



DIVISION OF HOUSING SERVICES

ACCESSIBILITY PROGRAM

The Accessibility Program provides modifications to residential homes for individuals with physical disabilities who are either homeowners or renters. The assistance is provided to gain:

- One access to the home
- Exterior ramp
- Bathroom modifications (homeowner only)
- Access to one bathroom and/or bedroom

To be eligible for this program the applicant must:

- Fill out an application
- Provide documentation of disability
- Own and/or occupy the property
- Provide proof of income

2024 INCOME LIMITS BY HOUSEHOLD SIZE:

- 1 PERSON - \$48,900
- 2 PERSONS - \$55,900
- 3 PERSONS - \$62,900
- 4 PERSONS - \$69,850
- 5 PERSONS - \$75,450
- 6 PERSONS - \$81,050

The assistance is provided as a one-time grant and not repaid. Individuals with verified physical disabilities whose primary residence is within the city limits of Topeka, KS and the residence may be either homeowner-occupied or renter-occupied. Bathroom modifications only to homeowners.

EMERGENCY REPAIR PROGRAM

The Emergency Repair Program is intended to help homeowners make repairs to immediate health or safety problems such as the following:

- Furnace replacement
- Sewer line collapse
- Water heater replacement
- Significant water line, waste line, or gas line leakage
- Medically required and documented mechanical systems
- Roof replacement (not repair)

To be eligible for this program the applicant must:

- Fill out an application
- Own and occupy the property for 1 year in City
- Provide proof of income less than 60% median income
- Provide government photo identification

2024 60% INCOME LIMITS BY HOUSEHOLD SIZE:

- 1 PERSON - \$36,720
- 2 PERSONS - \$41,940
- 3 PERSONS - \$47,160
- 4 PERSONS - \$52,380
- 5 PERSONS - \$56,580
- 6 PERSONS - \$60,780

The Deferred Loan Program requires no monthly payments or interest on the loan. The loan does not have to be paid back unless the home is sold or transfer of ownership occurs within 5 years. After 5 years 100% of the loan will be forgiven.

WEATHERIZATION PROGRAM

The Weatherization Program is intended to help eligible homeowners make upgrades to their homes such as the following:

- 90% or higher Furnace Replacement
- Roof Replacement
- Insulation in the attic and walls
- Close crawl spaces
- Exterior door and broken windows
- Sealant and caulking to seal leakage

To be eligible for this program the applicant must:

- Fill out an Application
- Own and Occupy the property for 1 year within the City limits
- Primary resident for a year
- Provide proof of income less than 60% median income

2024 60% INCOME LIMITS BY HOUSEHOLD SIZE:

- 1 PERSON - \$36,720
- 2 PERSONS - \$41,940
- 3 PERSONS - \$47,160
- 4 PERSONS - \$52,380
- 5 PERSONS - \$56,580
- 6 PERSONS - \$60,780

The Weatherization Program will provide a grant to homeowners, an opportunity to obtain assistance with insulation, HVAC systems, sealing. The minimum assistance provided per qualifying activity shall be \$1,500.00 and maximum lifetime assistance per house and per homeowner is \$10,000 dollars. Weatherization improves energy efficiency and lowers utility bills.

Application Checklist

Once the Application has been reviewed and eligibility has been determined, all information will be verified and documented. Final eligibility determination will be made once all of the documentation has been received and reviewed.

Below is a list of items that are required to be eligible for this program.

It is the applicant's responsibility to submit all documentation.

- A copy of valid picture ID of applicant
- Requested repairs or modifications section must be filled out
- All income documentation for household members over the age of 18
- A copy of a recent mortgage statement showing your payments are current(if applicable)

Types of Income documentation that can be submitted:

- The last 6 consecutive pay stubs for any household members over 18 years old(If applicable)
- Employment verification form filled out by employer (if pay stubs aren't available)
- Social Security current annual benefits letter (if applicable)
- Last 2 years federal tax returns if a household member is self employed
- All Pension/Annuity/401K/IRA statements if receiving regular payments(if applicable)

Accessibility

- A lease agreement between yourself and the landlord if you are renting the property(Accessibility only)

2023 Income Guidelines Listed on Front Page:



Application Date: _____

Application Number

#

Select Application Type:

Emergency Repair_____

Accessibility_____

Weatherization_____

PROPERTY ADDRESS: _____

Zip Code: _____

Applicants Name: _____
Last First Middle Soc.Sec.# Age Date of Birth

Co-Applicant: _____
Last First Middle Soc.Sec. # Age Date of Birth

Phone Numbers: HOME: _____ WORK: _____ CELL _____

Email Address: _____

ALL OTHER HOUSEHOLD OCCUPANTS: (All family and non-family members residing with you currently or shall reside with you in the next residence as participants of any housing program. Include roommates, co-habitants, friends or acquaints.)

Name Social Security Number Relationship Age Date of Birth .

I wish to be considered for housing assistance from Department of Planning & Development. 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 under the Community Development Act of 1974 and it is true and complete to the best of my knowledge and belief.

I further understand that, in order to determine my eligibility for assistance, Department of Planning & Development 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, 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

Signature of Applicants

Date: _____

Date: _____

EARNINGS or INCOME (During Past 12 months): Employment, Business Earnings, Self Employment, Real Estate Rental, Social Security, Pensions, VA, Annuities, Child Support, Alimony, Welfare, Food Stamps. Specify Income as Weekly, Monthly, Temporary, No Longer Receiving, etc. Documentation of occupant income must be returned with this application and consist of such items completed income verification form, copies of three consecutive paycheck stubs, copies of annual Social Security award letter or Social and Rehabilitation Services payments, copies of pension or annuity payments, copies of child support payments, copies of incomes from certificates of deposits or bank accounts.

