

Revive the Block Application

Please answer all questions. The information is necessary to determine eligibility for the program and for required statistical records.

1.	City of Dodge Cit	У		Applicat	ion No.
	Owner Name				
	Address			Telephone ()
	Street	t, City, State/Zip			
2.				ehold and all members vad of your household.)	vho live in your
	Full Name	DOB	Relationship	Employer	Income Type (Wages, SSI, ect.)

Total Household Income _____ (Proof of income is required, see below)

Maximum yearly income is based on household income relative to federal low-income guidelines.

Household	Income Guidelines
1	\$43,200 or less
2	\$49,350 or less
3	\$55,500 or less
4	\$61,650 or less
5	\$66,600 or less
6	\$71,550 or less
7	\$76,450 or less
8	\$81,400 or less

3.	Age of your house?	ing repaired	ı
4.	Does anyone live with you now who are not listed above?	Yes	No
5.	Does anyone plan to live with you in the future who are not listed above?	Yes	No
	Please explain if you answered "Yes" to either question above.		
6.	Are there any Disabled Persons in your household? If, Yes How many reside in the home?	Yes	No
	(A person is defined as a person "who has a physical or mental impairment which so or more of the person's major life activities, has a record of such impairment or is such an impairment.")	•	
7.	Racial Background of Primary Income Earner (please circle one):		
	WHITE ASIAN ASIAN & WHITE BLACK/AFRICAN AME	RICAN	
	BLACK/AFRICAN AMERICAN INDIAN/ALASKAN AMERICAN & WHITE NATIVE WHIT	ATIVE &	
	OTHERAMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	1	
8	Ethnicity: Hispanic Non-Hispanic		
9	. Is the Head of Household Female?	Yes	No
	Penalty for false or fraudulent statement: Initial Initial U.S.C. Title 18, Section 1001, provides, "Whoever, in any matter within the department or agency of the United States knowingly and willfully falsifiest fictitious or fraudulent statements or representations, or makes or uses any document knowing the same to contain any false, fictitious or fraudulent states the fined not more than \$10,000 or imprisoned not more than five (5) years, Certification by applicant(s): Initial Initial The applicant certifies that all information in this application, and all information of this application, is given for the purpose of obtaining a grant, und Development Block Grant Program of the City of Dodge City, and is rue and the applicant's knowledge and belief, and that the applicant has read the abounderstands the penalty for false or fraudulent statements	s or make an false writing tement or er or both." nation furnisher the Comd complete	y false, g or ntry, shall shed in munity to the best of

The applicant further certifies that he is the owner/renter of the property described in this application, and that the rehabilitation grant proceeds will be used only for the work and materials necessary to meet the rehabilitation code standards, as applicable, which are prescribed for the property described in this application. If the Housing Rehabilitation Board determines that the rehabilitation grant proceeds will not or cannot be used for the purposes described herein, the applicant agrees that the proceeds shall be returned herewith, in full, to the Government, and acknowledges that, with respect to such proceeds so returned, he shall have no further interest right, to claim.

The applicant covenants and agrees that he will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing & Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252). The applicant agrees not to discriminate upon the basis of race, color, creed, or national origin in the sale, lease, rental, use or occupancy of the real property with assistance of the grant. The United States shall be deemed to be a beneficiary of these provisions both for and in its own right and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

Verification of any of the information contained in this application may be obtained from any source named herein.

Date Date	Signature of Spouse
Date	Simple of the state of the stat
	Signature of Lienholder (if required)
AIVER OF LIABILITY ereby release the City of Dodge City, Kansas, tims of liability arising from the Revive the Bl chabilitation project.	
Date	Signature of Owner
Date	Signature of Spouse