



Project Lead-Safe KCK  
Kansas Dept. of Health & Environment  
And KCK Community Partners  
1333 South 27<sup>th</sup> Street  
Kansas City, KS 66106  
(913) 262-0796  
FAX: (913) 262-8251

## Rental Property

The Kansas Department of Health and Environment can assist you with “Free” stabilization of surfaces containing lead-based paint in order to prevent lead poisoning in young children. A state-certified risk assessor will determine the services needed to stabilize the lead-based paint in your rental property. State-certified lead abatement contractors will perform all work.

### Your property may qualify if:

- ✓ You own rental property in Wyandotte County that was built before 1978. The property must have no more than 4 apartments or housing units.
- ✓ Property Owners will be required to provide 15% of the contractor bid award, selected by KDHE. This must be in the form of certified check, money order or traveler’s check.
- ✓ All units are occupied or will be made available to families with a household income at or below 80% of the area’s median income. At least half of the units must be occupied by or made available to families with incomes at or below 50% of the area median.
- ✓ For at least 3 years following any lead hazard work on your rental property, you agree to give priority to families with a child under 6 years of age.
- ✓ For at least 5 years following lead hazard work on your rental property, you agree NOT to sell the property. SHOULD YOU BREACH THIS AGREEMENT BY SELLING THE PROPERTY WITHIN 5 YEARS, YOU SHALL REIMBURSE A PERCENTAGE OF THE EXPENDED REMEDIATION FUNDS, BASED ON A SLIDING SCALE, TO KDHE.

### SLIDING SCALE

Within 1 <sup>st</sup> yr: 50%	Within 1 – 2 yrs: 40%	Within 2 – 3 yrs: 30%	Within 3 – 4 yrs: 20%	Within 4 – 5 yrs: 10%
--------------------------------	-----------------------	-----------------------	-----------------------	-----------------------

If you answered “YES” to all of the above, complete the following:

- ❑ Attach a copy of Proof of Ownership. (Deed or property tax statement)
- ❑ Attach a copy of Proof of the Year the Building was Built. (Wyandotte Co. Appraiser)
- ❑ Attach a copy of Rental Licensing Certificate (Rental Licensing).
- ❑ Attach a copy of your Homeowner’s Insurance Policy.
- ❑ Verify income from all persons living in the building and provide documentation as Proof of Income, if unit is occupied (Most recent tax statement).
- ❑ Attach a copy of the Birth Certificate for each child under the age of 6.
- ❑ All children under age 6 must have a **recent blood test for lead** before work can begin on the property. (Blood lead tests obtained within 6 months of initiation of the work are acceptable.) For information about lead testing, call your doctor or the Health Department at 913-573-6780.
- ❑ All portions of the application form. **Sign and date** the application form.
- ❑ **Mail or deliver** the application form and all required documents to the Project Lead-Safe Office (see address above).



## Part A (please print)

Property Owner's Name \_\_\_\_\_  
Last First Middle

Owner's Address \_\_\_\_\_  
Street City State Zip

Owner's Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

Property Manager's Name \_\_\_\_\_  
Last First Middle

Manager's Address \_\_\_\_\_  
Street City State Zip

Manager's Phone # \_\_\_\_\_ Alternate # \_\_\_\_\_

### Rental Property

Address \_\_\_\_\_  
Street City State Zip County

Number of housing units? \_\_\_\_\_ Year Built? \_\_\_\_\_

- ATTACH Proof of Ownership:** A copy of your deed or tax statement.
- ATTACH Proof of When the Building was Built:** Obtain this record from the County Appraiser.
- ATTACH Homeowner's Insurance Policy**
- ATTACH Rental Licensing Certificate**

## Part B

I hereby make application to Project Lead-Safe KCK for work on the above-listed rental property. I certify that I am the owner of the property, or the owner's authorized representative, and that to the best of my knowledge, the income of the tenants stated in the attached document represents their total income for the past year preceding this application, including the income of all persons in each housing unit. The income information provided in PART C is subject to verification by the State of Kansas. Upon request, I agree to submit proof of tenant income to Project Lead-Safe KCK.

I hereby grant permission to Project Lead-Safe KCK supervisors, inspectors, employees, and contractors to enter the rental property listed in PART A to perform work under Project Lead-Safe KCK. I hold the State of Kansas harmless from any legal or financial claim arising from the performance of such work.

I, the undersigned, do hereby swear/affirm that all information contained on the application is true and correct to the best of my knowledge and belief.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Disclaimer: KDHE reserves the right to withdraw from this project at any time if: 1) applicant does not supply the required information for a complete application; 2) it is determined that construction costs will exceed 50% of the County appraisal; 3) the overall condition of the property is deemed "unsafe" for lead hazard control work to be completed; 4) the applicant is not in compliance with the Unified Government Rental License Division; 5) or applicant has not complied with Project Lead-Safe KCK's Program Policy and Procedures.



