



Financial Assistance Application (Out-of-Area)

1. Return completed application and signed waiver to the office of the Municipal Services & Operations Department, 6 E 6th Street, Lawrence, KS 66044. Telephone: (785) 832-7800.
2. Enclose evidence of family gross income of the preceding year (W-2 Forms, Income tax return, Social Security letter of benefits, etc.) See (page 4) EARNINGS AND INCOME for a complete listing of all the forms of income you may be required to submit.
3. Enclose a photocopy of the applicant's driver's license or other legal photo identification.
4. Applications will be reviewed and property owners notified within two weeks of the City receiving the application.
5. The Department of Municipal Services & Operations will advise the applicant by phone and/or email when the application has been reviewed and the approval/denial status.
6. If approved, the City will notify the applicant that the sidewalk hazard that had been identified has been added to the list of repairs the City will undertake on behalf of the property owner.
7. If the application is denied, the applicant will be notified as such. A denied application does not remove the requirement of the property owner to repair the sidewalk hazard.
8. They City has limited yearly funding for the Financial Assistance. Should the yearly funding run out, and the property owner has been approved for Financial Assistance, their application will be added to the list of repairs for the following year when new funds are available.

A. Eligibility Requirements

1. The property must be located within the City Limits.
2. The property must be residential owner-occupied and contain no more than two dwelling units. The applicant must be the owner/occupant of the property and payment of ad valorem taxes must be current. The applicant must be current on any and all mortgage payments.

3. Applicant's gross family income from all sources may not exceed the Lawrence, KS MSA Low Income based on family size. Income guidelines are shown in the table.
4. The property owner must have received a notice of violation for a sidewalk hazard.

| Family Size | Low Income |
|-------------|------------|
| 1 | \$52,950 |
| 2 | \$60,500 |
| 3 | \$68,050 |
| 4 | \$75,600 |
| 5 | \$81,650 |
| 6 | \$87,700 |
| 7 | \$93,750 |
| 8+ | \$99,800 |

B. Assistance Limit per Property

1. Assistance funds are available on a first come first service bases per program year based on the total amount of assistance funding available.
2. Once the program assistance funding has been used for the program year, no additional applications will be accepted.

The Financial Assistance Program is a one hundred percent (100%) cost-share with the City. If approved, the property owner will not pay for any costs associated with the repair of their sidewalk hazard(s).

C. Payback Requirements

1. There are no requirements for repayment as part of this assistance program.

Financial Assistance Application

1. Name of Applicant: _____
2. Address: _____
3. Zip code: _____
4. Telephone: _____
5. Email: _____

Address of property where sidewalk hazard was identified:

CERTIFICATIONS

- a. I hereby certify that this property is a residential property, that I am the owner and that I reside at this property.

Date _____
Signature of Applicant _____

To be completed by the City of Lawrence

- ☐ ID Verified
- ☐ Owner of Record
- ☐ Owner Occupied

Date received: _____

Approved: _____ Date: _____
Municipal Services & Operations Department

Denied: _____ Date: _____
Municipal Services & Operations Department

Justification: _____

Financial Assistance Application

ELIGIBILITY CERTIFICATION

1. APPLICANT INFORMATION

Name _____

Address _____ Lawrence, KS. Zip Code _____

2. **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>AGE</u> | <u>DATE OF BIRTH</u> |
|-------------|------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

3. **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, Recurring Cash Contributions. Specify Income as Weekly, Monthly, Temporary, No Longer Receiving, etc.

Documentation of occupant income must be returned with this application. List of documents on page 6 below.

| <u>Name of earner</u> | <u>Source</u> | <u>Pay</u> <u>period:</u> <u>wk/mo</u> | <u>HR rate, salary</u> | <u>income</u> |
|-----------------------|---------------|---|------------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

GROSS ANNUAL INCOME:

| Household Size | Low Income | Write total income below |
|----------------|------------|--------------------------|
| 1 | \$52,950 | |
| 2 | \$60,500 | |
| 3 | \$68,050 | |
| 4 | \$75,600 | |
| 5 | \$81,650 | |
| 6 | \$87,700 | |
| 7 | \$93,750 | |
| 8+ | \$99,800 | |

4. CERTIFICATIONS

- b. 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.

Date _____
Signature of Applicant

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

Date _____
Signature of Coordinator

Financial Assistance Application

Certification Documents

EARNINGS or INCOME (during past 12 months):

Employment, Unemployment, Business Earnings, Self-Employment, Real Estate Rental, Social Security, Disability, Pensions, VA, Annuities, Child Support, Alimony, Welfare, Recurring Cash Contributions

Documentation of occupant income must be returned with this application and consist of any and all of the following that apply to your household:

1. If you filed IRS income taxes, a copy of your signed IRS 1040 tax return.
2. Completed Authorization for Release of Information (page 7 below)
3. Copies of pension or annuity payments/statements
4. Copies of child support payments/statement
5. Copies of incomes for certificates of deposits or bank accounts.

Financial Assistance Application

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give my permission to the Municipal Service & Operations Department of the City of Lawrence, Kansas to acquire information regarding one or all of the following items:

1. Employment.
2. Income.
3. Taxes.
4. Federal, State, or local assistance programs.
5. Mortgage.
6. Other requested information necessary to evaluate this application.

Signature

Date

Print name

Address

City / State / Zip

Financial Assistance Application

Waiver

I, _____, am the property owner applying for assistance under the City of Lawrence's Sidewalk Improvement Program. I recognize that although the City of Lawrence may assist in the repair of the hazardous sidewalk(s) adjacent to my property, including the partial or full payment of the costs of such repair, I am fully responsible for the future maintenance and repair of all such sidewalk(s). I acknowledge that by accepting assistance from the City of Lawrence I waive any and all claims against the City of Lawrence related to the maintenance and condition of the affected sidewalk(s).

Signature Date

Name (printed)

Address

City

State

ZIP Code