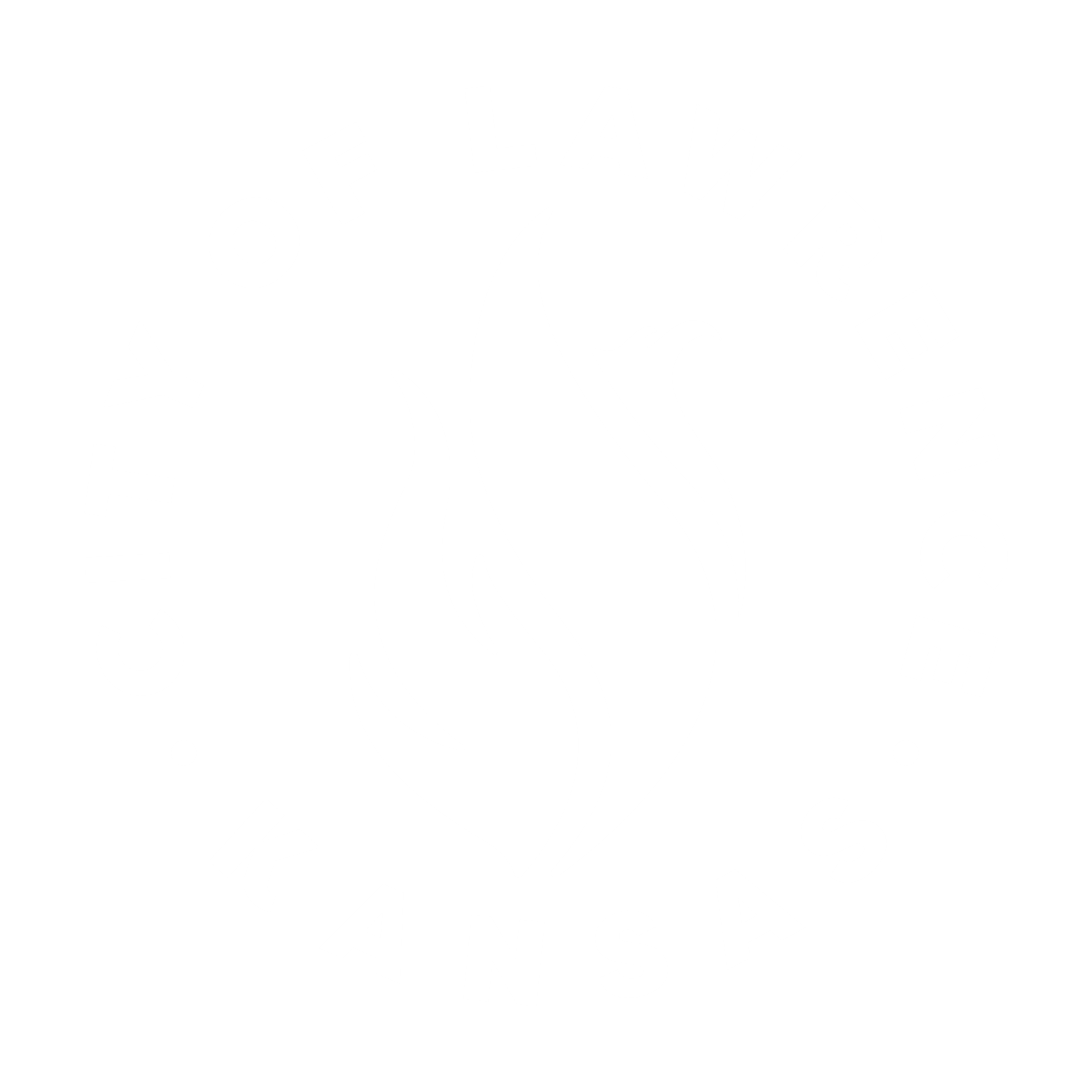
**2026 AFFORDABLE HOUSING TRUST FUND APPLICATION**



**Accessibility modifications & home repair**

## APPLICATION DEADLINE & CHECKLIST

**The application deadline is 5:00 p.m. on Friday, September 1, 2025**

**SUBMISSION INSTRUCTIONS:**

* Submit application and all supplemental materials via email by 5:00p.m. on Monday, September 1, 2025, to: Lea Roselyn, [lroselyn@lawrenceks.gov](mailto:lroselyn@lawrenceks.gov)
* Applications are accepted in either Word or a PDF saved directly from the Word application. Scanned PDFs are not accepted and will be returned to the applicant.
* The subject line of the email should include the agency’s name and project name.
* A complete application is defined as all of the necessary documents completed in the Affordable Housing Trust Fund Application. Incomplete applications will be returned to the applicant. An applicant will be given seven calendar days to provide missing information for applications that are substantially complete but have minor omissions.
* Late applications will not be accepted.