NAME	SOURCES	ACCOUNT NO.	PAY PERIOD	INCOME	
				\$	
Do you have Homeowner's Insurance?: _____				TOTAL ANNUAL GROSS INCOME	\$

Insurance Agent/Company(Address & Phone Number):

Type of Ownership: Deed: _____

Mortgage Holder (Address & Phone Number):

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES:

Applicant: I Do Not Wish to Furnish This Information: _____

RACE / NATIONAL ORIGIN:

(This category must be completed)

- AI American Indian / Alaskan Native
- AS Asian
- BA Black / African American
- HI Native Hawaiian / Other Pacific Islander
- WH White
- IW American Indian / Alaskan Native & White
- AW Asian & White
- BW Black / African American & White
- IB American Indian / Alaskan Native & Black / African American
- OT Balance / Other

ETHNICITY:

- HS Hispanic / Latino
- NHS Not Hispanic / Latino

GENDER:

- Female
- Male

Female Headed Household:

- YES NO

Age (over 62): YES NO

Disability: YES NO

Description of Repairs Requested/Additional Notes / Information:

Please select which modification you are requesting from the application you selected above.

Emergency Repair Program:

- Furnace
- Roof
- Water Heater
- Sewer Line
- Plumbing
- Electrical
- Air Conditioner

Home Owner Only**:

*(You must have a letter from a Doctor stating medical need for item(s) below)

- Gzvgtkqt'Tco r
- Dcvj tqgo 'O qf kkecvkqpu
- Y cmk'Uj qy gt
- J ki j 'tkug'vqlkgv
- F qqt'Y kf gplpi
- ____ Front Door
- ____ Bathroom

Tenant Only**:

*(You must have a letter from a Doctor stating medical need for item(s) below)

- Gzvgtkqt'Tco r

Weatherization Program:

- Windows
- Door(s)
- Weather stripping
- Insulation
- Siding

Please describe the issue(s) you are having with the item(s) that you selected above:

Residential Accessibility Program

Applicant Terms and Conditions

The Applicant understands and agrees to the following:

- Understands funding is allocated on a first-come, first-serve basis and is determined by the time/date of the last piece of qualifying information received for the applicant.
- Understands no amount of money is guaranteed.
- Maximum assistance available for owner-occupied residences is \$4,000.00 for the interior and \$6,000.00 for the exterior.
- Maximum assistance available for renter occupied homes is \$4,000.00 for the exterior.
- Maximum assistance available for mobile homes is \$1,500.00 for the exterior.
- Any expense that exceeds the maximum amount of funding allowed by the City of Topeka Accessibility Improvement Program will be the responsibility of the applicant.
- Have reviewed, understand and agree with the modifications being proposed to my home.
- Understands that the modifications work will be performed using the applicant's utilities, as needed.
- Competitive bids may be required by the City's Housing Services.
- Accessibility modifications are the only modifications that will be approved.
 - General home repairs or home rehabilitation will not be approved.
 - Weatherization of homes will not be approved.
- Must not ask the contractor to deviate from the approved bid specifications, unless authorized by the City of Topeka Department of Planning & Development.
- The contractor must have access to the premises during normal working hours, in accordance with the terms of the notice-to-proceed, unless otherwise mutually agreed by the applicant and the contractor.
- Understands that the contractor will provide the supplies specified in the bid, and that the contractor will obtain those supplies from his/her selected supplier.
- The presence of lead-paint may require special activities and inconvenience, or in some situations, change or reduction in the amount of assistance available.
- Understands that the contractor has the right of salvage for items removed from the premises as part of the work unless mutually agreed otherwise.
- I further understand that after installation of a modification it is my responsibility or the property owner's for non-warranty maintenance and any removal / repair if required by the owner at the end of a tenancy.**

I, as an applicant for the City of Topeka Accessibility Improvement Program, have read and agree to the above stated terms and conditions. If any of the terms and conditions is not followed, funding can be withdrawn.

(Applicant Signature)

(Date)

***This page only needs signed if you are filling out this application for the Accessibility Program**



CITY OF TOPEKA

Department of Housing Services
620 SE Madison Street, 1st Floor, Unit 8
Topeka, KS 66607-1118

Tel: 785-368-3711
www.topeka.org

WAGE VERIFICATION FORM

Employee's Name _____ Soc Sec# _____

Employee's home address _____

TO THE EMPLOYER: Your name has been given as an employer by the above individual. We request your cooperation in supplying the information needed below, which will be kept in strict confidence.

The program, for which the individual is applying, is legally required to verify the income from all sources. We are unable to use paycheck stubs, please fill out the form completely and accurately.

PLEASE BE SPECIFIC REGARDING THE INFORMATION BELOW

Date employed _____ Occupation/Title _____

Current Rate of Gross Pay: Month \$ _____ Week \$ _____ Hour \$ _____

If pay is on hourly basis: Average hours regularly worked per week _____

Hours of regular overtime _____ Rate of pay for overtime \$ _____

Is increase in pay anticipated? No _____ Yes _____ When _____ Amt \$ _____

Has rate of pay changed in the past year? Yes _____ No _____

Give date(s) and change: Date _____ from \$ _____ to \$ _____
Date _____ from \$ _____ to \$ _____

If possible, give actual amount earned during a given period, such as quarterly, semi-annually, or annually. (**Please show GROSS amount**)

Amount earned from _____ to _____ is \$ _____

Remarks: _____

Company name _____

Address _____ Phone Number _____

Signature _____ Title _____