

Kansas Weatherization Assistance Program Application

Weatherization improves energy efficiency and lowers utility bills by ensuring your home holds in heat and air conditioning while keeping hot and cold air out. Eligible households receive a comprehensive home energy audit to identify inefficiencies and health and safety concerns. Each home is different, and based on a home's unique audit results, improvements may include:

- Sealing of drafts and air leaks, caulking doors, and windows, weatherstripping
- Testing, cleaning, repairs, or replacement of heating and cooling systems and water heater
- Adding insulation to ceilings, walls, floors, and foundations
- Lighting, refrigerator, and fan upgrades

All services and upgrades are provided free of charge by our certified energy auditors and network of professional crews and contractors. Learn more or apply online at <https://kshousingcorp.org/weatherization-assistance>

Required materials and documents that applicants will need to complete a full application:

- Income figures for all household members for the past 3 months
- Information about all individuals living in the home including name, birth date, and gender
- Utility company names and account numbers
- If applicable, your landlord's information and permission
- If applicable, a notarized Affidavit of No Income

Income-eligible homeowners and renters. Households that receive Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or utility assistance from the Low-Income Energy Assistance Program (LIEAP) are automatically income eligible.

If you would like to learn more about LIEAP please visit <https://www.dcf.ks.gov/services/ees/Pages/EnergyAssistance.aspx>

Affidavit of No Income: If your household has no income, you will be required to provide a notarized copy of the Affidavit of No Income document included. Please get this document notarized ahead of turning in this application.

Priority may be given to households that contain elderly persons, persons with disabilities, families with children, and those households that are classified as high energy users or high energy burdened (high energy users are households who's previous 12-month energy use exceeds 100 MCF of natural gas or 14,000 kWh for electricity, or 800 gallons of propane.) High energy users/burdened households are those where the overall annual energy costs are equal to or greater than 15% of the household's annual income. The same 12-month period for determining income eligibility and energy bills will be used when calculating burden.

PROGRAM ELIGIBILITY

You must meet all these requirements to be eligible to receive Weatherization Assistance:

1. You and your household must occupy the home that you are applying to receive assistance with through this Program. All utilities including electric and gas service must be present and active.
2. Your house cannot be designated for acquisition or clearance by a federal, state or local program within 12 months from the date weatherization would be scheduled to be completed.
3. If your house has been weatherized before by a federal, state, or local weatherization program,
 - a. Your house is disqualified if Weatherization took place in the past 15 years, unless the house has been damaged by fire, flood, or act of God and repair of the damage to weatherization materials was not covered by insurance.
 - b. If you received weatherization assistance longer than 15 years ago, you may be eligible to receive further assistance, but we will be unable to repeat weatherization measures previously performed.
4. Your household income meets the requirements specified in the Kansas Housing Resources Corporation State Plan. Specifically, your household must either:
 - a. Contain a member that has received either Temporary Assistance for Families (TAF) payments under Title VI-A, Supplemental Security Income (SSI) payments, or assistance from the Low-Income Energy Assistance Program within the last 12 months.
 - b. In total, does not exceed the following maximum income levels based upon household size.

Family Size	Maximum Income for Weatherization (200% of FPL)	Family Size	Maximum Income for Weatherization (200% of FPL)
1	\$29,160	9	\$111,400
2	\$39,440	10	\$121,680
3	\$49,720	11	\$131,960
4	\$60,000	12	\$142,240
5	\$70,280	13	\$152,520
6	\$80,560	14	\$162,800
7	\$90,840	15	\$173,080
8	\$101,120	16	\$183,360

Home Condition Eligibility

Along with you being eligible for Weatherization services, your home must also be eligible. Staff is authorized to postpone or deny services to homes/units under these circumstances:

Health & Safety:

1. Unsanitary conditions where health of staff/contractor(s) would be placed in jeopardy
2. Threat of violence or personal safety of contractor(s) is in question
3. Household member has a health condition which could be aggravated by weatherization
4. Mold is found or excessive moisture conditions are present
5. Source pollutants are found which would be aggravated by weatherization (i.e., moisture, friable asbestos, or radon)

Effectiveness:

1. Remodeling or rehabilitation is planned or in progress
2. Condition of dwelling is too degraded for weatherization to be effective (i.e., major roof, foundation, or structural issues)
3. Home is condemned or scheduled for demolition
4. Client does not cooperate with weatherization personnel and either refuses entry, inspection, or measures selected by audit

INCOME VERIFICATION

To be eligible for the Weatherization Assistance Program, you must prove that you qualify based on criteria specified on the previous page. To do this, you and **every member of your household** must submit acceptable Proof of Income to our office. Use these guidelines to determine what is acceptable as Proof of Income.