# APPLICATION CHECKLIST:

***Each item listed below must be included for the application to be considered complete. Please note that a complete application packet must be submitted for each proposed project.***

Affordable Housing Trust Fund application fully completed with budget and signatures

Signed Disclosures

Affidavit of Financial Interest

Equal Opportunity Agreement

Copy of the Application submitted to Kansas Housing Resources Corporation (if applicable)

Copy of the Housing Needs Study submitted to Kansas Housing Resources Corporation (if applicable)

Commitment Letters on Revenue Sources (if applicable)

IRS Form 990 (nonprofits)

Most Recent Financial Audit

Supporting Documents (may include Copy of the Application submitted to Kansas Housing Resources Corporation, site documents or blueprints, letters of support, client intake forms, and any other documentation that supports the strength of the project)

## APPLICATION SECTION 1: APPLICANT INFORMATION

|  |  |
| --- | --- |
| **Name of Applicant:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Project Name:** | Click or tap here to enter text. |

**Project Type:**

Accessibility Modifications

Home repair for low-income households

**Primary Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Click or tap here to enter text. | Title | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Email | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | |

**President/CEO/Executive Director Information (if different than above)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Click or tap here to enter text. | Title | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Email | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | |

**Has the applicant or co-applicant completed a project or projects similar in scope to the proposed project described above in the last five years?** **If yes, list applicable project(s) below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year: | \_ | Project Name: | \_ | Budget: | \_ |
|  |  |  |  |  |  |
| Year: | \_ | Project Name: | \_ | Budget: | \_ |
|  |  |  |  |  |  |
| Year: | \_ | Project Name: | \_ | Budget: | \_ |

**List the key staff for this project and their years of experience in similar projects:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name: | | |  | | | | | | | | | | | | | Role: | | | | | |  | | | | | | | | | | Years: | | | | | |  | | | | |
|  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  | |
| Name: | | |  | | | | | | | | | | | | | Role: | | | | | |  | | | | | | | | | | Years: | | | | | |  | | | | |
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| Name: | | |  | | | | | | | | | | | | | Role: | | | | | |  | | | | | | | | | | Years: | | | | | |  | | | | |
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**If applicant has received funding from the AHTF previously, please list all awards below, starting with the most recent:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Year: | | |  | | | |  | | Amount: | | |  | | | | Project Name: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Year: | | |  | | | |  | | Amount: | | |  | | | | Project Name: | | | | | | | | | | |  | | | | | | | | | | | | | |
| Year: | | |  | | | |  | | Amount: | | |  | | | | Project Name: | | | | | | | | | | |  | | | | | | | | | | | | | |
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## SECTION 2. REQUEST INFORMATION

**Total Amount of Funds requested from the Affordable Housing Trust Fund:**

**$ requested**

**If fully awarded, Affordable Housing Trust Funds would represent what percentage of overall revenue:**

**Percent of revenue** **%**

## SECTION 3. PROJECT INFORMATION

1. **Project Summary**

*Please provide a thorough overview of the proposed project, including project type, target population, timeline, expected outputs and outcomes. The summary provided here will be used to describe the project to the public and Governing Body.*

|  |
| --- |
| **Click or tap here to enter text. The box will expand with the text)** |

1. **How many households will be served in 2026 if awarded AHTF? Please also include the AHTF cost per household.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Will the project support renters, homeowners, or both?**

Ownership  Rental  Both

1. **Do you have agreements with the property owner regarding the sale of the property (for homeowners) or tenant occupancy requirements (for rentals)?**

Yes  No

1. **If yes, please outline the terms of the agreements, how the program ensures ongoing compliance.**

|  |
| --- |
| Click or tap here to enter text. |

1. **If yes, please outline the requirements regarding residency and affordability.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Please select the types of units eligible for modifications and/or repair**

Detached Single family  Row House/Townhouse

Multifamily (apartments)  Manufactured housing/ Trailer homes

1. **What Percentage of Area Median Income (AMI) will be served?**

0-30%  30-60%  60-80%  80-120%

1. **Please outline income eligibility requirements and verification.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Does the proposed program prioritize clients based on income?**

