

City of Federal Way Housing Repair Program Homeowner Application

APPLICANT INFORMATION									
Applicant					Co-Applicant				
Last Name			Suffix (Jr, Sr)		Last Name			Suffix (Jr, Sr)	
First Name			Middle Initial		First Name			Middle Initial	
Social Security #		Date of Birth		Household Size	Social Security #		Date of Birth	Cell Phone #	
Home Phone #		Cell Phone #		Email Address	Name of Dependents			Age of Dependents	
Property Address					1)				
City		State	Zip	No. of Years	2)				
Former Address				<input type="checkbox"/> Rent <input type="checkbox"/> Own	3)				
City		State	Zip	No. of Years	4)				
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced and widowed)									

EMPLOYMENT INFORMATION							
Applicant				Co-Applicant			
Employer Name			<input type="checkbox"/> Self-Employed	Employer Name			<input type="checkbox"/> Self-Employed
Employer Address				Employer Address			
City				City			
Type of Business		Start Date with Current Employer		Type of Business		Start Date with Current Employer	
Position/Title		Business Phone #		Position/Title		Business Phone #	
If Employed in Current Position for Less Than Two Years, Complete the Following (Also additional current employment information if more than 1 current employment income source)							
App / Co-App	Employer Name & Position Held			Length of Employment		Monthly Salary	
						\$	
						\$	

INCOME INFORMATION						
*Note: All sources of household income, whether taxable income or non-taxable income, must be disclosed						
	Monthly Gross Wages	Social Security	Retirement	Alimony/ Child Support	Public Assistance	Other Income*
Applicant	\$	\$	\$	\$	\$	\$
Co-Applicant	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$
<i>Household Monthly Gross Income</i>						\$

CREDITOR INFORMATION			
Mortgage Obligation(s) including second mortgages or home equity lines of credit			
Mortgage Co Name& Address	Outstanding Balance	Monthly Payment	Taxes & Insurance if not included w/pymt
	\$	\$	\$
	\$	\$	\$
Property Insurance (please provide a copy of policy)			
Insurance Provider Name & Address	Policy Number	Coverage Period	
Vehicle Loans including cars, trucks, boats, motorcycles or RVs			
Company Name	Account Number	Unpaid Balance	Monthly Payments
		\$	\$
		\$	\$
Total		\$	\$
Credit Cards & Personal Loans			
Company Name	Account Number	Unpaid Balance	Monthly Payments
		\$	\$
		\$	\$
		\$	\$
		\$	\$
*Please use additional pages if needed		Total	\$

Other Misc. Expenses			
Expense	Average Monthly Payment	Expense	Average Monthly Payment
Utilities: Gas, Oil or Propane	\$	Telephone and Cell Phone	\$
Electricity	\$	Cable TV and Internet Service	\$
Garbage	\$	Newspaper / Magazines	\$
Sewer	\$	Child Care	\$
Water	\$	Church Tithes	\$
Insurance (medical/dental/life)	\$	Clothing and Miscellaneous	\$
Automobile Insurance	\$	Groceries	\$
Auto Maintenance and Gasoline	\$	Prescriptions	\$
Total	\$	Total	\$

Savings, Checking, Brokerage, Retirement Accounts

Account Type	Bank Name	Bank Branch	Account Number	Balance / Value
Checking				\$
Savings				\$
Deeds/Equity				\$
Investment/Brokerage				\$
IRA/Retirement(s)				\$
Life Insurance				\$
Personal Property				\$
Other				\$
Total				\$

ADDITIONAL QUESTIONS	
Check all that apply	
<input type="checkbox"/> I/we have declared bankruptcy within the last 5 years	Discharged: <input type="checkbox"/> yes <input type="checkbox"/> no Date _____
<input type="checkbox"/> Are there any judgments against you?	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> I/we am obligated to pay alimony, child support or separate maintenance	Monthly Payment \$ _____
<input type="checkbox"/> I /we reside in the home to be rehabilitated. Note: Owner Occupancy is required at time of application and after rehabilitation is completed.	
<input type="checkbox"/> Do you have a reverse mortgage?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, what is the balance? _____
<input type="checkbox"/> Do you live in a manufactured home on your own land?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, what mobile home community? _____