Proof of Income	Documentation Needed
Cash Assistance	Include a dated printout from the Kansas Department for Children and Families (DCF) indicating the type and amount of benefits paid, month by month, for the most recent three month period.
Interest	Include three most recent bank statements that you have received or a transaction printout from your bank for the most recent year.
No Income	Any member of household over the age 18 must sign a No Income Affidavit (enclosed).
Unemployment Benefits	Send a dated printout from the Kansas Department of Human Resources (Labor) showing the amounts paid to you. If you do not have a dated printout, you may substitute an award letter that you have received within the last year.
Retirement Benefits	If you received a distribution from an IRA, 401(K), or other forms of retirement benefits, include a statement from the fund that discloses the monthly distribution amount.
Self-Employment*	Provide a signed and dated list or spreadsheet of all revenues and business expenses month-by-month for the previous 12-month period. Your income for the purposes of this program will be your gross income minus your business expenses that are ordinary and necessary.
Social Security or Supplemental Security Income	Include an eligibility letter that you have received within the past year. If you do not have an eligibility letter, you may substitute a printout from the Social Security Administration detailing the benefits detailing the benefit payments you receive on a monthly basis.
Veteran's Benefits	Include a letter from the Veteran Administration indicating how much you have received within the past three months. If no printout from the VA is available, you may substitute an award letter that you have received within the past year.
Wages Include one of the Following*:	1. A signed Employer Verification Form (enclosed) signed by you and your employer. Provide one form from each employer for each member of your household that receives wages. OR 2. Photocopies of all paycheck stubs for the most recent three-month period. Enclose one set of paycheck stubs for each employer that you and/or any member of your household received wages from. Any paycheck stub you submit must disclose your GROSS wages.
Workers Compensation Benefits	Send a letter from your attorney listing all amounts that have been paid to you.
Any other Source of income*	Not excluded below, include a short, signed and dated note from any third party or company, other than those mentioned above, from which you or any member of your household earned or received within the past 12-month period. Your note must list the amount received for each month.

Some instances may require a full 12 months proof of income and/or require a notarized statement.

NOTE: You must provide appropriate income documentation with your application.

Income, for the purposes of this Program, excludes: capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury; Also excluded are non-cash benefits such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches and housing assistance, and combat zone pay to the military. Note: Child Support Payments and College Scholarships are excluded.

AFFIDAVIT OF NO INCOME

Each member of your household over 18 years of age who has not received any income from any source other than excluded sources within the last year must complete this affidavit. For rules about what constitutes income, refer to the information below.

By signing, in the presence of a Notary Public, I certify under penalty of perjury that: (a) I am not presently employed, nor have been employed within the last year AND (b) I did not receive any income from any source within the past year except that which is excluded under the rules of this Program (displayed below).

Signature of Household Member	Printed Name	Date

This section must be notarized by a Notary Public.

County of: _____	This instrument was acknowledged before me on: _____ day of _____ 20_____ by:
State of: _____	
<div></div>	_____ Printed Name of Household Member
	_____ Printed Name of Household Member
	_____ Printed Name of Household Member
	_____ Printed Name of Household Member
_____ Notary Public's Signature	_____ My Commission Expires

Income includes money, wages, and salaries before any deductions; net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses). Income includes regular payments from social security, railroad retirement, unemployment compensation, strike benefits from union funds, workers' compensation, veterans' payments, training stipends, alimony, and military family allotments; private pensions, government employee pensions (including military retirement pay) and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

Income excludes capital gains; any assets drawn down as withdrawals from a bank, the sale of property, a house or a car; one-time payments from a welfare agency to a family or person who is in temporary financial difficulty; tax refunds, gifts, loans, lump-sum inheritances, one-time insurance payments, or compensation for injury; Also excluded are non-cash benefits such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, the value of food and fuel produced and consumed on farms, the imputed value of rent from owner-occupied non-farm or farm housing, and such federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, school lunches and housing assistance, and combat zone pay to the military. Note: Child Support Payments and College Scholarships are excluded.

