in force at the time of the property rehabilitation.
6. Payment of property taxes must be current.
7. If the need is for a person other than the homeowner, the person shall be related to the homeowner by blood, marriage, adoption, guardianship, or comparable legal arrangements for a long term nature. Copies of legal documents may be required.
8. A physician's statement or other documentation describing the accessibility need may be required, and should reflect basic, reasonable modifications. The statement should indicate the specific benefit as related to the disability, without actually disclosing a diagnosis.
9. The structure for which the application is being made cannot have participated in the Deferred Loan Program or the Emergency Repair Program within the preceding 5 years, *unless* there has been a documented change of circumstances triggering an accessibility need.
10. The property may participate in the Accessibility Program only one time. Exceptions may be made based on a change in circumstances (different family member, etc.), subject to administrative approval, but with a combined maximum of \$5,000.00 total from the program.
11. Applicant must meet the income guidelines at the time of the qualification process. Applicant's gross household income from all sources may not exceed 80% of median income. Income guidelines are provided by HUD and are as follows*:

*Subject to change at any time

Family Size	1	2	3	4	5	6	7	8
80% of Median	\$41,900	\$47,900	\$53,900	\$59,850	\$64,650	\$69,450	\$74,250	\$79,050

12. The Housing Services Staff shall determine whether the proposed work is necessary and appropriate based on the policies and procedures.
13. The Housing Services Staff shall determine whether the property is of sufficient value to warrant the grant based on the policies and procedures.
14. Program policies may be waived and/or modified at any time by Housing Services Manager.

B. Eligible Use of Funds

Funds may be utilized for the installation or modifications of items listed below. Applicant may be required to submit medical documentation of the specific accessibility need. Some examples are listed below.

- Doors widened if structurally feasible.
- Connecting exterior door or housing unit to grade level.
- Access ramps.
- New bathroom facilities to accommodate a wheelchair.
- Accessible kitchen cabinets.
- Handrails, guardrails, and grab bars.
- Zero entrance shower stalls.
- Handicap accessible toilets.
- As it is impossible to foresee all the possible needs of accessibility, other improvements may be deemed appropriate on a case-by-case basis.

C. Grant Limit per Property

1. A maximum of \$5,000 may be received through the program. If bids come in over the program funds available for the project, the homeowner may be allowed to contribute personal funds to allow the project to go forward. This would be subject to administrative approval based on the severity of the need in relationship to safety issues.
2. Request to exceed the maximum amount must be made in writing and approved by the Housing Services Manager.

D. Payback Requirements

1. There are no pay back requirements for this program.

3/21/17



ACCESSIBILITY GRANT PROGRAM

1. Return a completed application to the office of Housing Services located at 200 W. Santa Fe St., Olathe, KS 6606,1 or mail a completed application to Housing Services P.O. Box 768 Olathe, KS 66051-0768. Telephone: (913) 971-6268, (913) 971-6274 or (913) 971-6260.
2. Attach documentation of household gross income. All documents listed on the attached sheet are required if they apply to your household.
3. After the Housing Services staff has determined your application is eligible, a staff member will contact you to schedule an appointment. Staff will complete an inspection of the home and verify the work to be completed.
4. Housing Services staff will schedule a time for the contractors to visit the home to provide a bid for the work to be completed.
5. After the application has been processed and the inspection has been completed, and contractors have provided bids, the Housing Services staff will advise the applicants when, and if, the project is approved and which contractor will be completing the work.
6. The Housing Services staff will then contact the awarded contractor and advise them to contact the homeowner to schedule the work.
7. The homeowner is responsible for advising the Housing Services staff when the work has been scheduled and completed so staff can conduct an inspection of the work.
8. Contractors must submit an invoice directly to the Housing Services Division to be processed and paid.

PLEASE ATTACH ALL INCOME DOCUMENTATION TO THE APPLICATION WHEN SUBMITTED. INCOME DOCUMENTATION IS REQUIRED FOR ALL INDIVIDUALS LIVING IN THE HOUSE OVER THE AGE OF 17 YEARS OLD.

3/21/17



CITY OF OLATHE, KANSAS HOUSING REHABILITATION DIVISION COMPLAINT PROCEDURE

The Housing Rehabilitation Programs administered by the City of Olathe, Kansas, encompasses many activities and is regulated by several laws, rules, and regulations.

One of the requirements of the programs is that citizens be allowed to voice their comments, criticisms, and suggestions. In order to provide the citizens of Olathe a procedure for voicing complaints with some assurance those complaints will receive a fair consideration, the City of Olathe has established the following procedure for hearing complaints regarding any part of the Housing Rehabilitation Programs:

1. If any person wishes to file a complaint about any aspect of the Housing Rehabilitation Programs, the complaint shall be in writing and addressed to the Housing Services Manager at 200 W. Santa Fe Street P.O. Box 768 Olathe, Kansas 66051-0768.
2. If the person filing the complaint does not get a satisfactory explanation from the Housing Services Manager, the complaint shall be addressed in writing to the Appeals Committee, which consists of the Housing Services Manager, a department representative from the Legal Department, and a representative from Johnson County Housing.
3. All complaints shall be submitted on a form provided by the Housing Services Division of the City of Olathe and shall be signed by the complainant(s).

Fair Housing

The program will insure that Fair Housing standards and policy are adhered to. The Fair Housing Act prohibits discrimination because of race, color, sex, religion, national origin, familial status or disability. For more information or to report a possible violation, visit www.hud.gov/fairhousing or call the HUD hotline 1-800-669-9777 or 1800-927-9275 (TTY).

SOURCES OF MONTHLY INCOME TO BE COUNTED AND DOCUMENTATION REQUIRED

SOURCES OF MONTHLY INCOME	REQUIRED DOCUMENTS
Wages, salaries, overtime pay, fees, tips, commissions, bonuses, & other compensation for personal services (before any payroll deductions)	Copy of most recent pay stubs
Child support payments	Copy of court order
Alimony	Copy of court order
Unemployment, worker's compensation, severance pay	Copy of pay stub/docs from payor
Welfare assistance	Letter of benefits from agency
Interest, dividends and other net income of any kind from real or personal property	Bank statements
Social Security	NEW benefit amount letter from Social Security
Annuities	Monthly payment statement
Retirement Funds	Monthly payment statement
Pensions	Monthly payment statement
Insurance Policies	Monthly payment statement
Disability or Death Benefits	Letter from Social Security or other payor agency
Net income from operating a business	Most recent state quarterly tax filing

MONTHLY INCOME NOT COUNTED – Documentation may be requested

- ✓ Food stamps
- ✓ Income from employment of children under 18 years of age
- ✓ Earnings in excess of \$480 for each full-time students 18 years or older (documentation of full-time school status required)
- ✓ Payments for foster care
- ✓ Lump sum payments such as inheritances, insurance payments
- ✓ Payments as reimbursements for medical costs
- ✓ Full amount of student financial assistance paid directly to a student or institution
- ✓ Refunds or rebates under state or local law for property taxes
- ✓ Amounts paid by state agency to family with member who has a developmental disability and is living at home

ACCESSIBILITY GRANT PROGRAM REQUIRED DOCUMENTATION

(The required documentation applies to all 18+ yr old adults in the household.)

If an item does not apply put N/A in the blank

Income Documentation

- _____ Current Years 1040 Tax Return Form (First two pages are required, additional exhibits may be requested.)
- _____ Personal Business Income
- _____ Rental Property Income
- _____ 3 current paycheck stubs from employment source
- _____ Unemployment Benefit Letter
- _____ Social Security Award Letter
- _____ Pension Award Letter
- _____ TANF Cash Assistance
- _____ Child Support Payments
- _____ Alimony Payments
- _____ Recurring Cash Contributions paid to you directly from friends, family, or organization
- _____ Payments made on your behalf from another party to help pay bills

Assets Documentation

- _____ 3 months of current checking account statements
- _____ 3 months of current savings account statements
- _____ Current IRA, Money Market, 401K, Retirement Funds, Mutual Funds, Stocks, Bonds, CDs, or any other type of Investment Account statement.
- _____ Appraisal documentation on any other property owned not including your primary residence

Additional Required Documentation

- _____ Current mortgage statement
- _____ Current Insurance Policy on the residence
- _____ Copies of Photo ID for everyone 18 and older residing in the household
- _____ Copy of City Code Citation – Required if requesting exterior maintenance repair

A physicians statement may be required indicating the specific need and benefit.





