DEFERRED LOAN PROGRAM POLICIES

A. Eligibility Requirements

1. The property must be located within the Olathe city limits and not within a designated flood plain area.

2. The property must be a single-family residence and be owner-occupied for a minimum of one year prior to application, have required equity in the home, and current on payments with no delinquent payments over 30 days in the past 12 months. The homeowner cannot be participating in a reverse mortgage, lease to own contract, and/or a cooperative.

3. The residence cannot be a mobile home or a manufactured home that is not placed on a permanent foundation. Manufactured housing must meet the manufactured home construction and safety standards under HUD guidelines (24 CFR 3280).

4. The applicant must have an adequate and current homeowner's insurance policy in force at the time of the rehabilitation contract award, and agree to maintain the coverage for a period equal to the term of the promissory note and mortgage.

5. Payment of property taxes must be current. Income tax filings must be current and no outstanding debt owed toward past due for city, state, or federal taxes.

6. If applicant is married but living separately, documentation of the legal separation would be required.

7. All homes built before 1978 are required to be inspected for lead-based paint. If it is determined lead base paint is present, remediation costs will be included in the loan.

8. All homes will be tested for Radon, and if determined mitigation is required, those costs will be included in the loan.

9. The structure in which the application is being made, cannot have participated in the Deferred Loan Program offered by the City of Olathe in the past 10 years or have a current mortgage with the City of Olathe.

10. To secure the loan, the applicant must sign a Promissory Note and Mortgage for the amount of financial assistance.

11. Applicant (and household) must meet the income guidelines at the time of the qualification process. Income guidelines are established by HUD (subject to change).

<table>
<thead>
<tr>
<th>Family Size</th>
<th>80% of Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$41,900</td>
</tr>
<tr>
<td>2</td>
<td>$47,900</td>
</tr>
<tr>
<td>3</td>
<td>$53,900</td>
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<td>4</td>
<td>$59,850</td>
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<td>5</td>
<td>$64,650</td>
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<td>6</td>
<td>$69,450</td>
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<td>7</td>
<td>$74,250</td>
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<tr>
<td>8+</td>
<td>$79,050</td>
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</table>
12. The applicant must sign and return the "Terms and Conditions" statement (attached).

13. The Housing Rehabilitation staff shall determine whether the proposed work is necessary and appropriate per the policies and procedures and the property rehabilitation standards (attached). Program policies can be waived by the Housing Services Manager.

11. The Housing Services staff shall determine whether the property is of sufficient value to warrant the loan.

B. Eligible Use of Funds

1. Improvements necessary to eliminate hazards to health and safety, or cause damage to the structure or conditions that are likely to cause health and safety hazards or cause damage to the structure in the near future or do not meet code. All approved work must meet the requirements described in the Property Rehabilitation Standards (see attached). All materials, fixtures, or equipment of a type or quality which would exceed that customarily used in similar properties are not allowed. The purpose of the program is to bring properties back to minimum housing standards.

C. Loan Limit per Property

1. A maximum of $40,000 and a minimum of $5,000 may be received through the program if the homeowner has sufficient equity, and the total debt after the rehab does not exceed 125% of the appraised property value. Total debt includes the balance due on the current mortgage plus the rehabilitation cost. The property value will be determined by the Johnson County Appraiser’s Office, or the homeowner can provide an independent appraisal, at their expense.

2. The after-rehabilitation value of the home cannot exceed 95% of the area median purchase price for single family housing, as determined by HUD. (Amount is subject to change at any time)

3. If bids come in over the program funds available for the project, a homeowner may (with staff approval) contribute personal funds up to 10% ($4000 max) to allow the project to move forward. This will be a check, made out to the contractor, held in the staff safe (Housing Office) until final payment.

4. Request to exceed the loan limit in extenuating circumstances must be made in writing and approved by the Housing Services Manager.

5. Funds are limited to the amount necessary to make the improvement.
D. Payback Requirements

1. The financial assistance shall be in the form of a loan, which must be repaid when the recipient ceases to be an owner or occupant of the property improved.

2. No interest will be charged on loans, nor are there monthly payments required.

3. The loan will be forgiven 50% after 7 years of meeting the owner/occupant requirement. The remaining 50% is due in full when the recipient ceases to be an owner and/or occupant.

