



Kansas City Missouri Health Department

LeadSafe Kansas City
2400 Troost Ave, Suite 3400
Kansas City, MO 64108

Phone: (816) 513-6048 Fax: (816) 513-6341

OFFICE USE ONLY

Case Number:	
Date Received:	
Priority:	
Distributed By:	

RENTAL PROPERTY APPLICATION



The Kansas City, Missouri Health Department would like to help **make your rental property lead-safe** for your tenants and 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. **To verify household income for everyone over 18 years of age submit the two most recent pay stubs and all other income and include one full month of bank statements.**
- 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 tenant income no earlier than 6 months before the lead hazard control work begins. The documentation must verify the current annual income at the time of assistance. The income certification process must be completed before lead hazard control work can begin. If changes to tenant income have occurred which put them 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 the Lead Safe Kansas City Program, 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 the Deed (Warranty or Quit Claim) is required. All applicants MUST be the owner of record.

PART B (RENTAL PREFERENCE AGREEMENT)

I, _____, owner of _____, hereby attest 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, MO, Lead Safe KC Program in order to meet Federal Guidelines. I also agree to provide information by phone or written documents 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.

Signature and Date _____

INCOME GUIDELINES

Eligibility for programs and services under the Lead Safe Kansas City Program 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 \$64,000 also see www.huduser.org.

PART C

This page is used to determine the annual household income per apartment or rental home. Please list **ALL** occupants in each apartment or household. Children, as well as occupants over 18 years of age with no income, must be listed with a **zero** in the income columns. Please use additional sheets if necessary.

Apt #	Each Occupant's Name	Age	Occupant's Yearly Gross Income	Occupant's Income Source	Total Gross Yearly Income Per Apt or Home (please list next to last occupant per household)	Staff Notes

I certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for a known violation.

Property Owner Signature _____ **Date** _____

Staff will use this sheet to verify income submitted. When income verification is complete, use the shaded box to add income <30%, <50%, <80% or over 80% bracket.

Staff Signature _____ **Date** _____ **Supervisor Initials** _____

Determining Annual Income:

1. Employer/Source of Income

Acceptable documentation includes: two most recent wage statements, unemployment, Social Security, disability, worker compensation, pension, AFDC, TANF, child support, alimony, or other sources.

2. Using the table in Part C above, determine the annual income of the tenant family or household for the **twelve-month period**. **List each member of the tenant’s family or household**. Estimate the gross income from each source for each family or household member for the twelve-month period. If using a pay stub, multiply each gross income amount by the number of pay periods in the twelve-month period. When calculating yearly income using biweekly pay, multiply gross pay by 26 weeks. Add all the annualized income figures for all family or household members together.

Example: John and his wife, Mary, both work. Their dependent son James, who lives at home, has applied for assistance from the program. John earns a gross of \$250 a week; Mary earns \$200 a month. John's estimated annual income was \$13,000 (\$250 times 52 weeks); Mary's was \$2,400 (\$200 times 12 months). If these were the only sources of income, then James' annual family income for the twelve months is \$15,400 (\$13,000 plus \$2,400).

3. Attach copies of the source documents.

Example of completed table:

Apt #	Each Occupant's Name	Age	Occupant's Yearly Gross Income	Occupant's Income Source	Total Gross Yearly Income Per Apt or Home (please list next to last occupant per household)	Staff Notes
1	John Doe	44	\$13,000.00	Wage statements		
	Jane Doe	43	\$2400.00	Child support		
	Junior Doe	2	0		\$15,400.00	
2	Jim Jones	59	\$34,466.33	SSI		
	Kim Jones	59	0			
	Bill Jones	19	\$16,100.00	Wage statements		
	Jill Jones	14	0		\$50,566.33	

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 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 certify under penalty of law that the information contained in this declaration is true, accurate and complete to the best of my knowledge. I understand that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for a known violation.

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) be 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
____ Radio
____ Neighborhood
____ Association
____ Other (please explain) _____

____ Billboard
____ Television
____ Friends/Neighbors
____ City Inspector

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