



## 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       |  |
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# 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.
- Your rental property is occupied.
- Your tenant's household income in a single-family rental home does not exceed 80% of the area's current median income level.
- 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.

### Documents required for application: THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

- ✓ **Proof of Ownership** – a copy of your Missouri **Warranty Deed** or **Quit Claim Deed**
- ✓ **Proof of Income** – **copies of two (2) most recent wage statements or check stubs** from each tenant over the age of 18. Also attach award letter documenting any other income sources such as unemployment, social security, disability, worker's compensation, pension, retirement, AFDC, TANF, income from assets (stocks, bonds dividends, trusts, life ins., property, businesses), etc.
- ✓ **Income Verification** – **one recent full-month bank statement** for each tenant over the age of 18. If any occupant in the household has more than one bank account, be sure to include one statement for each.

Please complete **ALL** portions of the application to the best of your knowledge, sign and return to our office. Please list only **ONE** (1) building per application. If you have any questions regarding any parts of the application, please contact our office at (816) 513-6048 and we will be happy to assist you.

**\*Please Note:** *This application is for single-family dwelling rental units only. If the rental unit you own is a multi-family dwelling, please fill out the application for a multi-family dwelling (multiple units, same building).*

## PART A

### **RENTAL PROPERTY ADDRESS:**

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
APT OR UNIT#

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

### **PROPERTY OWNER:**

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
HOME STREET ADDRESS

\_\_\_\_\_  
APT #

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
ALTERNATE PHONE

\_\_\_\_\_  
EMAIL

### **PROPERTY MANAGER:** *(If different than owner)*

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
ALTERNATE PHONE

\_\_\_\_\_  
EMAIL

**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. I understand and agree that my electronic signature is the equivalent of a manual signature and that others may rely on it as such in connection with this application and information I have provided herein.

Property Owner Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

**PART C**

This section is used to determine your tenant’s projected annual household income per apartment or rental home. Please list **ALL** occupants in that reside in the apartment or household. Children, as well as adults with no income, must be listed with “**N/A**” in the *Employer Name/Source of Income* column and a “**0**” (zero) in the *Annual Gross Income* column (do not leave blank). If you need help or assistance, please see directions on pages 4 & 5, including the example table.

| Household Member<br>(First and Last Name)           | Age | Employer Name/Source of Income<br><small>Please list the name of your tenant’s employer(s) or source(s) of income. If they do not have an employer, please select from the following: Unemployment; Self-Employed; Social Security; Disability/Worker’s Comp.; Retirement/Pension; Child Support; Alimony; Welfare; Other. If "Other", please explain.</small> | Annual Gross Income |
|---|-----|--|---------------------|
|   |     |  |                     |
|   |     |  |                     |
|   |     |  |                     |
|   |     |  |                     |
|   |     |  |                     |
|   |     |  |                     |
|   |     |  |                     |
| <b>Total Projected Annual Income for Household:</b> |     |  |                     |

## ASSET INFORMATION

Assets belonging to any and all household members must be taken into account when calculating annual income for the household. Please mark any and all assets listed below, that you or any household member(s) possess. If none, check "None." Verification documents may be requested.

|                                |                               |                  |
|--------------------------------|-------------------------------|------------------|
| Checking or Savings Accounts   | Retirement or Pension         | Lottery Winnings |
| Certificate of Deposit (CD)    | Trust                         | Rental Property  |
| Stocks, Bonds, or Mutual Funds | Inheritance                   | Mortgage         |
| 401K                           | Settlement on Insurance Claim | None             |

I certify under penalty of law that the information contained in this (section) 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 knowing violations. I understand and agree that my electronic signature is the equivalent of a manual signature and that others may rely on it as such in connection with this application and information I have provided herein.

Property Owner Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

### Help with Determining Annual Income:

- Employer/Source of Income** – Fill-in each tenant’s employer name and/or **ALL** sources of income. If an occupant does not have an employer, please select any and/or all that apply from the following: Unemployment; Self-Employed; Social Security; Disability/Worker's Comp.; Retirement/Pension; Child Support; Alimony; Welfare; Other. If "Other", please explain. If occupant is a child or adult with no income, fill-in blank with "N/A." Do not leave blank.
- Using the Income Determination Worksheet, determine the annual income of the tenant’s family or household for a **twelve-month period**. **List the tenant and 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 gross income amount by the number of pay periods in a twelve-month period. For example, if the occupant gets paid every two weeks, you will take the gross amount paid for a two-week pay period and multiply it by 26 (if paid every week, multiply by 52). Add up all the annualized income figures for all household members to come up with a projected annual income for the household or apartment. If filling out form online, table does calculating for you.  
  