## Part C

### Application for Rental Property

Address of Building \_\_\_\_\_

Owner of Building \_\_\_\_\_

Apt #	Tenant's Name (If unoccupied, please write vacant)	Race*	Ethnic Category^	# of Occupants	# of Children Under 6	Income Range (Refer to Income Guidelines) <i>Please Circle One</i>
						<50% <%80% >80%
						<50% <%80% >80%
						<50% <%80% >80%
						<50% <%80% >80%

\*Racial Categories are White (W), Black or African American (B), Asian (A), American Indian or Alaska Native (AI), and Native Hawaiian or Other Pacific Islander (NH).

^Ethnic Categories are Hispanic/Latino (HL) or Not Hispanic or Latino (NHL).

- ATTACH Blood Lead Tests** for each child < 6 years of age (all tests within last 6 months)
- ATTACH Birth Certificates** for each child < 6 years of age
- Attach a copy of your Drivers License or Birth Certificate, BPU bill, gas bill, and telephone bill.**
- ATTACH Proof of Income** for each tenant (Examples of proof of income are as follows: *Social Security benefit letter or disability printout, pension or retirement letter, unemployment benefits, income tax returns, or stocks & bonds statements. \*If self-employed, provide 2 years of most recent Federal Income Tax Returns with all W2's, 1099's, etc.)*

### 2004 Income Guidelines

These Income Guidelines are based on HUD estimates of median family income, with adjustments based on family size. Eligibility for programs and services is determined at the time of application. In the Kansas City metropolitan area, the 2004 median family income for a family of 4 is \$68,400.

Please use the following table to fill out the application form in Part C above. For each housing unit, determine the total household income and the total number of residents. Then determine where that income level falls in the table below.

Household Size	Low Income (Income less than 50% of Area Median Income)	Moderate Income (Income less than 80% of Area Median Income)
1 person	\$23,950	\$38,300
2 persons	\$27,350	\$43,800
3 persons	\$30,800	\$49,250
4 persons	\$34,200	\$54,700
5 persons	\$36,950	\$59,100
6 persons	\$39,650	\$63,500
7 persons	\$42,400	\$67,850
8 persons	\$45,150	\$72,250
8+ persons	*\$2,750	*\$4,400

\* For families in excess of 8 persons, add the amount indicated for each additional family member.



## Part D

### Eligibility for Project Lead-Safe KCK

If you received funding from any of the following sources, the rental property WILL NOT QUALIFY under this Project. Please review the following list and sign below, if you have not received funding from any of these sources.

#### Housing Components of Community Planning and Development Programs

- Shelter Plus Care Rental Assistance (Sponsor-based, Project-based, or SRO)
- Single Family Property Disposition Homeless Initiative
- Surplus Properties (Title V)
- Section 8 SRO Mod Rehab for Homeless Individuals

#### Housing – Multi-Family Programs

- Rent Supplements (Section 101)
- Multi-Family Rental Housing for Moderate Income Families
- Supportive Housing for Persons with Disabilities (Section 811)
- Low-Income Housing Preservation and Resident Home Ownership (Title VI)
- Emergency Low-Income Housing Preservation (Title II)
- Flexible Subsidy (Section 201)

#### Public and Indian Housing

- Section 8 Project-Based Certificate Program, or Section 8 Moderate Rehab Program
- Public Housing Development or Public Housing Operating Subsidy
- Public Housing Modernization

I, the undersigned, do hereby swear/affirm that the property I have submitted for assistance from Project Lead-Safe KCK does not receive funding from any of the sources listed above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Common Questions:

#### How do I determine when my rental property was built?

If you need proof of when your property was built, please contact the Wyandotte County Appraiser's Office at **8200 State Avenue**. The phone number is 913-287-2641. Ask for a printout showing the year the property was built. There is no cost for this printout, which may also serve as proof of ownership.

#### Where do I go for proof of ownership?

If you want a copy of your most recent property tax statement to submit as proof of ownership, please contact the Wyandotte County Treasurer at 913-573-2823. There is no charge to obtain this record.

#### If you have any other questions:

If you need help or have any other questions about this application form, please call the Project Lead-Safe KCK staff at 913-262-0796.

### Optional:

How did you find out about Project Lead-Safe KCK? (Please check all that apply.)

- |                         |                    |                   |
|-------------------------|--------------------|-------------------|
| _____ Newspaper         | _____ Yard Signs   | _____ Radio       |
| _____ Television        | _____ Door Hanger  | _____ Mail Insert |
| _____ Friends/Neighbors | _____ Other: _____ |                   |