KENT WASHINGTON
PARKS, RECREATION & COMMUNITY SERVICES

Home Repair Application
(CDBG Funded Program)

City of Kent
220 4th Ave S
Kent, WA 98032
253-856-5065 Fax 253-856-6070

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Street Address *Unit #*

City *State* *ZIP Code*

Phone: ( ) E-mail Address:

Emergency Contact: Relationship? Phone: ( )

Have you received prior assistance? ☐Yes ☐No If yes, when?

Dwelling

Type of structure: ☐Single Family ☐Mobile ☐Condo Year Built: Septic? ☐Yes ☐No Last Pumped:

Date of Purchase: Monthly Mortgage: Total Mortgage owed: Lot Rent:

Current Residents

Primary Language: Head of Household: ☐Male ☐Female

Ethnicity:
☐Hispanic/Latino
☐Not Hispanic/Latino

Race:
☐Caucasian
☐Asian
☐American Indian
☐Black/African American & White
☐American Indian/Alaskan Native & White
☐Black/African America
☐Native Hawaiian/Pacific Islander
☐Asian & White
☐Other Multi Racial

Please list all residents including self.

Full Name: Relationship:
Birthday: Senior? ☐Yes ☐No Disabled? ☐Yes ☐No

Full Name: Relationship:
Birthday: Senior? ☐Yes ☐No Disabled? ☐Yes ☐No

Full Name: Relationship:
Birthday: Senior? ☐Yes ☐No Disabled? ☐Yes ☐No

Full Name: Relationship:

Birthday: Senior? ☐Yes ☐No Disabled? ☐Yes ☐No

Full Name: Relationship:

Birthday: Senior? ☐Yes ☐No Disabled? ☐Yes ☐No

Income Verification

Name: Source: Amount:

Name: Source: Amount:

Name: Source: Amount:

Name**:** Source: Amount:

Name: Source: Amount:

This application will not be processed until ALL supporting documentation is received.

Information is confidential and for the sole purpose of qualifying for this program. It is not necessary to disclose your Social Security number.

Agreement and Signature

I/We, the undersigned, hereby certify that the above statements are correct and accurate at the time of execution of this application. I/We understand that any persons giving false information will be subject to a penalty of perjury. It is hereby acknowledged that a minimum Housing Code inspection is required before I/We receive approval for a repair grant and that additional inspections and photographs may be required to determine cost estimates of eligible repairs. I/We agree to notify the Kent Home Repair Program in writing of any material change in my/our financial condition or circumstances. I/We will not sell my home for a minimum of 1 year from the date of last service. I/We also authorize the City of Kent to confirm the above information by securing verification of income from the issuing sources and/or employers, and verification of ownership from title reports or motor vehicle ownership records.

Signature: **Date**:

In addition to this completed application Home Repair applicants must be able to provide proof of ownership and income documentation for all adults in the home.

Ownership Documents

Residences are required to be owner-occupied for a minimum of one year.
For houses and condos please include:

- Copy of deed or tax bill

For Mobile homes:

- Copy of vehicle registration (Mobile must be 1976 or new to qualify)

Income Documents (for all residents of the home over age 18)

Most recent 1040 Federal tax form *

*If you do not file for taxes please complete the enclosed 1040 form as proof of income.