LANDLORD PERMISSION FORM

To be completed by the OWNER of the home IF the home is a rental

I, _____ (property owner) do hereby declare that I am the legal owner of the dwelling located at _____ (address) in _____ (city), Kansas, and that this dwelling is occupied by _____ (tenant name). I understand that my ownership of this property will be verified through a review of public records within the county Register of Deeds office.

I grant the Kansas Weatherization Assistance Program (KWAP) permission to weatherize the dwelling at the aforementioned address and to do whatever reasonable repairs are deemed necessary within guidelines set forth by the U.S. Department of Energy. I further declare that I shall forever save and hold the KWAP, its agents, servants, and employees harmless from all claims, dividends, costs, and liabilities arising from damage or injury, actual or claimed, of whatever kind or character, to persons or property, occurring or claimed in, on or about the premises arising out of the service provided and shall defend the KWAP in any action or proceeding brought about.

I understand that the KWAP is entitled to all salvageable materials that are replaced with new weatherization materials.

Rental Properties:

In return for weatherization of the aforementioned- residence, I, as owner, agree to and understand the following:

1. I understand that the KWAP will assess the heating system. If found unsafe or inefficient, KWAP will try to replace the unit at no cost. I understand I will be contacted if a contribution is necessary before work proceeds.
2. I will not raise the rent on this property because of any improvements made by the KWAP for a period of one (1) year following completion of the weatherization work. I have the right to increase the rent an appropriate sum if I do additional repairs at my own expense unrelated to Weatherization work. Furthermore, I do not intend to sell the property for a period of one (1) year. Should I sell the property within 1 year, I will ensure the new owner agrees to the restrictions/requirements of this agreement. I also will not evict the tenant because of any improvements made by the KWAP. I retain the right to evict the tenant on matters demonstrably not Weatherization related. Landlords and tenants are encouraged to try to resolve disputes themselves. Landlord/tenant education and mediation services are available to assist in settling landlord- tenant disagreements arising from weatherization activities, if necessary, by contacting Kansas Housing Resources Corporation's Compliance-Tenant Relations Specialist at 1-800-752-4422.
3. I will be required to allow the weatherization work to be continued if the client moves from the dwelling before the work scope has been completed. Access to the unit will be made available as needed to all weatherization staff, inspectors, contractors, and crews to allow for completion of the work. Work planned or not yet started may be terminated if the tenant moves or the house is sold.
4. The KWAP may notify the appropriate utility company in addition to the tenant and myself if it discovers any physical condition which is believed to pose a threat to the safety of the tenant.
5. The benefits of the KWAP are to accrue primarily to the low-income tenants residing in the unit. No undue or excessive enhancements will occur to increase the value of the unit.
6. I hereby GRANT A WAIVER OF LIABILITY to the KWAP and its agents, from any and all claims against the Weatherization Program arising from its presence on said property.

Check and initial one of the following:

☐ I **GIVE PERMISSION** for holes, approximately 2" wide, to be drilled in any or all walls, floors, or ceilings for the installation of insulation materials, and understand that it will be my responsibility to apply the desired finish to the plugs used to seal the holes.

☐ I **DO NOT GIVE PERMISSION** for holes, approximately 2" wide, to be drilled in any walls, floors, or ceilings for the installation of insulation materials, and understand that, as a result, insulation will not be provided.

Owner Signature _____ Date _____

Owner Address _____

City _____ State _____ Zip _____

Phone Number _____

Tenant Signature _____ Date _____

Tenant Address _____

City _____ State _____ Zip _____

Phone Number _____

Weatherization Assistance Program Application

Name			
Primary Phone #		Secondary Phone #	
Physical Address		City, State, Zip	
Mailing Address		City, State, Zip	
County		Email	

