



KENT HOME REPAIR

City of Kent Parks Recreation & Community Services
220 4th Avenue South
Kent, WA 98032
Fax: 253-856-6070

Email: HomeRepair@kentwa.gov

PHONE: 253-856-5065

Dear Applicant:

Thank you for your interest in Kent Home Repair. This program provides limited grants for housing repairs which help maintain health, safety and stability to qualified homeowners in the city of Kent. To qualify for assistance through this program:

- Your residence must be a single-family home, condominium, or manufactured home in the city limits of Kent **and** be owner-occupied for a minimum of 12 months prior to the date of application.
- Manufactured homes must have been built *on or after* June 15, 1976 to qualify.
- Applicants must possess homeowner’s insurance at the time of application and throughout the duration of the grant.
- Total household income may not exceed 80% of the King County Area Median Income (AMI), shown in the table below:

Current Income Guidelines:	
Household Size	Gross Annual Income
1	\$66,700
2	\$76,200
3	\$85,750
4	\$95,250
5	\$102,900
6	\$110,500
7	\$118,150
8	\$125,750

*Income guidelines last updated 7/1/2020

The Kent Home Repair Program is funded entirely by the U.S Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) funds. As a requirement of our funding source, applicants must verify eligibility. In addition to a completed application, we also require the following:

- Proof of ownership
- Proof of homeowner's insurance
- Proof of income for all household members over 18 years of age

(See page 2 on application for full list of required documentation)

Completed application packets can be returned to:

Kent Home Repair
220 Fourth Avenue South
Kent, WA 98032

Fax (253) 856-6070
Email HomeRepair@kentwa.gov
Phone (253) 856-5065
Hours: M-F 8 AM to 4 PM

PLEASE NOTE: due to the COVID-19 pandemic, response time has been greatly affected. Application approvals may be prioritized based on type of repairs needed and availability of resources. **NEW:** all occupants in the home are required to complete a COVID-19 Waiver Form prior to having work completed (included in this packet).

Incomplete forms and/or missing documentation will slow the review process so be sure to complete all portions and include all required documents. Please contact our office with any questions. Thank you.



Kent Home Repair Application

First Name: _____ Last Name: _____

Preferred Name/ Nickname: _____

Street Address: _____ Unit # _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number : _____ Secondary Phone: _____

Email Address: _____

Dwelling Information

Type of Dwelling: Single Family Home Mobile/Manufactured Home Condominium

Date of Purchase: _____ Year Built: _____ Do you have homeowner's insurance? Yes No

Household Demographic Information

Primary Language: _____

Marital Status: Single Married Widowed Divorced/Separated

Are you the Head of Household? * defined as an un-married individual with one or more dependent(s) Yes No

Starting with yourself- please list all occupants of the home (both familial & non-familial):

First & Last Name	Relationship	Date of Birth	Gender	Disabled (select one)		Hispanic/Latino (select one)		Race* (Choose letter from Key below)
				Yes	No	Yes	No	
	SELF			Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	

If you need more space, please attach an additional sheet

***Key:**

- A- White
- B- Black/African American
- C- Asian
- D- American Indian or Alaskan Native
- E- Native Hawaiian or Other Pacific Islander
- F- American Indian/Alaskan Native & White
- G- Asian & White
- H- Black/African American & White
- I- American Indian/Alaska Native & Black/African American
- J- Other/Multi Racial

Household Income

List all income for each adult occupant (18 years or older) from all sources (examples include but not limited to salary wages, social security, pension, annuities, unemployment, child support, etc..) Every adult over 18 with no income source must submit a *Declaration of No Income Form*.

First & Last Name	Income Source	Gross Annual Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Household Total:		\$

Supplemental Questions

Are you an honorably discharged Veteran or a spouse/widow(er) or dependent of an honorably discharged Veteran?

Yes No

Have you received prior assistance from this program? Yes No

If so, when? _____

How did you hear about this program?

What Repairs are you interested in?

Note: all repair requests may not be accommodated; repairs must meet program guidelines & are prioritized by health, safety & availability of resources)

Do you have any intentions to move, sell your home or transfer the title soon? Yes No

Note: Repairs completed by this program are intended to maintain the health and safety of the home and its occupants. Funds may not be spent on cosmetic work, remodels or to prepare the property for sale. Participants agree to not move or sell the home for a minimum of one year after the last date of service.

