



Revised 1/2012

## MOBILE HOME EMERGENCY LOAN APPLICATION

1. Return Loan application to office of Planning and Development Services at 1 Riverfront Plaza, Suite 110, or mail to P.O. Box 708, Lawrence, Kansas, 66044. Telephone: (785) 832-7700. Telecommunications Device for the Deaf: (785) 832-3205.
2. Enclose evidence of family gross income of the preceding year. (W-2 Forms, Income tax return, Social Security letter of benefits, etc) and three months of most recent bank statements. See (page 5) #4 EARNINGS AND INCOME on the Program Eligibility Certification for a complete listing of all the forms you may be required to submit.
3. Mobile home applicants will be required to provide the **original title** for the property at the time of application.
4. Submit a minimum of three (3) bids for the work to be done. These must be included with the application. If unable to obtain three (3) bids, owner must provide a letter stating who was contacted and when; and that they (the contractor) did not respond with to their request for a bid. HOMEOWNERS ARE NOT ALLOWED TO DO THEIR OWN IMPROVEMENTS.
5. The Department of Planning and Development Services will advise the applicants when, and if, the application is approved.
6. Upon approval the applicant must sign a Title Lien for the property.
7. A City of Lawrence purchase order will be issued for the work to be done. **WORK MUST NOT BEGIN WITHOUT THIS PURCHASE ORDER.**
8. Loan recipients will advise the Department of Planning and Development Services when the work has been completed in order that a verification inspection can be made.
9. Invoices or sales tickets must be submitted to the Department of Planning and Development Services so the vendor can be paid.
10. The Department of Planning and Development Services will pay vendors when properly signed invoices are received and The Department of Planning and Development Services staff has performed an inspection of the work. Generally, the claim will be paid the week after receipt of invoices and approval of the work.

# I. MOBILE HOME EMERGENCY LOAN

## A. Eligibility Requirements

1. The property must be located within the City Limits and not within a designated flood plain area.
2. A mobile home must be owner-occupied for more than six months at the time of application.
3. The applicant and/or structure for which the application is being made cannot have received emergency loan assistance from the City since December 31, 1978.
4. Mobile home applicant's gross family income from all sources may not exceed 50% of median income. Income guidelines are as follows:

Family Size	50% of Median
1	\$25,050
2	\$28,600
3	\$32,200
4	\$35,750
5	\$38,650
6	\$41,500
7	\$44,350
8+	\$47,200

5. The applicant must sign a personal property lien, for the amount of financial assistance.
6. The Department of Planning and Development Services Staff shall determine whether the proposed work is necessary and appropriate.
7. The Department of Planning and Development Services Staff shall determine whether the property is of sufficient value to warrant the loan.

## B. Eligible Use of Funds

1. For improvements that eliminate immediate 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.
2. Replacement/addition of existing heating and/or cooling source with approved energy-efficient appliance, minimum 80% energy-efficient furnaces and 13 SEER on air conditioners. Heat pumps will not be allowed. Cooling must be affixed to the heating air handler. No portable units

C. Loan Limit per Property

1. \$2,500 or the amount necessary to make the improvement, whichever is less.

D. Payback Requirements

1. The financial assistance shall be in the form of a loan, which must be repaid when/if recipient ceases to be an owner-occupant of the property improved within thirty-six months of the date of the final inspection of the improvements.
2. No interest will be charged on loans, nor are monthly payments required.
3. After 36 months the loan is forgiven and the personal property lien is released.
4. Loan Subordination:
  - a. Not applicable for Mobile Homes and will not be granted.

**MOBILE HOME EMERGENCY LOAN APPLICATION**

1. Name of Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

4. Describe the work to be done:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Who will do the work? \_\_\_\_\_

6. What will be the cost? Attach written bid(s): \_\_\_\_\_

**If this application is approved, I agree to the following conditions:**

1. Work will not begin prior to approval of this application.
2. The work will be completed within thirty (30) days after the receipt of the materials listed above unless the Department of Planning and Development Services has approved a longer period of time.
3. I will submit to the Planning and Development Services Department all invoices for the proposed work to be completed.
4. I will advise the Planning and Development Services Department when the proposed work is completed.
5. I will allow the Planning and Development Services Department staff to inspect the work when it is completed or at any other time that is mutually convenient.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Approved: \_\_\_\_\_  
Planning and Development Services Department

**CONTRACTOR CONTACT  
AND  
BID TRACKING SHEET**

Use this sheet to collect information about the contractors you contacted about bidding your work and whether you received the bids as promised. See Instruction #4 on page 1 of this packet for what is required.