4. If the owner/occupant relinquishes the property and/or moves out prior to the 7 years (50% forgiveness), the loan will be due at 100%.
DEFERRED LOAN PROGRAM PROCEDURES

1. Return a pre-application to the office of Housing Services at 200 W. Santa Fe in Olathe (north entrance, Housing Office) or mail it to Housing Services, P.O. Box 768, Olathe, KS 66051. Telephone: (913) 971-6268 or (913) 971-6274.

2. When the pre-application has been received by the Housing Services Division, the homeowner will receive a letter verifying it has been received and they have been placed on the waiting list.

3. The staff will contact the homeowner when their application is nearing the top of the waiting list, and additional information will be requested to determine program eligibility. The required documentation is listed on the attached sheet.

4. After the Housing Rehabilitation staff has determined the application is eligible, a staff member will contact the homeowner to schedule an appointment to complete required signature documents and do a general walk-thru of the home.

5. After the general walk-thru, if the staff feels the program requirements can be met, a more extensive inspection will be scheduled with the homeowner, staff, consultants, building codes official and any other construction professionals required. This inspection will determine if the structure meets the requirements of the program and the scope of work and cost estimate for the project.

6. The scope of work and cost estimate is completed by the consultants and reviewed by the staff. The staff will then meet with the homeowner to review everything.

7. If the scope of work and cost estimate fall within the requirements of the program based on the program policies and procedures, the staff will prepare the project for bid to a list of qualified contractors to complete the work. The bidding process will also include a contractor’s walk-thru where the homeowner will be required to allow access to the home.

8. If the bids fall within the requirements of the program, the staff will follow program guidelines on awarding the subsequent winning bid(s) to the lowest qualified bidder. The homeowner will not be provided a copy of the line item bid until after the job has been completed.

9. A preconstruction meeting will be scheduled with the staff, the homeowner, and the contractor where the project will be reviewed and contract documents signed, to include a mortgage documentation and promissory note.

10. Construction will start within a reasonable period after the issuance of the contract signing or notice to proceed. Project-construction is expected to be completed within 60 days from start date unless extenuating circumstances arise and a change order to extend the contract time is processed.
11. Any anticipated changes in material, or specific descriptions, products, or procedures outside the details of the SCOPE, will be discussed with staff with the possibility of a signed “Change Order” needed by the homeowner, contractor, and staff.

12. Homeowner shall not arrange “side jobs” with the contractor and/or subcontractor(s) during the project. This would have the effect of blending warranty-covered-project work with work done outside the contracted project. Homeowner can hire them after the project contract is finalized.
PROPERTY REHABILITATION STANDARDS FOR THE HOUSING REHABILITATION PROGRAMS

SECTION 1 PURPOSE

The purpose of these standards is to provide minimum requirements for the protection of life, limb, safety, health, property, and welfare of the general public and the owner and/or occupants of residential property. These standards are subject to the Olathe City Code.

SECTION 2 PREMISES

a. All abandoned or unsafe wells, cisterns, basements, septic tanks, or excavations shall be filled and made safe.

b. Any accumulation of weeds, vegetation, junk, dead organic matter, debris, garbage, rat harborage, stagnant water, combustible materials, and similar materials or conditions which constitute fire, health, or safety hazards shall be removed or otherwise abated.

c. Any structurally unsound fences or structures shall be removed or repaired to a sound condition.

d. All materials are to have adequate drainage away from the structure to prevent water accumulation around the foundation.

e. All approved applicants with homes built before 1978 are required to be inspected for lead (called lead-based paint) hazards.

