



Interfaith Housing and Community Services, Inc.

RCHIP
Reno County Housing Impact Plan

Dear Applicant,

The following application is an information gathering tool for our **Interfaith RCHIP Program**. If your application is approved, then additional program specific forms and releases are necessary.

Please answer each question to the best of your ability. Include this checklist and copies of the following items with your application (do not send originals):

- If employed, include prior three months consecutive pay stubs
- If receiving Social Security, or Supplemental SS Income, include current awards letter
- Include the prior three months consecutive bank statements for each account
- Include proof of homeownership
- Include proof that your property taxes are current/current tax statement

Please **completely** fill out the enclosed application and return with all required documentation to:

Interfaith Housing

PO Box 1987

Hutchinson, KS 67504-1987

Applications received without supporting documentation will not be considered. If you have any questions about our programs or need assistance with this application, please feel free to contact us at 620.662.8370

Sincerely,

Jeff Thomson

Chief Housing Officer

Interfaith Housing & Community Services



Project #: _____

**Interfaith Housing and Community Services
Application for Assistance**

Please answer each question presented below and do not leave any questions blank.

CONTACT INFORMATION

Head of Household Last Name, First Name MI	Home Phone #:	Cell Phone #:	Email Address:	Alt Contact #:
Street Address	City	County	State	Zip
			KS	

HOUSEHOLD COMPOSITION

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. Use an extra page if necessary.

Name <u>ALL</u> People in Household LAST NAME FIRST MI	Date of Birth	Age	Sex	Relationship	Social Security #	Disabled "Yes" or "No"
				Head of Household		

IHCS complies with the Fair Housing Act and does not discriminate based upon Race, Color, National Origin, Disability, Familial Status, Religion, or Sex.

The requested information regarding race, national origin and sex designation solicited on this application is requested in order to ensure compliance with Federal Laws prohibiting discrimination against applicants on the basis of Race, Color, National Origin, Religion, Sex, Familial Status, Age, and Disability. This information is not used in evaluating your application or to discriminate against you in any way. You are not required to furnish this information, but are encouraged to do so; however, if you choose not to furnish it, then our organization is required to note the race, ethnicity, and sex of each individual applicant based on visual observation or surname.

ETHNICITY: (PLEASE CHECK ONE OF THE FOLLOWING FOR EACH MEMBER OF HOUSEHOLD IN ORDER OF HOUSEHOLD COMPOSITION.)

- 1. HISPANIC OR LATINO
- 2. NOT HISPANIC OR LATINO

RACE: (PLEASE CHECK ONE OF THE FOLLOWING)

- 1. AMERICAN INDIAN/ALASKA NATIVE
- 2. ASIAN
- 3. BLACK OR AFRICAN AMERICAN
- 4. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 5. WHITE

Current Marital Status: Single ; Married ; Divorced ; Separated ; Widowed .

Do you have a legal right to be in the United States? (Check one that applies)

- Yes, because I am a United States Citizen.
- Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services. (Formerly the Immigration and Naturalization Service). If yes, then you must provide said documentation.
- No

HOUSEHOLD INCOME

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Please indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only) during the previous 12 months. If you are uncertain which types of income must be included or may be excluded, then please ask IHCS staff for assistance. Please submit proof of income for each item listed; for employment proof, please include last three consecutive paystubs. CURRENT award letters provide adequate proof of income for Social Security and SSI. Please include all financial aid EXCEPT food stamps.

Member of Household	Source of Income*	Amount (\$)

**If you have more sources of income, then please include on a separate page.*

Total Gross Annual Income: \$
Gross Income from previous year: \$

ASSETS & INCOME FROM ASSETS

CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash. Please submit the previous three consecutive statements for each account.

YES	NO	ACCOUNT	#CASH VALUE	LOCATION
Do You or Anyone in Your Household Have?				
1. <input type="checkbox"/>	<input type="checkbox"/>	Checking Account?	\$	Bank
2. <input type="checkbox"/>	<input type="checkbox"/>	Savings Account?	\$	Bank
3. <input type="checkbox"/>	<input type="checkbox"/>	Other Asset?	\$	Bank
4. <input type="checkbox"/>	<input type="checkbox"/>	Other Asset?	\$	Bank

HOMEOWNERSHIP INFORMATION

This section is required for understanding your current housing situation. Please submit proof of homeownership (deed) and proof that all property taxes are up to date. This is available from the County Courthouse.