Contractor Name	Phone Number	Returned call Y/N	Estimate given Y/N	Date Promised
	-			
	-			
	-			
	-			
	-			
	-			
	-			

1. The tracking sheet above documents my attempts to obtain the required three bids.
2. I am unable to find three contractors that will bid on the work I need to my home.
3. I certify that I tried to obtain 3 bids.

Signed \_\_\_\_\_

**LAWRENCE, KANSAS CDBG/HOME PROGRAM ELIGIBILITY CERTIFICATION**

1. **NAME OF PROJECT:** MOBILE HOME EMERGENCY LOAN

2. **APPLICANT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

**Applicant Characteristics:** Circle and mark responses below.

Age \_\_\_\_\_ Disabled: Yes \_\_\_\_\_ No \_\_\_\_\_ Head of Household: M \_\_\_\_\_ F \_\_\_\_\_

Number in Family \_\_\_\_\_

Must mark one: Hispanic or Latino Yes \_\_\_\_\_ No \_\_\_\_\_

Must choose one category below:

White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_

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 \_\_\_\_\_

3. **HOUSEHOLD MAKEUP**—List all family and non-family members residing with you currently or shall reside with you in the next 12 months as a participant in this program. Include roommates, co-habitants and friends or acquaintances.

<u>NAME</u>	<u>SOCIAL SECURITY #</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>DATE OF BIRTH</u>

4. **EARNINGS or INCOME (during past 12 months):** Employment, Unemployment, Business Earnings, Self Employment, Real Estate Rental, Social Security, Pensions, VA, Annuities, Child Support, Alimony, Welfare, Food Stamps, Recurring Cash Contributions. Specify Income as Weekly, Monthly, Temporary, No Longer Receiving, etc. Documentation of occupant income must be returned with this application and consist of a Signed IRS 1040 tax return, Completed Authorization for Release of Information, Copies of three (3) consecutive paycheck stubs, Copies of Social Security or Social and Rehabilitation Services payments, copies of pension or annuity payments, copies of child support payments, copies of incomes for certificates of deposits or bank accounts.

<u>Name of earner</u>	<u>Source</u>	<u>Account number</u>	<u>Pay period; wk, mo</u>	<u>HR rate, salary</u>	<u>income</u>

**ASSETS:** List all Liquid Assets such as any Bank Accounts (checking, saving, and CD's), Stocks, Bonds, Funds, Autos, Mobile Homes, etc, and other Real Estate or Business Interests. Include Copies of most recent 3 months checking and savings account statements.

<u>Name and/or address</u>	<u>Account Number</u>	<u>Value</u>	<u>Average acct. balance</u>	<u>Current Balance</u>

Circle the household size and write total income in column 5.

GROSS ANNUAL INCOME:

Household Size	50% of Median	30% of Median	Write total income below
1	\$25,050	\$15,050	
2	\$28,600	\$17,200	
3	\$32,200	\$19,350	
4	\$35,750	\$21,450	
5	\$38,650	\$23,200	
6	\$41,500	\$24,900	
7	\$44,350	\$26,600	
8+	\$47,200	\$28,350	

**5. CERTIFICATIONS**

- A. I hereby certify that the gross annual income of all adult members of the household cited in item #3 falls within the income category range as checked above. I also understand and agree that any misrepresentation on my part of information contained herein may constitute fraud.
- 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 entitled: **Renovate Right – Important Lead Hazard Information for Families, Child Care Providers and Schools.** **(Please keep attached information.)**
- 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 Lawrence.

Date \_\_\_\_\_  
Signature of Applicant

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

Date \_\_\_\_\_  
Signature of Coordinator

**MOBILE HOME APPLICANTS**

Name: \_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant Telephone Number: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Property Data: (as shown on original title of mobile home)

VIN NO: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Style: \_\_\_\_\_

**\*\* PLEASE ATTACH THE ORIGINAL TITLE TO THIS PAGE \*\***

# AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give my permission to the **Planning and Development Services Department of the City of Lawrence, Kansas** to acquire information regarding one or all of the following items:

1. Employment.
2. Income.
3. Hazard Insurance.
4. Taxes.
5. Federal, State, or local assistance programs.
6. Mortgage.
7. Other requested information.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip