



HEALTH DEPARTMENT

Lead Safe Kansas City
2400 Troost, Suite 3400
Kansas City, MO 64108

(816) 513-6048

(816) 513-6284 fax

OFFICE USE ONLY	
Case Number:	
Date Received:	
Priority:	
Distributed By:	



Public Health

RENTAL PROPERTY APPLICATION



The Kansas City, Missouri Health Department would like to help **make your rental property lead-safe** for your tenants and especially their children. This reduced cost service may include cleaning, painting, or replacement of surfaces contaminated with lead-based paint. **Owners pay only 25%** of the total cost of the project.

You may qualify if:

- You own a rental property in Kansas City, Missouri that was built before 1978.
- 50% of units in multi-family properties are currently occupied by or will be made available to families with incomes that do not exceed 50% of the area median income level AND the remaining units are occupied by or will be made available to families with incomes that do not exceed 80% of the area median income level.
- Your tenant's household income in a single family rental home does not exceed 80% of the area's median income.
- In all cases, you give priority to families with children 6 years of age or younger for at least 3 years following the completion of the lead hazard reduction work.

The guidelines require us to verify income no later than 6 months before the lead hazard control work begins. The documentation must verify the current rate of annual income at the time of assistance. The income certification process must be completed before lead hazard control work can begin. If changes to your income have occurred which put you outside the guidelines at the time lead hazard control work has been scheduled then you will no longer be eligible for lead hazard control work.

Please complete all portions of the following application, sign and return to our office. If you have any questions regarding the application or Lead Safe Kansas City, please contact our office at (816) 513-6048 and we will be happy to assist you.

PART A

PROPERTY ADDRESS:

(please list only 1 building per application)

Street Address _____

Apt/Unit#s _____

City _____

State _____

ZIP Code _____

NUMBER OF UNITS TOTAL (multi-family): _____

NUMBER OF UNITS CURRENTLY VACANT: _____

PROPERTY OWNER NAME:

Last _____

First _____

M.I. _____

ADDRESS:

Street Address _____

City _____

State _____

ZIP Code _____

PHONE:

ALTERNATE PHONE:

Email Address _____

PROPERTY MANAGER:

(If different than owner)

Last _____

First _____

M.I. _____

ADDRESS:

Street Address _____

City _____

State _____

ZIP Code _____

PHONE:

ALTERNATE PHONE:

Email Address _____

Proof of Ownership Attached?

A copy of your **Missouri Warranty Deed or Quit Claim Deed is required**. All applicants MUST be the owner of record or the owner's representative. (Zero bedroom units, i.e. studio or efficiency apartments, are not eligible for Lead Safe Kansas City at this time.)

PART B (RENTAL PREFERENCE AGREEMENT)

I, _____, owner of _____, hereby attests that I will not discriminate against and will give priority to renting or leasing the above-mentioned property, or any unit from the above-mentioned property, to eligible families with children under the age of 6 (six) years for no less than three (3) years following the completion of any lead hazard reduction activities funded by the City of Kansas City Lead Safe KC Program in order to meet Federal Guidelines. _____.

I _____, also agree to allow the Kansas City's Lead Safe KC Program to ask for records that I will provide on the critique used to select renters at the Address _____. I also agree to provide information by phone or a written form to satisfy the requirement of giving preference to families with children under the age of 6 for three years after the completion of the work.

INCOME GUIDELINES

Eligibility for programs and services under the Lead Safe Kansas City Lead Hazard Control Grant is determined at the time of application using income guidelines updated annually by the US Department of Housing and Urban Development (HUD). These income guidelines are based on HUD estimates of median family income, with adjustments based on family size. For example a family of 4 at 80% median income cannot exceed \$55,900 also see www.huduser.org.

PART C

Please fill in table below regarding tenant information. Examples of tenant income documents to use as verification include most recent wage statements, unemployment, Social Security, disability, worker compensation, pension, AFDC, TANF, or other sources.

APT#	TENANT NAME	RACE*	ETHNIC CATEGORY**	AGE	# OF OCCUPANTS	# OF CHILDREN 6 YEARS OR UNDER	TENANT'S YEARLY GROSS INCOME

*Racial categories are: White (W), Black or African American (B), Asian (A), American Indian or Alaska Native (AI), Native Hawaiian or other Pacific Islander (NH), or Other. **Ethnic categories are: Hispanic/Latino (HL) or Not Hispanic/Latino (NHL)

Proof of Tenant's Income Available?