Household Composition & Dwelling	
# of people in Household	
Ownership	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Dwelling Type	<input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex/Triplex/Quadplex <input type="checkbox"/> Multifamily (5 or more units) <input type="checkbox"/> Shelter
Layout	<input type="checkbox"/> 1 Story <input type="checkbox"/> 2 Story <input type="checkbox"/> 3 Story <input type="checkbox"/> Split Level
My residence is on the market for sale.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My house is scheduled for acquisition or clearance under a governmental agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
My residence is being foreclosed on or is at risk to be foreclosed on.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive utility assistance from the Low-Income Energy Assistance Program? (LIEAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you believe you may be a high energy user/burdened?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current Home Conditions	
Do you have a working heat source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of furnace	
Select all that apply	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Central gas furnace <input type="checkbox"/> Central electric furnace <input type="checkbox"/> I have a wall furnace <input type="checkbox"/> I have a floor furnace <input type="checkbox"/> Baseboard heater <input type="checkbox"/> I have a space heater </div> <div> <input type="checkbox"/> I have a wood burning fireplace <input type="checkbox"/> I have a wood burning stove <input type="checkbox"/> Vented freestanding stove <input type="checkbox"/> Solar heating system <input type="checkbox"/> Steam or hot water radiator <input type="checkbox"/> Combo Heater/Air Condition Unit </div> </div>
Is your home air conditioned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Select all that apply	<input type="checkbox"/> I have central air conditioning <input type="checkbox"/> I have window air conditioning <input type="checkbox"/> I have leave-in air conditioning
Select all that apply	<input type="checkbox"/> I suspect mold in my house <input type="checkbox"/> I have a roof leak <input type="checkbox"/> I have a plumbing leak

Household Income

Household Member *List all household members*	Income Source *See Income Verif. Sheet for Types of Income*	Gross Monthly Income
1.		
2.		
3.		
4.		
5.		
6.		
Total Household Income		\$

☐ No Income Received – If checked, what is the last month/year income was received:

Household Members

Member 1 (Applicant)

Name		Gender	
Date of Birth		Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (check all that apply)	<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other		

Member 2

Name		Gender	
Date of Birth		Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (check all that apply)	<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other		

Member 3

Name		Gender	
Date of Birth		Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (check all that apply)	<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other		

Member 4

Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth		Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (check all that apply)	<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other		

Member 5			
Name		Gender	
Date of Birth		Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (check all that apply)	<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other		
Member 6			
Name		Gender	
Date of Birth		Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race (check all that apply)	<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other		

Attestation & Understanding	
<p>I attest that the information: 1) was provided voluntarily & 2) it is correct & complete.</p> <p>I understand that: 1) the information will be kept confidential pursuant to the Privacy Act of 1974, as amended, but may be made known to other persons in pursuit of eligibility determination, funder reporting, & central data system reporting; & 2) any false statements could result in the denial of services.</p>	
Signature – Household Member 1	Date

Eligibility Certification

"I certify that there is at least one United States citizen or Qualified Alien who resides at the address listed on this application. Qualified Alien is defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996."

Applicant Signature	Date

All Properties: Check and initial one of the following:

- ☐ I **GIVE PERMISSION** for holes, approximately 2" wide, to be drilled in any or all walls, floors, or ceilings for the installation of insulation materials, and understand that it will be my responsibility to apply the desired finish to the plugs used to seal the holes.
- ☐ I **DO NOT GIVE PERMISSION** for holes, approximately 2" wide, to be drilled in any walls, floors, or ceilings for the installation of insulation materials, and understand that, as a result, insulation will not be provided.

Applicant Signature

Read all of the following information before signing.

Once your weatherization agency has received your application and verified your income to determine eligibility, you are placed on a waiting list to receive a whole house energy audit inspection. When it is your turn, an inspector will contact you to set up a time for your inspection. The inspector will visit your home to gather the necessary information which must be entered into a computer program approved by the U.S. Department of Energy and the State of Kansas. This program provides the Weatherization Program with a list of approved measures designed to reduce the energy consumption of your home. Each house is inspected in a similar manner and input in the audit software in a similar manner. However, due to the inherent differences in each building structure, the energy audit software may approve different measures for each house. After inspection, an appointment is then set for an agency crew or contractor to arrive to perform the work that has been approved for your home. Before any work is started, the crew supervisor will go over the list of work items with the homeowner. If there are no objections, the crew will proceed with the work. In cases where the homeowner objects to having any work item performed, the crew supervisor will contact the project inspector to discuss the objection before any work is started. If the housing inspector determines that the item objected is required for your health and safety, then we will be unable to do any of the items.