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 per month. John's estimated annual income is \$13,000 (\$250 x 52 weeks); Mary's is \$2,400 (\$200 x 12 months). If these are the only sources of income, then James' annual family income for the twelve months is \$15,400 (\$13,000 + \$2,400).
- Fill out this form, sign and date, and **attach copies of the source documents** (SSI, wage stubs, bank statements, etc.).

**Example of completed table:**

| <b>Occupant/Household Member Name</b>               | <b>Age</b> | <b>Employer Name/Source of Income</b> | <b>Annual Gross Income</b> |
|---|------------|---------------------------------------|----------------------------|
| John Doe  | 44         | A&E Electric                          | \$28,950.02                |
| Jane Doe  | 43         | Child Support                         | \$8,100.90                 |
| John Doe Jr.  | 2          | N/A                                   | 0                          |
| <b>Total Projected Annual Income For Household:</b> |            |                                       | <b>\$37,050.92</b>         |

**If you are still having trouble filling out this portion of the application, feel free to call our office at (816) 513-6048 and someone will assist you.**

*\*NOTE: LSKC Staff will use the information you provided in Part C to help calculate and verify income submitted. They may also contact you to gather more information on your income and/or asset(s) if necessary. When income verification is complete, staff use an Income Determination Worksheet to calculate your household's total projected annual income, to determine your eligibility in the program. HUD guidelines require us to verify income no earlier than 6 months before any lead hazard control work is set to begin. If changes to your income or occupancy have occurred, it may put you outside the guidelines at the time lead hazard control work has been scheduled and you may no longer be eligible for lead hazard control work. Please inform LSKC staff of any changes to occupancy or income immediately.*

**Proof of Income attached?**

Proof of income must be provided to LSKC staff for each occupant 18 years of age or older, in order to be eligible for the program. This includes 2 recent check stubs or wage statements and a full 1-month bank statement.

# 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. I understand and agree that my electronic signature is the equivalent of a manual signature and that others may rely on it as such in connection with this application and information I have provided herein.

**Applicant's Signature:** X \_\_\_\_\_ **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 unit.

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, any tenant income documentation if necessary. 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 knowing violations. I understand and agree that my electronic signature is the equivalent of a manual signature and that others may rely on it as such in connection with this application and information I have provided herein.

**Applicant's Signature:** X \_\_\_\_\_ **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 locations:

**Online at:** <https://www.jacksongov.org/267/Recorder-of-Deeds> or at;

Jackson County Courthouse  
Recorder of Deeds Department  
415 E. 12th Street, Room 104  
Kansas City, MO 64106  
(816) 881-3000

### **Where can I get my tenant(s) tested for lead?**

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

### **Where do I send my additional required paperwork?**

Deeds, proof of income and income verification documents (2 recent check stubs AND recent 1-month bank statement) can be emailed to [christopher.mcfarland@kcmo.org](mailto:christopher.mcfarland@kcmo.org). Other options include mailing or delivering in-person to:

Health Department  
Environmental Health Services  
Childhood Lead Poisoning Prevention & Healthy Homes Program  
2400 Troost Ave., Suite 3400  
Kansas City, MO 64108

**Have more questions? Call our Lead Safe KC office at (816) 513-6048, Monday - Friday 8am - 5pm. Thanks for applying!**

## ADDITIONAL INFORMATION

- ✓ **All information must be filled out and signed to be accepted into the program (Part A through Part E).**
- ✓ All individuals must be out of the house during abatement work. For those over 62 years of age or disabled, a relocation waiver is available. Individuals with no means to relocate during this period, will be given a Hardship Form to fill out, and financial vouchers will be provided.
- ✓ **Each address is eligible one time to receive lead hazard control remediation or abatement work.**

## HOW DID YOU HEAR ABOUT US? (OPTIONAL)

Newspaper

Billboard

Radio

Television

Neighborhood Association

Friends/Neighbors

Other (please explain)

City Inspector

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**Any person with a disability desiring reasonable accommodations to access these services, please call (816) 513-6048 or by dialing 711 (Missouri Relay for hearing/speech impaired) for assistance.**