



Revised 6/2023

## EMERGENCY AND FURNACE LOAN APPLICATION

1. Print only the White pages and Return Loan application to office of Planning and Development Services at 1 Riverfront Plaza, Suite 320, or mail to P.O. Box 708, Lawrence, Kansas, 66044. Telephone: (785) 832-7700. Telecommunications Device for the Deaf: (785) 832-3205.
2. Enclose evidence of household gross income of the preceding year. (W-2 Forms, Income tax return, Social Security letter of benefits, etc.) and three months of most recent bank statements. See (page 6) 4. EARNINGS AND INCOME on the Program Eligibility Certification for a complete listing of all the forms you may be required to submit.
3. Submit a minimum of three (3) bids for the work to be done. These must be included with the application. If unable to obtain three (3) bids, owner must provide a letter stating who was contacted and when; and that they (the contractor) did not respond to their request for a bid. HOMEOWNERS ARE NOT ALLOWED TO DO THEIR OWN IMPROVEMENTS.
4. The Department of Planning and Development Services will advise the applicants when, and if, the application is approved.
5. Upon approval the applicant must sign a Mortgage Note and Mortgage for the amount of financial assistance.
6. A City of Lawrence purchase order will be issued for the work to be done. WORK MUST NOT BEGIN WITHOUT THIS PURCHASE ORDER.
7. Loan recipients will advise the Department of Planning and Development Services when the work has been completed in order that a verification inspection can be made.
8. Invoices or sales tickets must be submitted to the Department of Planning and Development Services so the vendor can be paid.
9. The Department of Planning and Development Services will pay vendors when properly signed invoices are received and The Department of Planning and Development Services staff has performed an inspection of the work. Generally, the claim will be paid the week after receipt of invoices and approval of the work.

## I. EMERGENCY AND FURNACE LOANS

### A. Eligibility Requirements

1. The property must be located within the City Limits and not within a designated flood plain area.
2. The property must be owner-occupied and contain no more than two dwelling units. The applicant must be the owner/occupant of the property for a minimum of one year prior to application and payment of ad valorem taxes must be current. The applicant must be current on any and all mortgage payments.
3. The applicant and/or structure for which the application is being made cannot have received comprehensive rehabilitation assistance from the City since December 31, 1978.
4. The structure for which the application is being made can receive only one emergency loan and one furnace loan assistance from the City.
5. Applicant's gross household income from all sources may not exceed 80% of median income (Low/Mod Income). Income guidelines are as follows:

Household Size	Low/Mod Income
1	\$53,000
2	\$60,600
3	\$68,150
4	\$75,700
5	\$81,800
6	\$87,850
7	\$93,900
8	\$99,950

6. The applicant must sign a Mortgage Note and Mortgage for the amount of financial assistance.
7. The Housing Initiatives staff shall determine whether the proposed work is necessary and appropriate.
8. The Housing Initiatives staff shall determine whether the property is of sufficient value to warrant the loan.

### B. Eligible Use of Funds

1. For improvements that eliminate immediate hazards to health and safety, or cause damage to the structure or conditions that are likely to cause health and safety hazards or cause damage to the structure in the near future.
2. Replacement/addition of existing heating and/or cooling source with approved energy-efficient appliance, minimum 80% energy-efficient furnaces and 13 SEER on air conditioners. Installation of a whole house duct distribution system is an allowable use of funds. Heat pumps will not be allowed. Cooling must be affixed to heating air handler. No portable units.

C. Loan Limit per Property

1. \$5,000 or the amount necessary to make the improvement, whichever is less.

D. Payback Requirements

1. The financial assistance shall be in the form of a loan, which must be repaid when the recipient ceases to be an owner-occupant of the property improved.
2. No interest will be charged on loans, nor are monthly payments required.
3. Loan Subordination
  - a. Will not be approved if the City loan is less than or equal to \$2,500, except in cases where the recipient can demonstrate a bona fide hardship, such as medical emergency or natural disaster catastrophe.

**EMERGENCY / FURNACE LOAN APPLICATION**

1. Name of Applicant: \_\_\_\_\_

2. Address: \_\_\_\_\_ Zip code \_\_\_\_\_

3. Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

4. Email \_\_\_\_\_

5. Describe the work to be done:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Who will do the work? \_\_\_\_\_

7. What will be the cost? Attach written bid(s): \_\_\_\_\_

**If this application is approved, I agree to the following conditions:**

1. Work will not begin prior to approval of this application.
2. The work will be completed within thirty (30) days after the receipt of the materials listed above unless the Planning and Development Services Department has approved a longer period of time.
3. I will submit to the Planning and Development Services Department all invoices for the proposed work to be completed.
4. I will advise the Planning and Development Services Department when the proposed work is completed.
5. I will allow the Planning and Development Services Department staff to inspect the work when it is completed or at any other time that is mutually convenient.

Date: \_\_\_\_\_

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

Approved: \_\_\_\_\_  
Planning and Development Services Department

**CONTRACTOR CONTACT  
AND  
BID TRACKING SHEET**

Use this sheet to collect information about the contractors you contacted about bidding your work and whether you received the bids as promised. See Instruction #3 on page 1 of this packet for what is required.