ACCESSIBILITY GRANT APPLICATION

1. APPLICANT INFORMATION

Name _____

Address _____ Olathe, KS. Zip Code _____

Telephone (home/cell) _____ (work) _____

Email _____

Applicant Characteristics: Circle and mark responses below.

Age _____ Head of Household: M _____ F _____ Number in Family _____

Does anyone in the household require a reasonable accommodation? Y _____ N _____

Must choose one category below:

White _____ Black/African American _____ Asian _____ American Indian/Alaska Native _____

Native Hawaiian/Other Pacific Islander _____ American Indian/Alaska Native & White _____

Asian & White _____ Black/African American & White _____

American Indian/Alaska Native & Black/African American _____ Other Multi-Racial _____

Must mark one: Hispanic or Latino Yes _____ No _____

Certification of Legal Residency:

Each person who will benefit under assisted housing programs must either be a citizen or national of the United States, or be a noncitizen that has eligible immigration status that qualifies them for assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

I certify that all household members are: (check one)

_____ a citizen or national of the United States

_____ an alien lawfully present in the United States

Are you now or have you been a City of Olathe employee? Yes _____ No _____

If yes, department and dates: _____

Now or in the past, has a family member been a City of Olathe employee? Yes _____ No _____

If yes, department and dates: _____

Is this application in response to getting a City Code Citation? Yes _____ No _____

2. **HOUSEHOLD COMPOSITION**— List all family and non-family members, including yourself, residing with you currently or shall reside with you in the next 12 months as a participant in this program. Include roommates, co-habitants and friends or acquaintances.

<u>NAME</u>	<u>AGE</u>	<u>SOCIAL SECURITY #</u>	<u>DATE OF BIRTH</u>

3. **EARNINGS or INCOME (during past 12 months):** Employment, Unemployment, Business Earnings, Self Employment, Real Estate Rental, Social Security, Pensions, Annuities, Child Support, Alimony, Welfare, Recurring Cash Contributions. Specify Income as Weekly, Bi-weekly, Monthly, Temporary, No Longer Receiving, etc. **Please return documentation of all household income with this application.**

<u>Name of Earner</u>	<u>Source</u>	<u>Pay Period; Wk, Bi-wk, Mo.</u>	<u>Hourly Rate/ Salary</u>	<u>Annual Income</u>

4. **ASSETS:** List all Liquid Assets such as any Bank Accounts (checking, saving, and CD's), Stocks, Bonds, Funds, etc., and other Real Estate or Business Interests. **Please return previous 3 months complete bank statements for each account.**

<u>Name and/or Address</u>	<u>Account Type</u>	<u>Current Balance</u>	<u>Annual Income</u>

5. **Describe the Accessibility work you would like completed on your house:**

6. **PROPERTY DETAILS:**

- Is there a mortgage on the property? Yes_____ No_____
- Is there a 2nd mortgage on the property? Yes_____ No_____
- Are you participating in a reverse mortgage? Yes_____ No_____
- Are you current on your mortgage payments? Yes_____ No_____
- Have you ever participated in any of the following programs through the City of Olathe?

(Please check the ones you have participated in or mark none).

Driveway Improvement Program _____ Paint Giveaway Program _____
 Accessibility Modification (Barrier Removal) Program _____ Emergency Repair Program _____
 Exterior Maintenance Program_____ Deferred Loan Program _____ None _____

7. **CERTIFICATIONS**

- A. Under penalty of law I do hereby acknowledge that all information in this application and all information furnished in support of this application are true and accurate. The applicant(s) understands that the City of Olathe may obtain verification from any source named herein for the purpose of verifying eligibility. If research shows that false information was willfully given, it shall be considered sufficient cause for rejection of the application and could require applicant(s) to reimburse the city for all or part of the expenses incurred and could lead to my prosecution by Federal, State, and/or Local officials and the repayment of the assistance received through this application. Applicant(s) also certifies that the home is owned by the applicant(s), and that the applicant(s) occupy the home as their primary residence.
- B. I hereby certify that I have been informed of Lead-Based Paint Hazards (if applicable) and that I have received a copy of the notice entitled: *Renovate Right – Important Lead Hazard Information for Families, Child Care Providers and Schools.* (Please keep attached information.)
- C. I hereby certify that I will not discriminate upon the basis of race, color, religion, sex, disability, familial status, or national origin in the sale, lease, rental, use, or occupancy of the property to be improved through financial assistance provided from the Community Development Block Grant (CDBG) or HOME Investment Partnerships (HOME) program of the City of Olathe.
- D. I give permission for the City of Olathe’s Housing Services Division to use pictures of the project and my residence in any future advertising or media releases for the program.