- Do you: own ; rent ; rent to own ; or have a land contract ?
- If you own, then how long have you owned your house?
- What year (approximately) was your house built?
- If you rent, then list the contact information for the owner of the property on a separate sheet of paper.
- Type of dwelling--single dwelling home ;
 - 1 Story House , 2 Story House , or 3 Story House .
- Are you receiving assistance for your housing repairs from other agencies? Yes No
If yes, then please list agency information and describe assistance.
- Is your dwelling scheduled for acquisition/clearance under a government program? Yes No

HOUSING REPAIR/WEATHERIZATION NEEDS

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Does the roof in your dwelling leak? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a working heating system in your dwelling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a forced air furnace (blower & ductwork)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a wall furnace? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a room space heater? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a floor furnace? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a wood-burning stove? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a wood-burning fireplace? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is your dwelling air-conditioned? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a window air-conditioner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have central air-conditioning (blower & ductwork)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does your heating/air operate on electricity <input type="checkbox"/> , natural gas <input type="checkbox"/> , or propane <input type="checkbox"/> ? | | |

13. What is your:
 Monthly housing payment?
 Monthly utilities (gas/propane/electric)?

14. Please detail all repairs needed on your home. Use an extra page if necessary and please feel free to include photos.

15. Please detail any disabilities or other information that will assist IHS in processing your application. Priority is given to elderly individuals and those with disabilities (using each program’s definition of “disabled”) and homes with immediate life/health/safety concerns.

Clients are encouraged to help with the cost of their projects within the limits of their ability.

- How much can you contribute:
 - As a down payment?
 - Per month?
- Are there friends and/or family members available to assist you on this project?
 - If yes, then please include names and phone numbers.
 - _____
- If you are a member of a church, then please list church name and phone number.
 - _____

IHCS often collaborates with other service agencies in order to complete all requested repairs to your dwelling; do you authorize sharing your information when necessary? Yes No

STATEMENTS

I/We authorize IHCS to photograph my/our home, and use the photographs for administrative, marketing, and other purposes. I/We will not claim any compensation for the use of the photographs.

Agree Disagree

In the form of an attachment to the application, I/we agree that IHCS provided a brochure regarding the possibility of qualifying for participation in the Individual Development Account (IDA) Program.

I/We certify that due to various funding sources, there may be additional program specific applications and forms required.

I/We certify that if selected for assistance, full access and cooperation will be provided to inspectors, contractors and employees for the purpose of obtaining signatures and completing all necessary repairs. Furthermore, specific guidelines dictate certain procedures; if at any time I/we cease cooperation, then any repairs made to my dwelling will be billable to me/us.

I/We understand that if the dwelling is deemed unsafe for inspectors or contractors to perform their duties, (for various reasons including but not limited to mold, insect/rodent infestations, threat of violence, or uncleanliness) then the project is deferred until the situation is corrected.

I/We understand that there are certain scoring criteria for each of the Interfaith RCHIP funding sources; therefore, submitting an application is not a guarantee of service. While acceptance to the waiting list qualifies applicant for the program, scoring criteria determines the order of service.

I/We certify that all information provided is true and accurate and that I/we occupy the home needing repairs/rehabilitation. I/We consent to the release of information contained in this application to concerned social service agencies, and authorize businesses, social service agencies and physicians to release all information necessary for verifying this application to Interfaith Housing & Community Services, Inc. I/We understand that deliberate or misleading answers will result in disqualification for assistance from Interfaith Housing & Community Services, and may result in legal action to recover expenses.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Signature Date

Signature Date

Signature Date

Signature Date

Interfaith Housing & Community Services Use Only:

Date Application Received:

Date Application Reviewed:

Application Reviewed By:

Application Qualifies for the following programs:
 RCHIP RCDA

If applicant is disqualified/deferred for assistance, then list reasons:

APPLICANT SIGNATURE

Read all the following information before signing.

Once IHCS has received your application and verified your information to determine eligibility, you are placed on a waiting list to receive a preliminary inspection. When it is your turn, an inspector will contact you to set up a time for your inspection. The inspector will visit your home to gather the necessary information. Each house is inspected in a similar manner. After inspection, IHCS will determine the scope of work, and will contact the necessary contractor(s). **Please remember, an application and inspection are not a guarantee that work will be performed.** Before any work is started, an IHCS Representative will go over the list of work items with the homeowner. In cases where the homeowner objects to having any work item performed, the IHCS Representative will contact the inspector to discuss the objection before any work is started. If the inspector determines that the item objected is required for your health and safety, then we will be unable to do any of the items.

If my application is approved, I authorize the repairs of my home to be completed by this program and will provide reasonable access to my property as required by IHCS staff and contractors. If I disallow reasonable access to my home, I understand that my application will be deferred and any, and all warranties on work items already performed will be void.

By signing below, I certify that I have read all information contained in this application and understand my rights and responsibilities as a client. I also certify that the information given by me in this application is a true and accurate representation to the best of my knowledge. By signing this application, I understand that I may be civilly and/or criminally liable under Federal and State law for making any false or fraudulent representations.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and participation as a qualified client.

I agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for three years from the date signed.

Applicant Signature

Date

Homeowner's Signature (if different from applicant)

Date