Yes  No

1. **Please describe how clients are selected and prioritized.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Populations Served**Project serves *low-income populations that are disproportionately impacted by homelessness, housing stress and housing insecurity.* ***Please indicate which, if any, specific subpopulations this proposed project is being designed to serve. Also explain how the project is being designed to serve those populations****..*

|  |
| --- |
| Click or tap here to enter text. |

1. **Does the proposed program participate in the home repair collaborative?**

Yes  No

1. **Equal Opportunity to Housing Access***Please describe how all eligible populations will be provided equal opportunity to be served through the project, and outline if any income-eligible populations will be prohibited from accessing services through the proposed project.*

|  |
| --- |
| *Click or tap here to enter text.* |

1. **Trauma Informed Housing Services***Please describe how the proposed project encompasses the* [*Four Principles of Trauma-Informed Housing*](https://traumainformedhousing.poah.org/the-four-principles-trauma-informed-housing) *into policies, procedures, and service delivery.*

|  |
| --- |
| *Click or tap here to enter text.* |

1. **Please describe how project will meet targeted community housing needs by housing type, population, or location, based on data in the** [**2018 Lawrence Housing Market Report**](https://assets.lawrenceks.org/assets/boards/ahab/documents/housing%20study/2018-Lawrence-Housing-Market-Analysis-Final-Report.pdf)

|  |
| --- |
| *Click or tap here to enter text.* |

1. **What, if any, additional or ongoing support services are offered?**

|  |
| --- |
| *Click or tap here to enter text.* |

1. **Detail the process and timeline for selecting clients and completing projects.**

|  |
| --- |
| *Click or tap here to enter text.* |

1. **Please outline strategies for program outreach and marketing.**

|  |
| --- |
| *Click or tap here to enter text.* |

## SECTION 4. BUDGET

Fill out the revenue form with the proposed project budget for which you are seeking City funds. If there are multiple revenues from one source, please itemize where the funds are anticipated to come from.

1. **REVENUE**

Please provide all sources of funding for this program. For each line item, please note whether it is projected (revenue you hope to raise to support program) or committed (already secured funding).

|  |  |  |
| --- | --- | --- |
| **Revenue Source** | **Status** | **Amount** |
| Affordable Housing Trust Fund | Requested | $ |
| City of Lawrence Non-AHTF Funds | Click or tap here to enter text. | $ |
| Douglas County | Click or tap here to enter text. | $ |
| Grants (local, state, federal, private) | Click or tap here to enter text. | $ |
| Fees for services or rent | Click or tap here to enter text. | $ |
| Donations | Click or tap here to enter text. | $ |
| Fundraising/Events | Click or tap here to enter text. | $ |
| Loans | Click or tap here to enter text. | $ |
| Other:Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Other: Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Other:Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Other: Click or tap here to enter text. | Click or tap here to enter text. | $ |
| **Total Revenue** | | **$** |

**Additional Leverage (e.g. agency match, in-kind services provided, etc.)**

|  |
| --- |
| *Click or tap here to enter text.* |

1. **EXPENSES**

***Please list all expected expenses, grouped into categories***. You are welcome to change or add categories listed on the table as needed and appropriate. Please Attach additional pages as necessary.

|  |  |  |
| --- | --- | --- |
| **Expense** | **Explanation/Details** | **Amount** |
| **PERSONNEL** |  |  |
| Developer Fees | Click or tap here to enter text. | $ |
| Administrative Fee | Click or tap here to enter text. | $ |
| Project Director | Click or tap here to enter text. | $ |
| Other Personnel (specify) | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
|  |  |  |
| **REPAIR & MODIFICATIONS COSTS** |  |  |
| Hard Construction Costs | Click or tap here to enter text. | $ |
| Contractor Fees | Click or tap here to enter text. | $ |
| Other (specify) | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
|  |  |  |
| **OTHER COSTS** |  |  |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
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| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| Click or tap here to enter text. | Click or tap here to enter text. | $ |
| **Total Expense** | | **$** |

1. **Detail how proposal will proceed if applicant is awarded partial AHTF funding.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Optional Budget Narrative**

|  |
| --- |
| Click or tap here to enter text. |

## SECTION 5. EQUAL OPPORTUNITY AGREEMENT

Upon selection of a project for grant funding, the City of Lawrence will begin contract negotiations based on the project requirements, applicant’s qualifications, the proposed timeline, and any additional constraints. Any applicant selected for Affordable Housing Trust Funding shall agree to the following the language:

*The applicant and any contractor thereof agrees that it will observe the provisions of the Kansas Act Against Discrimination and shall not discriminate against any person in the performance of work under the contract because of race, religion, color, sex, disability, national origin, or ancestry. The applicant or its contractor shall, in all solicitations or advertisements for employees, include the phrase, “equal opportunity employer.” The applicant or its contractor agrees that if it fails to comply with the manner in which it reports to the Kansas Human Rights Commission in accordance with the provisions of K.S.A. 44-1031 and amendments thereto, the applicant or contractor shall be deemed to have breached the contract and it may be canceled, terminated, or suspended, in whole or in part, by the City. If the applicant or its contractor is found guilty of a violation of the Kansas Act Against Discrimination under a decision or order of the Commission, which decision has become final, the applicant or its contractor shall be deemed to have breached the contract and it may be canceled, terminated, or suspended, in whole or in part, by the City.*

The City reserves the right to reject any proposal not complying with the requirements outlined in this application and may, at its discretion, opt not to select any proposal for an award of Affordable Housing Trust Funds at this time. The selected project(s) may be required to enter into a performance agreement with the City to ensure the project’s completion and performance.