SECTION 3 STRUCTURE

a. Where foundations are deteriorated or inadequate, they shall be repaired and/or made to be sufficient to carry imposed loads with safety.

b. Flooring or floor supports shall be sound and of sufficient strength and size to carry imposed loads with safety.

c. Floor surfaces shall: (a) be appropriate to the use of the space; (b) be in acceptable condition; (c) provide reasonable ease of maintenance and service life; and (d) have a waterproof finish in spaces subject to moisture.

d. Members of walls partitions, vertical supports, roofs, ceilings, roof, and ceiling supports, and other horizontal members shall be sound and of sufficient strength and size to carry imposed loads with safety.
e. All interior walls, trim and ceilings shall have: (a) a finished surface without major irregularities or cracking; (b) a waterproof and hard surface in spaces subject to moisture; (c) a suitable base for painting or other decoration; and (d) reasonable durability and economy of maintenance.

f. Fireplaces or chimneys shall be sound and of sufficient size and strength to carry imposed loads with safety.

g. Crawl space and attics shall be provided with adequate ventilation.

h. Every building shall be weather protected to provide shelter for the occupants against the elements.

i. All wood shall be protected against termite damage and decay.

j. Use of lead-based paint is prohibited and applicable laws shall be followed in the inspection for and treatment of lead-based paint, if found.

k. Special safety features such as grab bars, handicap rails, and ramps shall be provided as necessary.

l. Each habitable story shall have a centrally located, approved smoke alarm.

m. Every home shall have a carbon monoxide detector.

n. Attic insulation, caulking, weather stripping, and storm windows will be provided where possible.

o. Exterior doors and windows should be in good repair and operable, including locks and other normal hardware.

SECTION 4 ELECTRICAL

All habitable rooms shall be provided with a system of wiring, wiring devices and equipment to safely supply electrical energy for proper illumination, appliances, resident security, and other electrical equipment. Existing wiring and electrical equipment where its continued service is contemplated shall not be a potential source of electrical hazard or ignition of combustible materials, and shall be so determined by the Housing Services Rehab Division. Where potential hazards are determined to be present, replacement of existing wiring and equipment shall be made. Facilities shall be adequate to meet anticipated demands.

SECTION 5 HEATING

All residential structures shall have heating facilities, which provide adequate heat for the comfort of the occupants.
SECTION 6   SANITATION AND PLUMBING

1. All plumbing shall be in good condition.

2. Complete bathing and sanitary facilities shall be provided within each dwelling unit; they shall consist of a water closet, a tub and/or shower, and a lavatory. An adequate supply of hot water to the tub and/or shower and lavatory, and cold water to all fixtures shall be provided. Fixtures shall be arranged for ease of use. Every water closet, bath and/or shower shall be installed in a room which will afford privacy to the occupants. Each such room shall have adequate natural or mechanical ventilation.

3. Each dwelling unit shall have a specific kitchen space which contains a sink, counter work space, hot and cold running water to the sink, adequate space for installing cooking and refrigeration equipment, and for storing utensils.

SECTION 7   MISCELLANEOUS

Should the property contain any deteriorated facility or structure that is not specifically required in these standards, they shall be repaired, removed, or replaced at the discretion of the Housing Services Rehab Division.

SECTION 8   EXCEPTIONS

Any of the standards included in this document may be waived by the Housing Services Rehab Division if it is impractical or economically infeasible to accomplish them, provided no unsafe or unhealthy situation can remain.
DEFERRED LOAN APPLICATION

1. APPLICANT INFORMATION

Name___________________________________________

Address_______________________________________ Olathe, KS. Zip Code ______

Telephone (home/cell) ______________________ (work)____________________

Email________________________________________

Applicant Characteristics: Circle and mark responses below.

Age_____ Disabled: Yes____ No____

Head of Household: M____ F____ Number in Family_____

Must choose one category below:

White____ Black/African American____ Asian____

American Indian/Alaska 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____

Now or in the past, has a family member been a City of Olathe employee? Yes____ No____

If yes, department and dates: ____________________________________________
2. **HOUSEHOLD COMPOSITION**— List **all people** residing in the household, including yourself, family and non-family members.

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>SOCIAL SECURITY #</th>
<th>DATE OF BIRTH</th>
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<thead>
<tr>
<th>Name of Earner</th>
<th>Source</th>
<th>Pay Period: Wk., Bi-wk., Mo.</th>
<th>Hourly Rate/ Salary</th>
<th>Annual Income</th>
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(Is anyone above over age 18 and a full-time student? ________ ________ ________)

4. **ASSETS:** List all Liquid Assets such as any Bank Accounts (checking, saving, and CD’s), IRAs, 401Ks, Stocks, Bonds, Funds, etc., and other Real Estate or Business Interests.