Contractor Name	Phone Number	Returned call Y/N	Estimate given Y/N	Date Promised

1. The tracking sheet above documents my attempts to obtain the required three bids.
2. I am unable to find three contractors that will bid on the work I need to my home.
3. I certify that I tried to obtain 3 bids.

Signed \_\_\_\_\_

**LAWRENCE, KANSAS CDBG/HOME PROGRAM ELIGIBILITY CERTIFICATION**

1. **NAME OF PROJECT:** (Circle one)                      EMERGENCY LOAN                      FURNACE LOAN

2. **APPLICANT INFORMATION**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Lawrence, KS. Zip Code \_\_\_\_\_  
 Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Email \_\_\_\_\_

**Applicant Characteristics:** Circle and mark responses below.

Age \_\_\_\_\_ Disabled: Yes \_\_\_\_\_ No \_\_\_\_\_ Head of Household: M \_\_\_\_\_ F \_\_\_\_\_ Number in Household \_\_\_\_\_  
Must mark one: Hispanic or Latino Yes \_\_\_\_\_ No \_\_\_\_\_  
Must choose one category below:  
 White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_  
 Native Hawaiian/Other Pacific Islander \_\_\_\_\_ American Indian/Alaska Native & White \_\_\_\_\_  
 Asian & White \_\_\_\_\_ Black/African American & White \_\_\_\_\_  
 American Indian/Alaska Native & Black/African American \_\_\_\_\_ Other Multi-Racial \_\_\_\_\_

3. **HOUSEHOLD MAKEUP**— List all family and non-family members residing with you currently or shall reside with you in the next 12 months as a participant in this program. Include roommates, co-habitants and friends or acquaintances.

NAME	AGE	DATE OF BIRTH

4. **EARNINGS or INCOME (during past 12 months):** Employment, Unemployment, Business Earnings, Self-Employment, Real Estate Rental, Social Security, Pensions, VA, Annuities, Child Support, Alimony, Welfare, Recurring Cash Contributions. Specify Income as Weekly, Monthly, Temporary, No Longer Receiving, etc.  
 Documentation of occupant income must be returned with this application. List of documents on page 8 below.

Name of earner	Source	Pay period; wk/mo	HR rate, salary	Income

5. **ASSETS:** List all Liquid Assets such as any Bank Accounts (checking, saving, and CD's), Stocks, Bonds, Funds, Autos, Mobile Homes, etc., and other Real Estate or Business Interests. Include Copies of most recent 3 months checking and savings account statements.

<u>Name and/or address</u>	<u>Account Type</u>	<u>Value</u>	<u>Average Acct. Balance</u>	<u>Current Balance</u>

Circle the household size and write total income.

GROSS ANNUAL INCOME:

Household Size	Write total income below
1	
2	
3	
4	
5	
6	
7	
8	

6. **CERTIFICATIONS**

- A. I hereby certify that the gross annual income of all adult members of the household falls within the income category range as checked above. I also understand and agree that any misrepresentation on my part of information contained herein may constitute fraud.
- B. I hereby certify that I have been informed of Lead-Based Paint Hazards (if applicable) and that I have received a copy of the notice entitled: *Renovate Right – Important Lead Hazard Information for Families, Child Care Providers and Schools*. (Please keep attached information.)
- C. 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 Community Development Block Grant (CDBG) program of the City of Lawrence.
- D. I hereby certify that I have been informed of the City of Lawrence Loan Subordination Policy (if applicable) and that I have received a copy of the policy. (Please keep attached Policy Statement.)

Date \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Applicant

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

Date \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Coordinator

**Certification Documents**

**EARNINGS or INCOME (during past 12 months):**

Employment, Unemployment, Business Earnings, Self-Employment, Real Estate Rental, Social Security, Disability, Pensions, VA, Annuities, Child Support, Alimony, Welfare, Recurring Cash Contributions

Documentation of occupant income must be returned with this application and consist of any and all of the following that apply to your household:

- 1. If you filed IRS income taxes, a copy of your signed IRS 1040 tax return.
- 2. Completed Authorization for Release of Information (Page 1 below)
- 3. Copies of the most recent three (3) consecutive paycheck stubs
- 4. Copies of the most recent 3 months checking/savings account statements
  - a. If you don't have a checking account, you must document your income by providing
    - i. Copies of Social Security or Social and Rehabilitation Services benefits letter(s),
    - ii. Statement summary of Debit card transactions
    - iii. Or any other verifiable source of payments received. (Staff must be able to know what payments you are receiving)
- 5. Copies of pension or annuity payments/statements
- 6. Copies of child support payments/statement
- 7. Copies of incomes for certificates of deposits or bank accounts.

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**Lienholder Information**

My primary Home Loan is with: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

And I have a balance of \$\_\_\_\_\_, \_\_\_\_\_ that I owe.

I have a secondary Home Loan is with: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

And I have a balance of \$\_\_\_\_\_, \_\_\_\_\_ that I owe.

Please provide a statement or payment history of the liens listed above and attach to this page.



# AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give my permission to the Planning and Development Services Department of the City of Lawrence, Kansas to acquire information regarding one or all of the following items:

1. Employment.
2. Income.
3. Hazard Insurance.
4. Taxes.
5. Federal, State, or local assistance programs.
6. Mortgage.
7. Other requested information.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip

**Loan Subordination Policy**  
**Planning and Development Services Department**

It is common for applicants who have received assistance through the City of Lawrence Planning and Development Services housing loan programs to have a primary mortgage against the property to be rehabilitated prior to their participation in the City's Programs. City staff reviews each case to determine if the City's financial interest will be protected after the proposed project is completed. If it is determined that the City will be protected, the project will proceed. If not, the City declines to participate in that project.

In some cases, after the project is completed, loan participants wish to refinance the primary loan on their property or borrow additional funds against the property for various reasons. In most cases, the City is required to subordinate its mortgage to this new mortgage in order for the loan to proceed. (In effect, the City's loan must be secondary to the primary mortgage.) The objectives of the housing loan programs are to preserve housing/neighborhoods while protecting the City's financial interest. This policy is designed to support these objectives. Following are the conditions under which a Request for Loan Subordination will be approved or disapproved.

1. Only subordination requests for a homeowner/occupant will be considered.
2. In all cases, an independent appraisal or current Douglas County Appraisal Valuation Notice must be submitted along with the completed Request for Subordination form.
3. The request will not be approved if the City loan is less than or equal to \$2,500, except in cases where the recipient can demonstrate a bona fide hardship, such as medical emergency or natural disaster catastrophe.
4. The request will be approved if the loan recipient wishes to refinance to a lower interest rate, receiving no cash or using cash only for closing costs. At the time of subordination, total indebtedness against the property shall not exceed 100% of the appraised value.
5. The request will be approved if the loan recipient is getting cash, but at the time of subordination, total indebtedness against the property shall not exceed 80% of the appraised value.
6. The request will be approved if the loan recipient is getting cash, but at the time of subordination, total indebtedness against the property shall not exceed 90% of the appraised value in cases where the recipient can demonstrate a bona fide hardship, such as medical emergency or natural disaster catastrophe.

## **CITY OF LAWRENCE, KANSAS PLANNING AND DEVELOPMENT SERVICES COMPLAINT PROCEDURE**

The Community Development Block Grant Program of the City of Lawrence, Kansas, encompasses many activities and is regulated by several laws, rules, and regulations.

One of the requirements of the program is that citizens be allowed to voice their comments, criticisms, and suggestions. In order to provide the citizens of Lawrence a procedure for voicing complaints with some assurance those complaints will receive a fair consideration, the City of Lawrence has established the following procedure for hearing complaints regarding any part of the Lawrence Community Development Block Grant Program:

1. If any person wishes to lodge a complaint about any aspect of the Community Development Block Grant (CDBG) Program, the complaint shall be in writing and addressed to the Director of Planning and Development Services, PO BOX 708, Lawrence, KS 66044.
2. If the person lodging the complaint does not get a satisfactory explanation from the Director, the complaint shall be addressed to the City Manager with the Statement that the Director did not give a SATISFACTORY RESPONSE. This complaint shall also be in writing and addressed to PO Box 708, Lawrence, KS 66044.
3. If the complainant does not receive a satisfactory response from the City Manager, he or she may request that the complaint be included as an item on the agenda of the next regularly scheduled City Commission Meeting for hearing. A record of this meeting will be maintained.
4. If the complainant does not receive a satisfactory response to the complaint from the City Commission, the complainant may submit the complaint to the area office of the Department of Housing and Urban Development (HUD) in Kansas City, Missouri, Attention: Area Director. The City will forward all records of meetings relevant to the complaint to HUD upon request.
5. The Planning and Development Services Department will assist complainants with the preparation of written complaints or advise the complainants of other sources which could help with the presentation.
6. All complaints shall be submitted on a form provided by the Planning and Development Services Department of the City of Lawrence and shall be signed by the complainant(s).

# COMPLAINT FORM

CITY OF LAWRENCE, KANSAS

PLANNING AND DEVELOPMENT SERVICES DEPARTMENT

PLEASE PRINT OR TYPE

1. Name of person or organization submitting complaint.

Name \_\_\_\_\_

Address \_\_\_\_\_

2. Nature of complaint

Please summarize briefly the facts. If you need more space for additional details, you may attach a statement. If your complaint is against an individual please include that person's name.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Previous Action

a. Have you expressed your complaint to any person in the Planning and Development Services Department verbally? Yes\_\_\_\_\_ No\_\_\_\_\_  
If yes, to whom?\_\_\_\_\_

b. Have you expressed your complaint to any person in another department of the City? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, to whom?\_\_\_\_\_

c. Have you expressed your complaint to any member of the City Commission? Yes\_\_\_\_\_ No\_\_\_\_\_  
If yes, to whom?\_\_\_\_\_

4. I HAVE READ THIS COMPLAINT (including any attachments) AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

NOTE: The complainant will get a copy of this complaint and will receive a written reply within fifteen (15) days.