**The undersigned hereby agrees with the Equal Opportunity language described herein.**

Click or tap here to enter text.

Agency Representative (PRINT)

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

Signature

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

Date

## SECTION 6. AFFIDAVIT OF FINANCIAL INTEREST

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | THE STATE OF: |  |  | ) |  |  |
|  |  |  |  | ) | SS: | Click or tap here to enter text. |
|  | THE COUNTY OF: |  |  | ) |  |  |

I,Click or tap here to enter text. , being of lawful age, and having been first fully sworn upon my oath, do hereby state:

1. I am a resident of Click or tap here to enter text., Click or tap here to enter text.
2. As of the date set forth below, I have no financial interest and no entity in which I have any interest has any financial interest in any real property, located anywhere in the state of Kansas, that is delinquent on any special assessments, delinquent on any ad valorem taxes, or the subject of any federal, state, or local tax lien.
3. As of the date set forth below, I am not currently delinquent or in default and no entity in which I have any interest is currently delinquent or in default on any debts, responsibilities, or other obligations owed to the City of Lawrence, Kansas.

Click or tap here to enter text.

Name (PRINT)

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

Signature

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

Date

## SECTION 7. DISCLOSURES FOR-PROFIT

It is the policy of the city that no financial support will be granted to any applicant or petitioner who owns any financial interest in any real property, anywhere within the state of Kansas, with delinquent special assessments, delinquent ad valorem taxes, or federal or state tax liens, or who is currently delinquent or in default on any debts, responsibilities, or other obligations owed to the City.

**List the full name(s) of each principal (partner or member) who owns (or will own) 5% or more capital of the company.** In the case of businesses owning another business (such as an umbrella LLC that is the owner of several other LLCs), the actual partners' names need to be listed, not just the registrant's name with the Secretary of State.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name: | | |  | | | | | | | | | | | | | | | | | | | | |  | Percent Ownership: | | | | | | | | |  | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name: | | |  | | | | | | | | | | | | | | | | | | | | |  | Percent Ownership: | | | | | | | | |  | | | | |
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| Name: | | |  | | | | | | | | | | | | | | | | | | | | |  | Percent Ownership: | | | | | | | | |  | | | | |

**Are any above listed principals currently delinquent or in default on any debts, responsibilities, or other obligations owed to the City?**

Yes  No

**If delinquent or in default, provide details on property owner name, property address, current property tax status, special assessment status, and outstanding obligations owed to the City, and why delinquent or in default.**

|  |
| --- |
| **Click or tap here to enter text.** |

**List all subsidiaries or affiliates and details of ownership:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Subsidiary: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Principals: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**Has Company or any of its Directors/Officers been involved in or is the Company presently involved in any type of litigation?**

Yes  No

**Has the Company, developer or any affiliated party declared bankruptcy?**

Yes  No

**Has the Company, developer, or any affiliated party defaulted on a real estate obligation?**

Yes  No

**Has the Company, developer or any affiliated party been the defendant in any legal suit or action?**

Yes  No

**Has the Company, developer or any affiliated party had judgements recorded against them?**

Yes  No

**If the answer to any of the above questions is "yes," explain below.**

|  |
| --- |
| **Click or tap here to enter text.** |

## SECTION 7. DISCLOSURES NONPROFIT

It is the practice of the City to partner with applicants that are financially responsible. Fill out the following questions regarding your agency's financial standing. In the event there are multiple agencies involved, please complete for each agency.

**Has your agency completed a financial audit?**

Yes  No

*If yes, indicate when your last financial audit was completed and attach the last completed audit to application.***Year:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If a financial audit was completed, indicate if there were any significant findings below:**

|  |
| --- |
| **Click or tap here to enter text.** |

**Has your agency or any of its Director Officers been involve in or is your agency presently involved in any type of litigation?**

Yes  No

**Has your agency or any affiliated party declared bankruptcy?**

Yes  No

**Has your agency or any affiliated party defaulted on a real estate obligation?**

Yes  No

**Has your agency or any affiliated party been the defendant in any legal suite or action?**

Yes  No

**Has your agency or any affiliated party had judgments recorded against them?**

Yes  No

**If the answer to any of the above questions is "yes," explain below.**

|  |
| --- |
| **Click or tap here to enter text.** |