Verification documents are to be made available by the Property Owner for review by our Program upon request.

PART D

If you receive funding assistance from the following sources, the property for which you requested assistance **WILL NOT QUALIFY** under this program. Please review the following list and sign below only if you **do not** receive funding from any of these sources.

HOUSING-MULTIPLE FAMILY PROGRAMS

- Rent Supplements (Section 101)
- Multi-Family Rental Housing for Moderate Income Families (Section 221 (d)(3))
- Supportive Housing for Persons with Disabilities (Section 811)
- Hope 2 Home Ownership of Multi-Family Units (Title IV)
- Low Income Housing Preservation and Resident Home Ownership (Title VI)
- Emergency Low Income Housing Preservation (Title II)
- Flexible Subsidy (Section 201)

HOUSING-SINGLE FAMILY PROGRAMS

- Home Ownership Assistance for Low and Moderate Income Families (Section 221 (d)(2))

HOUSING COMPONENTS OF COMMUNITY PLANNING AND DEVELOPMENT PROGRAMS

- Shelter Plus Care-Sponsor-based Rental Assistance
- Shelter Plus Care-Project-based Rental Assistance
- Shelter Plus Care-SRO Rental Assistance
- Single Family Property Disposition Homeless Initiative
- Surplus Properties (Title V)
- Section 8 SRO Mod Rehab for Homeless Individuals

PUBLIC AND INDIAN HOUSING

- Section 8 Project-Based Certificate Program
- Section 8 Moderate Rehabilitation Program
- Public Housing Development
- Public Housing Operating Subsidy
- Public Housing Modernization (Comprehensive Grant Program)
- Public Housing Modernization (Comprehensive Improvement Assistance Program)

I, the undersigned, do hereby swear under penalty of perjury that the property I have submitted for assistance from Lead Safe Kansas City **does not** receive funding from any sources mentioned above.

Applicant's Signature: _____

Date: _____

PART E

I hereby make application to the City of Kansas City, Missouri Project Lead-Safe Kansas City for work on the aforementioned property. I further certify that I am the owner / owner's representative of said property, and that to the best of my knowledge, the income of the tenants stated in Part B represents their total income for the past year including the income of all other persons in the units.

The income information provided in Part B is subject to verification by the City of Kansas City, Missouri. I agree to submit to the City, upon request, proof of tenant income. I hereby grant permission to the City of Kansas City, Missouri Project Lead-Safe Kansas City supervisor, inspectors, employees and contractors it may use to enter the premises listed in Part A to perform work under Project Lead-Safe Kansas City. I hold the City of Kansas City, Missouri harmless from any legal or financial claim arising from the performance of such work. I understand that any lead bearing surfaces that are determined to be in intact or fair condition at the time of assessment are not categorized as a hazard and will not be addressed by this program. Any ongoing monitoring and corrective action necessary after Project Lead-Safe Kansas City work is complete will be my responsibility as the owner.

I, 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.

Applicant's Signature: _____

Date: _____

FREQUENTLY ASKED QUESTIONS

Where do I go to obtain proof of home ownership?

You may possess this paperwork in real estate records from the purchase of your home. If not, you may request a deed of ownership (Warranty Deed or Quit Claim Deed) at the following location:

Jackson County Courthouse, Department of Records
415 E 12th Street
Kansas City, MO 66106
(816) 881-3719

Where can my tenants child(ren) tested for lead?

The tenants may contact their child's pediatrician or clinic and request a lead test or they may call the Kansas City, MO Health Department at (816) 513-6048 to schedule a FREE lead test for their child(ren).

HOW DID YOU HEAR ABOUT US? (optional)

_____ Newspaper	_____ Billboard
_____ Radio	_____ Television
_____ Neighborhood Association	_____ Friends/Neighbors
_____ Other (please explain) _____	_____ City Inspector

Any person with a disability desiring reasonable accommodations to access may call (816) 513-6048 or (800) 735-2966 (Missouri Relay for persons hard of hearing) for assistance.