<table>
<thead>
<tr>
<th>Name and/or Address</th>
<th>Account Type</th>
<th>Current Balance</th>
<th>Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

5. Describe the work you would like to be completed on your house:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
6. **PROPERTY DETAILS:**
   - Is there a mortgage on the property? Yes____ No_____ Are you current? Yes____ No____
   - Is there a 2nd mortgage on the property? Yes____ No_____ Are you current? Yes____ No____
   - Are you participating in a reverse mortgage? Yes_____ No_____
   - Are you current on your income taxes? Yes_____ No____ Last year filed: ________
   - Have you ever participated in any of the following programs through the City of Olathe?
     (Please check the ones you have participated in)
     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 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.

   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 titled: Renovate Right – Important Lead Hazard Information for Families, Child Care Providers, and Schools.

   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 hereby certify that I have received a copy of the Deferred Loan Program Policies and agree to all the terms for participating in the program.

   ___________________________  ________________
   Signature of Applicant        Date

   ___________________________  ________________
   Signature of Co-Applicant     Date

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

   ___________________________  ________________
   Signature of Coordinator      Date
DEFERRED LOAN PROGRAM
REQUIRED DOCUMENTATION

(This information is not required until staff contacts the applicant)

Income Documentation

____ Current Years 1040 Tax Return Form (First two pages are required, additional exhibits may be requested)
____ Personal Business Income
____ Rental Property Income
____ Paycheck stubs from employment source(s) for previous 6 weeks
____ Unemployment Benefit Letter
____ Social Security Award Letter
____ Pension Award Letter
____ TANF Cash Assistance
____ Child Support Payments (printout from KPC or court trustee, child support order, etc.)
____ Alimony Payments, copy of order (AKA “Marriage Maintenance”)
____ Recurring Cash Contributions paid to you directly from friends and family
____ 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 other than your primary residence

Additional Required Documentation

____ Completed Application with all required signatures
____ Signed Terms and Conditions
____ Current Mortgage Statement on the residence
____ Proof of most recent 12 months of payment history on mortgage
____ Current Insurance Policy on the residence
____ Copies of Photo ID for everyone 18 and older residing in the household

8/1/2017
TERMS AND CONDITIONS UNDER WHICH REHABILITATION DEFERRED LOANS ARE MADE

As an applicant for a Housing Rehabilitation Deferred Loan, which is to be administered by the Housing Service Division within the City of Olathe, Kansas, I/we agree to abide by the following Terms and Conditions if the application is approved.

1. CIVIL RIGHTS. Comply with all HUD requirements with respect to Title VI of the Civil Rights Act of 1964, to not discriminate upon the basis of race, color, creed, national origin, or sex in the sale, lease, rental, use, or occupancy of the property to be rehabilitated.

2. INDIVIDUAL RESPECT. The city believes that each employee, contractor, and client deserves to be treated with respect and dignity. Therefore, all persons are responsible for the creation of an atmosphere free from disrespect and harassment.

3. USE OF PROCEEDS. The Housing Services Division will use loan funds to pay only for the cost of services and materials necessary to carry out the rehabilitation work for which the loan may be approved.

4. CONTRACT FOR WORK. Agree that all rehabilitation work shall be carried out promptly and efficiently through a written contract developed by the Housing Services Division of the City of Olathe, Kansas. These contracts shall be awarded only to contractors found eligible by said division.

5. INSPECTION. Inspection can be arranged by the City of Olathe, Kansas, or its designee, of the property, the rehabilitation work, all contracts, materials, equipment, payrolls, and conditions of employments pertaining to the work.

6. INTEREST OF CERTAIN FEDERAL OFFICIALS. Not permit any member or Delegate to the Congress of the United States to share in any proceeds of the loan or in any benefit arising from the same.

7. BONUS, COMMISSION, OR FEE. Not pay any bonus commission or fee for obtaining the City's approval or concurrence required by the government or its designee to complete the rehabilitation work, financed in whole or in part with the loan.

8. INTEREST OF LOCAL PUBLIC OFFICIALS. Allow no member of the governing body of the City of Olathe, Kansas, Johnson County Housing Services, Johnson County Commissioners, and no other public official of the locality who exercises any functions or responsibilities in connection with the administration of the federally assisted program, and no other officer or employee of the City of Olathe, Kansas, who exercises such functions or responsibilities, to have any interest, direct, or indirect, in the proceeds of this loan, or any contract entered into by the applicant for the performance of work financed in whole or in part with the proceeds of the loan.

