

JOHNSON COUNTY HOUSING MINOR HOME SERVICES APPLICATION

Date: _____

Applicant Name: _____

Current Address: _____ Email address: _____

City, State, Zip code: _____

Telephone: Home: (913) _____ Work: _____

Household Composition - Every person residing in the household must be listed.

	Last – First – Mi	Relationship	Birth Date	Age	Sex	Social Security #
1		Head of Household				
2						
3						
4						
5						
6						
7						
8						

- Race:** White Black/African American American Indian/Alaskan Native & White Asian
 Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native Asian & White
 Black/African American & White American Indian/Alaskan Native & Black/African American

Ethnicity: Hispanic (1) Non-Hispanic (2)

Do you claim a disability for eligibility purposes? YES NO

Identify any special housing needs required as a result of the disability: _____

Have you owned and occupied your residence for at least six (6) months? YES NO

Do you have any current code citations associated with your home? YES NO

Is your home currently for sale? YES NO

Do you plan to sell your home within the next twelve (12) months? YES NO

Housing Services Program Representative Signature



Income Information:

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from the source during the next 12 months also provide documentation with application.

Name of Institution	Name of Household Member	Type of Income	Monthly Income

Assets Information:

List savings & checking accounts (including IRA'S, Keogh, 401K, CD's, etc.) of all household members also provide documentation with application.

Name of Household Member	Name of Institution	Type of Asset	Balance	Annual Income

List value of all stocks, bonds, trusts, pension contributions, or other assets: _____

Do you own another home or other real estate? YES NO Is there a renter living in your home? YES NO

Are you, any other household member or immediate family member an employee of Johnson County Government, the City of Overland Park or the City of Shawnee? YES NO

What type of repairs are you requesting? _____

I acknowledge receiving the brochure "Protect Your Family from Lead in Your Home". YES NO

Under penalty of law I do hereby acknowledge that the information I have provided above is true and accurate and that this information is subject to verification by the agency and other entities providing funding for this project. I also acknowledge that the submission of false or inaccurate information could lead to my prosecution by Federal, State, and/or Local officials and the repayment of the assistance I receive through this application.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

(Signature of Applicant/Homeowner)

(Date)

Signature of Spouse/Co-Applicant)

(Date)