



CITY OF TOPEKA

PROPERTY MAINTENANCE REHABILITATION APPLICATION FOR ASSISTANCE - Owner Occupant

Application Date: _____

NOTE: ALL PERSONS ON THE DEED MUST RESIDE IN THE HOME. ADDITIONALLY, YOU MUST RESIDE IN THE HOME FOR AT LEAST A YEAR.

PROPERTY ADDRESS: _____ Zip Code: _____

Applicants Name: _____
Last First Middle Age Date of Birth

Co-Applicant: _____
Last First Middle Age Date of Birth

Phone Numbers: HOME: _____ WORK: _____ CELL _____

Email Address: _____

ALL OTHER OCCUPANTS: (All family and non-family members residing with you currently, including roommates, co-habitants, friends or acquaintances.)

Name Relationship Age Date of Birth

All household sizes must make \$42,033.50 or below to qualify.

I wish to be considered for housing assistance from Neighborhood Relations. I understand that my application is no guarantee of assistance, but that it does entitle me to fair and impartial consideration along with other applicants for assistance. Application is subject to client eligibility, program eligibility, available funding and any other pre-approvals and the program is subject to change, or discontinuance at any time without notice.

I give all the information in this application, and all the information furnished in support of this application, for the purpose of obtaining assistance all information is true and complete to the best of my knowledge and belief.

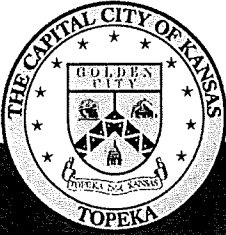
I further understand that, in order to determine my eligibility for assistance, Neighborhood Relations staff will be required to obtain detailed information on my financial status, employment, home ownership and occupancy.

I understand that it is a federal crime (U.S.C. Title 18, Sec. 1001) to knowingly make any false statements concerning my facts herein.

"I realize that the City may wish to use the work it has done to my house for proof of its work or advertising. By signing this application, I/we grant the City my/our consent to take photographs of my/our house and grounds before, during, as well as after construction and realize that the photographs may be displayed to the public in print as well as electronically for the City's benefit."

I understand disclosure of information contained within this application will only be made if required by federal, state, or local law.

Signature of Applicants Date Signature of Applicants Date



CITY OF TOPEKA

AUTHORIZATION for RELEASE of FINANCIAL INFORMATION

I/We,
(Printed Name)

(Signature - Date)

| | |
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| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
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| _____ | _____ |

residing at _____, in Topeka, Kansas, do hereby grant authorization for the release of detailed and accurate financial information to Neighborhood Relations, on my financial status, credit, income, employment circumstances, all utilities, occupancy, and ownership of the above property which authorization shall be effective for a three [3] month period. I/We grant this authorization so that this property may be considered for assistance from The City of Topeka Department of Neighborhood Relations (a municipal corporation).

I/We authorize the use of photocopies of this document, which shall be as effective as the original for the stated purpose above. I/We also grant authorization for the Release of Information to be FAXed.