9. MAINTENANCE. Agrees to maintain the property in a decent, safe, and sanitary condition, including the interior and exterior of the structure, accessory buildings, and yard area during the project.
10. OCCUPANCY OF THE PROPERTY. A Promissory Note and Mortgage shall be signed by the property owner(s) prior to the award of a construction contract. The Promissory Note and Mortgage shall be in the amount of the anticipated project hard-cost(s). The loan shall be repaid when the owner(s) ceases to no longer be owner and/or occupant of the residence.

11. FORGIVENESS. If recipient remains owner and occupant in the home 7 years, 50% of the loan will be forgiven. The remaining 50% is due in full when the recipient ceases to own and/or occupy the premises. If less than 7 years, the loan must be repaid 100% if the recipient ceases to be an owner or occupant of the property improved. After the loan has been paid/satisfied, the City of Olathe, Kansas will release the mortgage.

12. The applicant agrees and understands that the property must be rehabilitated to meet the Property Rehabilitation Standards for the Housing Rehabilitation Program.

13. Recipient is required to maintain adequate homeowner’s insurance for a period equal to the Promissory Note and Mortgage.

14. Payment of property taxes on the rehabilitated property should be kept current.

15. Give permission for the City of Olathe’s Housing Services Division to use pictures of the project and your residence in any future advertising or media releases for the program. Recipients’ name and address would not be shared.

I/We hereby certify that I/we received and will abide by the Terms and Conditions as stated above.

____________________________________  ______________________________________
Owner/Occupant Signature  Date

____________________________________  ______________________________________
Owner/Occupant Signature  Date

8/1/2017
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? ______

Does anyone in the household require a reasonable accommodation?  ☐ Yes  ☐ No

Is this a female headed household?  ☐ 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

☐ Hawaiian/Other Pacific Islander  ☐ 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 __________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sources of Income</th>
<th>Gross Annual Income</th>
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</tbody>
</table>

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/Resident Signature 
Date __________________________

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: __________________________ Printed Name: __________________________ Date: ________
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
- Handicapped Assistance Expenses
- Credit History
- Identity and Marital Status
- Criminal History and Activity
- Law Enforcement Records
- Probationary Records
- Medical Expenses
- Educational, vocational, and training services
- Alimony
- Mental Health Services

Social Services
- Family Composition
- Social Security Numbers
- Employment, Income, Pensions, and Assets
- Residences and Rental History
- Federal, State, Tribal or Local Benefits
- Community Support Assistance
- Employment Services
- Welfare Services
- Child Support
- Substance Abuse Treatment

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE:
- Banks and Other Financial Institutions
- Local/State/Federal Law Enforcement Agencies
- Credit Bureaus
- Child Care Providers
- Mental Health & Substance Abuse
- Local Community Social Service Agencies
- State Welfare Agencies

Local/State/Federal Courts
- Medical Care Services
- Employers, Past and Present
- Schools and Colleges
- Landlords
- Utility Companies

CONDITIONS
I/we agree that permission to release information for the purposes stated above will remain in effect as long as I/we remain a participant in the Housing Rehab Programs. I/we understand that failure to sign this authorization may be grounds for the application to be denied.

I/we voluntarily waive all right of recourse and release each such person from liability for providing information to Olathe Housing.

PRINT NAME: ___________________________   PRINT NAME: ___________________________
SOC. SEC. #: ___________________________   SOC. SEC. #: ___________________________
DATE OF BIRTH: ________________________   DATE OF BIRTH: ________________________
ADDRESS: _____________________________   ADDRESS: _____________________________
SIGNATURE: ___________________________   SIGNATURE: ___________________________
DATE: ______________   DATE: ____________
### SOURCES OF MONTHLY INCOME TO BE COUNTED AND DOCUMENTATION REQUIRED

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

### III. MONTHLY INCOME NOT COUNTED-No Documentation Required

- Food stamps
- Income from employment of children under 18 years of age
- Earnings more than $480 for each full-time student 18 years or older
- 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