Signature required on next page

FOR OFFICE USE ONLY:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments:
Client ID: _____		_____
Reviewed by: _____ Date: _____		_____
Approved by: _____ Date: _____		_____

I certify that I have completed all portions of this application and attached the following REQUIRED documents:

(1) Proof of Ownership documents:

Residences are required to be owner-occupied for a minimum of one year

For single family homes and condos:

Copy of deed or tax bill

For mobile/manufactured homes ONLY:

Copy of Washington State Certificate of Title document (registration)

Mobile homes must have a HUD tag Certification label (built 6/15/1976 or later) to qualify

(2) Income documents (all of the following are required)

Copy of 1040 Federal tax form for current filing year

*If you do not file taxes, please fill in applicable portions of the enclosed 1040 form **in addition to** providing bank statements and supporting documents*

Two months of bank statements

dated immediately prior to application- showing a record of deposits from income sources

Supporting current documentation of all income sources for all members of the household 18 years & older

Document examples may include (but not limited to): 3 months of most recent paystubs or unemployment benefits, child support, Social Security/SSDI award letter, retirement and/or private pension & annuity statements.

Self-declaration of no income form(s)- *ONLY for households with adults [18+] not receiving income*

(3) Copy of current homeowner's insurance policy declaration (showing current coverage period)

(4) COVID-19 Participant Assumption of Risk & Waiver of Liability Form- **one waiver for each occupant is required**

(5) Read and signed Terms & Conditions at the bottom of this page

To the extent allowed by law, Information is confidential and for the sole purpose of qualifying for this program. It is not necessary to disclose Social Security number or bank account number(s)

Terms and Conditions

- **This application cannot be processed until completed, signed and ALL supporting documentation is received**
- **Ongoing eligibility review is required. Grant recipients will be asked to resubmit proof of income every 6 months (180 days) from date of certification**
- **Grant recipients are required to possess homeowner's insurance and must keep a copy of current policy declaration on file with Kent Repair throughout the term of the grant**

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.



Homeowner Signature

Date



Participant Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

ONE WAIVER FOR EVERY OCCUPANT OF THE HOME REQUIRED

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments, and federal and state health agencies, recommend social distancing, and in many locations, have prohibited the congregation of groups of people.

The City of Kent Home Repair Program has put in place preventative measures and protocols, where possible, to reduce the risk of spreading COVID-19. However, the City of Kent cannot guarantee that you will not become infected with COVID-19. Your choice to attend or participate in any City program will increase your risk of contracting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by COVID-19 by participating in the City of Kent's Home Repair Program, and that such exposure or infection may result in my personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by participating in the Home Repair Program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Kent employees and contractors, subcontractors, or their respective employees.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury that may result, including without limitation personal injury, disability, illness, or death, and any resulting damage, loss, claim, liability, action, or expense of any kind, in connection with my participation in the Home Repair program (the "Claims"). I hereby indemnify, release, covenant not to sue, discharge, and hold the City of Kent, its employees, agents, volunteers, and representatives harmless from all Claims arising out of or relating to my participation in the Home Repair Program during the COVID-19 pandemic. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the City of Kent, its employees, agents, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after my participation in the Home Repair Program.

Through my signature below, I acknowledge that I have read this Assumption of Risk/Waiver of Liability form, understand its contents, and sign it freely and voluntarily.

Signature of Homeowner/Occupant Printed Name Date

Parents/Guardians of Minors (under 18)- fill out portion below (Reminder: one form per household member is required)

Name of Minor Age Name of Parent/Guardian

Signature of Parent/Guardian Date

Witness (City of Kent Employee) Date



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Kent WA 98032
253.856.5065
HomeRepair@kentwa.gov

SELF-DECLARATION OF NO INCOME FORM

This form is only required for household occupants over the age of 18 with no income source (one form per person)

Name of Primary Applicant/Homeowner: _____

Table with 2 columns and 4 rows: Occupant Name, Date of Birth, Address, Relationship to Homeowner.

I do hereby declare that I have not received any income for the months of:
_____, _____ & _____
(Fill in the 3 months prior to the month of application/update)

Please briefly describe how shelter, food, utilities and other bills are being paid for:

By signing below, I certify that the information stated here is true and accurate to the best of my knowledge. I understand that by signing this form, I am under penalty of criminal prosecution if I knowingly provide false information which results in assistance for which I am not eligible.

Signature

Date