



# Independence, Inc.

## Accessible Housing Program (AHP) Application

Rev. April 2022

**► Applicant Information**

Name of person with disability needing home modification (applicant) \_\_\_\_\_

Address \_\_\_\_\_ Lawrence, KS Zip \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Applicant Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ # of people in household \_\_\_\_\_

Name of Head of Household, if applicant is a minor \_\_\_\_\_

Relationship to applicant:  parent  guardian  other \_\_\_\_\_

Household members' relationship to applicant (or head of household, if applicant is a minor)/age (ex. Son/19)

Disability related to the modification need \_\_\_\_\_

**► What Race(s) do you Identify with? (Mark all that apply)**

- White       Black or African American       Asian
- Native American or Alaskan Native       Native Hawaiian or Other Pacific Islander
- Other: \_\_\_\_\_

**► Ethnicity:** Hispanic?    Yes       No

**► Income Verification** (must submit verification of total income for each income-earning member of household)

**List every person living w/you age 18+ that receives income & the total amount of all income for each**

1. \_\_\_\_\_ total income \_\_\_\_\_ per  month  year
2. \_\_\_\_\_ total income \_\_\_\_\_ per  month  year
3. \_\_\_\_\_ total income \_\_\_\_\_ per  month  year
4. \_\_\_\_\_ total income \_\_\_\_\_ per  month  year
5. \_\_\_\_\_ total income \_\_\_\_\_ per  month  year
6. \_\_\_\_\_ total income \_\_\_\_\_ per  month  year
7. \_\_\_\_\_ total income \_\_\_\_\_ per  month  year
8. \_\_\_\_\_ total income \_\_\_\_\_ per  month  year

Number in Household	Total Household income 80% of Median	Total Household Income 50% of Median	Total Household Income 30% of Median
1	\$52,950	\$33,100	\$19,850
2	\$60,500	\$37,800	\$22,700
3	\$68,050	\$42,550	\$25,550
4	\$75,600	\$47,250	\$28,350
5	\$81,650	\$51,050	\$32,470
6	\$87,700	\$54,850	\$37,190
7	\$93,750	\$58,600	\$41,910
8+	\$99,800	\$62,400	\$46,630

► Please List Modification(s) Requested: \_\_\_\_\_

► **Certifications (you must agree to ALL of the below conditions to be considered for this program)**

I hereby certify that the **gross annual income of all adult members of the household** listed above falls within the income category range as noted in the table above. I also understand and agree that any misrepresentation on my part of information contained herein may constitute fraud.

I have been informed of Lead-Based Paint Hazards (if applicable) and that I have been offered a copy of the notice entitled: **Renovate Right-Important Lead Hazard Information for Families, Child Care Providers and Schools.**

I hereby certify that I will not discriminate upon the basis of race, color, religion, sex, disability, familial status, or national origin in the sale, lease, rental, use, or occupancy of the property to be improved through financial assistance provided from the Independence, Inc. Accessible Housing Program

I hereby certify that **I will NOT move** from this property being modified within a year of the completed modification

I hereby certify that my need for the requested modifications directly relate to my stated disability

► **Signature of applicant** (or head of household if a minor) \_\_\_\_\_ **Date** \_\_\_\_\_

**For office use only:**

I hereby certify that the above-named applicant meets all eligibility criteria for this project

**Signature of Accessible Housing Program Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_

► **Is your home a rental?**  **No** (stop here, you're done)  **Yes** (please complete the following information)

**Accessible Housing Program Landlord Agreement Form**

*If you are renting a home, duplex, apartment or mobile home, please review proposed modifications with your landlord and obtain the following information and approval. This form reflects the landlord's awareness of the tenant's right under the Fair Housing Act to make reasonable accessibility modifications in existing rental units.*

I, \_\_\_\_\_ the landlord/owner of the rental unit at \_\_\_\_\_

(Name of Complex if applicable, Address, City, State and Zip Code)

Give my permission for the accessibility modifications listed in this application and I agree to or request that (mark one):

**leave accessibility modifications in place once the tenant moves** (this is the most common and highly recommended option and is the intent of the Fair Housing Amendments Act so that future tenants can enjoy the accessibility modifications)

listed modifications be removed/restored to the condition that existed before the modifications once the tenant moves

► **Landlord/Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please return complete application/required income documentation to:**

**Daniel Brown, Core Service Manager, Independence, Inc., 2001 Haskell Ave., Lawrence, KS. 66046 or Fax to 785-841-1094 or email to [dbrown@independenceinc.org](mailto:dbrown@independenceinc.org)**