



Independence, Inc. Accessible Housing Program (AHP) Application (Rev. May 2026)

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 (if applicant is a minor): 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 |
|---------------------|---|
| 1 | \$61,850 |
| 2 | \$70,650 |
| 3 | \$79,500 |
| 4 | \$88,300 |
| 5 | \$95,400 |
| 6 | \$102,450 |
| 7 | \$109,500 |
| 8 | \$116,600 |

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 combined gross annual income of all adult members of the household falls below 80% median income as noted in the table above for my household size. 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*. (Can be found on our website: www.independenceinc.org)
- 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 (includes paying lot rent)?

- 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/lot 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 (this would NOT be the responsibility of the Independence, Inc. Accessible Housing Program)

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