

City of Darlington ■ Housing Preservation Grant (HPG) Program ■ Application Form

<b>Applicant and Spouse's Name</b>		<b>Address</b>	
<b>Home Telephone</b> (    ) _____-_____		<b>Work Telephone</b> (    ) _____-_____	
<input type="checkbox"/> Cell phone			
<b>Total Number of People Living in the Household</b> <i>(people living there for all or part of the next 12 months)</i>		<b>Age(s) of the People Living in the Dwelling</b>	
<b>Does the Applicant own the Property?</b>  <input type="checkbox"/> YES  <input type="checkbox"/> NO	<b>What is the annual income of the Applicant's total household (total all persons living in the house over the next 12 months)?</b>  Husband \$_____/Mo = \$_____/Year Source: _____  Wife \$_____/Mo = \$_____/Year Source: _____  Other \$_____/Mo = \$_____/Year Source: _____  Total: \$ _____  Yearly Non-Wage Income: Earned Income Credit: \$ _____  <b>Monthly Non-Wage Income:</b> \$_____ Social Security (SSI/SSA)      \$_____ AFDC/TANF  \$_____ VA    \$_____ Pension    \$_____ Child Support/Alimony  \$_____ Unemployment		

***By signing below, I certify all information is true and correct to the best of my knowledge.***

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

*Please complete the following information. It is needed to monitor and comply with Federal Laws prohibiting discrimination. The information solicited on this application is requested by*



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*the Grantee in order to assure the Federal Government, acting through the USDA Rural development, that Federal laws prohibiting discrimination against Applicants based on race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Grantee is required to note the race/national origin and sex of the individual applicants on the basis of visual observations or surname.*

**Additional Information on Applicant**

Please describe by selecting the following that apply to the persons that will reside in the residence over the next 12 months:

- White (not of Hispanic origin)     Black (not of Hispanic origin)     Hispanic
- American Indian or Alaskan Native     Asian or Pacific Islander
- Male     Female

Are there any person(s) with disabilities in your household?     YES     NO

Is anyone in your household a US Veteran?     YES     NO

Is the head of the household female?     YES     NO

**This information was provided by:**

- Applicant     Grantee    INITIALS: \_\_\_\_\_

**Additional Information on the Home**

When did you move into your home? \_\_\_\_\_

How many bedrooms are in your home? \_\_\_\_\_

What is the age of your home? \_\_\_\_\_

What do you think is the major rehabilitation need(s) of your home? \_\_\_\_\_

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**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:**

U.S.C. TITLE 18, SECTION 1001, provides. "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or imprisoned not more than five (5) years or both".

**I, THE APPLICANT(S) CERTIFY ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

I understand the statement above concerning the penalty of making a fraudulent statement. I certify that I am the owner of the property described in this application. If SCKEDD determines the property cannot be cost effectively rehabilitated, I acknowledge that with respect to the grant funds I shall have no further interest, right or claim. If this application is approved and rehabilitation can be achieved, I hereby authorize the USDA Rural Development HPG rehabilitation work to be completed on my property. I will grant access to my property and will provide electricity and water to the rehabilitation personnel at no cost. I understand that temporary relocation may be required when lead based paint hazard reduction activities are performed. I reserve the right to waive relocation, if everyone who resides in my household is 62 years of age, or older.

I covenant and agree that I will comply with all requirements outlined in the City of Darlington's Housing Preservation Administrative Plan and rules imposed by USDA Rural Development.

I covenant and agree I will not discriminate upon the basis of race, color, creed, or national origin in the sale, lease, rental, use or occupancy of the property herein assisted with the USDA Rural Development HPG grant. I authorize the City of Darlington to make inquiries as necessary to verify the accuracy of the statements made, including, but not limited to income,

**WAIVER OF LIABILITY**

I HEREBY RELEASE THE SOUTH CENTRAL KANSAS ECONOMIC DEVELOPMENT DISTRICT, AND USDA/RURAL DEVELOPMENT FROM ANY AND ALL CLAIMS OF LIABILITY ARISING FROM THE CITY OF DARLINGTON'S USDA RURAL DEVELOPMENT HPG PROJECT.

Property owner Signature Date Property owner Signature Date  
DATE RECEIVED BY City of Darlington: \_\_\_\_\_

Date received all supporting Documentation: \_\_\_\_\_ Approved ( ) Rejected ( )

Reason for Rejection:

Signed: Date

*All applicants must provide proper verification of income or sign permission forms for verification.*