The services provided to you through the Kansas Weatherization Assistance Program are intended solely to reduce the energy consumption needs of your household. Each weatherization agency receives a limited amount of money, and the Weatherization program regulations and guidelines limit the use of grant funds to specific approved measures which have been shown to reduce energy consumption. The work is performed by agency staff or subcontractors who have received extensive training and experience in specific weatherization techniques. Please be advised that all weatherization work items are not intended to enhance or improve the appearance of the home. If my application is approved, I authorize the weatherization of my home to be completed by this program and will provide reasonable access to my property as required by weatherization personnel. If I disallow reasonable access to my home, I understand that my application will be deferred, and any work already completed will not be warranted.

By signing below, I certify that I have read all information contained in this application and understand my rights and responsibilities as a client under the Kansas Weatherization Assistance Program. I also certify that the information given by me in this application is a true and accurate representation to the best of my knowledge. By signing this application, I understand that I may be civilly and/or criminally liable under Federal and State law for making any false or fraudulent representations. I also understand that any person that applies for the Kansas Weatherization Assistance Program has the right to appeal any denial, delay, or limitation of service under the grant program. Appeals must be sent in writing to the local weatherization agency in your area.

Applicant Signature	Date

Fuel Release Form

Please complete this form. It is required to receive Weatherization Assistance.

Applicant's Name		County	
Address		Telephone	
City, State, Zip			

Utility Information

Heating Fuel Supplier		Electric Supplier	
Supplier Name		Supplier Name	
Bill To		Bill To	
Account #		Account #	

This release shall apply to the above energy providers and any subsequent energy provider(s) formed through merger or acquisition therewith.

I hereby authorize the above energy providers to release information on my fuel bills to the following agencies:
Kansas Weatherization Assistance Program, Low Income Home Energy Assistance Program, and the local Weatherization Agency.

I understand that this information will be used only to provide data for the above-named agencies, and no information obtained through this release shall be made public in such a manner that the dwelling or occupants can be identified.

This release shall apply for 3 years following the date of its execution.

Applicant Signature	Date

Weatherization Walk Away Policy

Weatherization staff is authorized to postpone or deny services to units under these circumstances.

Health & Safety:

1. Unsanitary conditions where health of staff or contractor(s) would be placed in jeopardy
2. Threat of violence or personal safety to staff or contractor(s) is in question
3. Household member has a health condition which could be aggravated by weatherization
4. Mold is found or excessive moisture conditions are present
5. Source pollutants are found which would be aggravated by weatherization (i.e., moisture, friable asbestos, or radon)

Effectiveness:

1. Remodeling or rehabilitation is planned or in progress
2. Condition of dwelling is too degraded for weatherization to be effective (i.e., major roof, foundation, or structural issues)
3. Home is condemned or scheduled for demolition
4. Client does not cooperate with weatherization personnel and either refuses entry, inspection, or measures selected by audit.

Applicant Signature	Date

Pre-Inspection Process & Client Interview

The following questions are to help the Weatherization Program better understand your home and what potential needs it may have. Please complete this form to the best of your knowledge.

Applicant's Name		County	
Address		Telephone	
City, State, Zip			

Type of fuel for heating	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Propane <input type="checkbox"/> Wood/Coal
Foundation type	<input type="checkbox"/> Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab <input type="checkbox"/> Slab
Number of bedrooms	
Does moisture, frost, or ice collect on the window glass?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your home have broken glass in windows and doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the outside of your home free of debris so that a contractor could work on your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the access to windows, doors, attic etc. free on the inside of your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you in the process of remodeling or plan to remodel any portion of your home in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any part of your ceilings, walls, or floors incomplete or in need of repair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any broken or leaking water or sewer line?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has foundation seepage, damp or wet basement or crawlspace ever been a problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If mobile home – is the underbelly free of debris and/or standing water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
My residence is at-risk for demolition and/or unsafe/unfit designation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The house is currently unoccupied or being currently vacated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My utilities are currently disconnected or are at-risk for immediate disconnection.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mail completed application and all income documentation to:

Kansas Housing Resources Corporation
 611 S. Kansas Ave, Suite 300
 Topeka, KS 66603