Date_____ X_____ _____
 Signature of Applicant

Date_____ X_____ X_____ _____
 Signature(s) of all household members 18+ years old or older

I hereby certify that the above-named applicant meets all eligibility criteria for this project.

Date_____ _____
 Signature of Coordinator

3/21/17



**2017 INCOME QUALIFICATION
FOR OLATHE CDBG FUNDED ACTIVITY**
(Must be filled out by Applicant each calendar year assistance is requested)

APPLICANT Last Name _____ First Name _____ Phone _____

Street _____ City _____ Zip _____

Including yourself, how many persons make up your household? _____

Is this a female headed household? Yes No Are you disabled? Yes No
Is the head of household elderly? Yes No (Age 62 or older)

ETHNIC ORIGIN - How many members of your household are Hispanic/Latino? _____

RACE - How many members of your household are: (Put number of persons in box.)

White Black/ African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

OR

Black/African American & White American Indian/Alaskan Native & White Asian & White
 American Indian/Alaskan Native & Black/African American Other Multi-racial

Please provide the following information for **ALL members residing in current residence, related or not, even if they did not have any income. ALL adult members must sign certification below.**

II. Name	Age	Sources of Income (see reverse)	Gross Annual Income

TOTAL GROSS (before taxes or deductions) PROJECTED ANNUAL INCOME \$ _____

Documentation of the income listed above must be attached to this application.

Certification

Under penalty of law I do hereby acknowledge that the information I have provided above is true and accurate and that this information is subject to verification by the agency and other entities providing funding for this project. I also acknowledge that the submission of false or inaccurate information could lead to my prosecution by Federal, State, and/or Local officials and the repayment of the assistance I receive through this application.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

A. FOR AGENCY USE ONLY

Income is at/below 30% between 30 - 50% between 50 - 80% of HUD Income Guidelines.

Please attach copy of CPD income eligibility calculator sheets completed online at: <https://www.onecpd.info/incomecalculator/>

Certification conducted by: _____ Date: _____

Printed Name: _____

OLATHE HOUSING SERVICES Housing Rehab Program

AUTHORIZATION FOR RELEASE OF INFORMATION

ALL ADULTS (18 & OVER) LIVING IN THE HOUSEHOLD MUST READ & SIGN THIS FORM

PURPOSE

The Olathe Housing Services Division, herein after referred to as "housing services", may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION

I/we authorize the release of any information, including documentation and other materials, necessary to verify eligibility for our participation under any housing assistance program administered by the housing service office.

I/ we authorize the housing office to obtain information about me or my family that is pertinent to the determination of my eligibility for or participation in housing programs, my level of benefits and verification of the true circumstances concerning myself and all members of my household.

I/we agree that photocopies of this authorization may be used for the purposes stated herein.

INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses	Social Services
Handicapped Assistance Expenses	Family Composition
Credit History	Social Security Numbers
Identity and Marital Status	Employment, Income, Pensions and Assets
Criminal History and Activity	Residences and Rental History
Law Enforcement Records	Federal, State, Tribal or Local Benefits
Probationary Records	Community Support Assistance
Medical Expenses	Employment Services
Educational, vocational and training services	Welfare Services
Alimony	Child Support
Mental Health Services	Substance Abuse Treatment

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE:

Banks and Other Financial Institutions	Local/State/Federal Courts
Local/State/Federal Law Enforcement Agencies	Medical Care Services
Credit Bureaus	Employers, Past and Present
Child Care Providers	Schools and Colleges
Mental Health & Substance Abuse	Landlords
Local Community Social Service Agencies	Utility Companies
State Welfare Agencies	

PRINT NAME: _____

PRINT NAME: _____

SOC SEC. #: _____

SOC SEC. # _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

ADDRESS: _____

ADDRESS: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____