Ethnicity & Race Information
<p>Federal Government Regulations require that we track the following applicant data. We would appreciate your cooperation by voluntarily indicating your race & ethnic information as defined below.</p>
<p>ETHNICITY: (Please choose one)</p> <p><input type="checkbox"/> A. Hispanic/Latino (Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)</p> <p><input type="checkbox"/> B. Not Hispanic/Latino (Persons not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)</p>
<p>RACE: (Please choose one or more)</p> <p><input type="checkbox"/> 1. African American/Black/Haitian (Persons having origins in any of the black racial groups of Africa.)</p> <p><input type="checkbox"/> 2. American Indian/Alaska Native (Persons having origins in any of the original peoples of North & South America, including Central America, & who maintains tribal affiliation or community attachment.)</p> <p><input type="checkbox"/> 3. Asian (Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.)</p> <p><input type="checkbox"/> 4. Native Hawaiian/Pacific Islander (Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)</p> <p><input type="checkbox"/> 5. White/Caucasian (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)</p>
<p>INDIVIDUAL WITH A DISABILITY: (Please check if applicable)</p> <p><input type="checkbox"/> I /we are a person/(s), who have a physical or mental impairment which substantially limits one or more major life activity, have a record of such impairment, or are regarded as having such impairment.</p>

What repairs are needed? _____

Declaration

I declare that I have examined this statement and to the best of my knowledge and belief, this information is true, correct and complete. I have requested the repairs and services from the City of Federal Way and hereby protect and exempt the City of Federal Way harmless from all claims, demands, and causes of action of any kind or character due to the repairs and services performed on my home and property.

I understand that I am applying to the City of Federal Way Housing Repair Program for services to address health and/or safety needs in my home. I understand that the program is for homeowner applicants whose primary residence is in a home they own and that the work the program performs is to be done on the home occupied by the applicant for program services. I am applying for services to be performed at the home I own and live in and this home is my primary residence. I certify that I have owned and lived in this home for at least 12 months.

I understand the maximum amount the City will pay on my behalf under the program is up to \$20,000. The City will pay up to this amount directly to contractors, which the City has selected on my behalf, to perform the prioritized tasks set out in the contracted scope of work. The City may add work at its discretion.

a) If the amount of work exceeds \$20,000, and an exception has not be approved and/or you wish to have additional work done beyond the contracted scope of work, you will need to enter in to a separate contract/agreement directly with the contractor after all work is completed as a part of this project; the City of Federal Way will not be a part of a separate agreement or issue payment for additional work.

b) Scope of work - this contract can only be altered by a written request signed by both the owner and the contractor, and approved by the City of Federal Way.

_____ (initial) I understand this is a zero percent deferred interest loan that is payable upon the following: Sale of the home, quit claim, no longer maintaining residence, death of homeowner.

_____ (initial) I understand that I will have to sign a promissory note and a Deed of Trust. The Deed of Trust will be filed with King County Recorder's Office upon completion of the repairs and final inspection approval.

_____ (initial) I hereby give my permission to the City of Federal Way or its representative to inspect my property before, during and after the work is completed.

_____ (initial) I understand that there is additional filing & legal fees that are above the repair fees estimated to be between \$300-\$500.

_____ (initial) I agree to release and hold harmless the City of Federal Way and its staff from any liability in connection with the work performed under this Agreement. I give permission for the City of Federal Way to take photos of my home or property, which might include me, my spouse, child (children) or other members of my household, for possible use in publications promoting programs or activities for the City of Federal Way.

**Information and answers to frequently asked questions about
the City of Federal Way Housing Repair Assistance Program.**

Question: What are the income guidelines for this program?

This program will assist homeowners who are under 80% of the area median income (AMI) for King County.

2021 HUD Income Guidelines								
Income Limit	1- person	2- person	3- person	4- person	5- person	6- person	7- person	8- person
80% Area Median Income for King County	\$63,350	\$72,400	\$81,450	\$90,500	\$97,750	\$105,000	\$112,250	\$119,500

Question: What supporting documents do I need?

- Income verification for all income received by each occupant of your home which can be, but is not limited to, copies of last year’s tax return, social security, disability, pension, annuity or retirement benefit award statements. Bank statements are needed for six months prior to application.
- If self-employed include your complete business tax return, business bank account statements, Applicants must provide the most recent 3 years of W-2’s and/or 1099’s.
- If your home is a mobile or manufactured home, submit a copy of your Washington State Vehicle Certificate of Ownership. If a bank or institution is the legal owner, please send documentation showing you as the borrower and your mobile home as the property or collateral for the loan. Legal title of your home is required for program eligibility. A vehicle registration form is not proof of ownership. Please do not send vehicle registration forms with your application.
- Proof of homeownership through mortgage paperwork.
- Proof of current homeowners insurance.
- Proof of being current on property taxes. An informational statement may be obtained by contacting the King County Treasury Operations at (206) 296-0923.

Question: Is this a loan or a grant?

The Housing Repair program is structured as a loan program for homeowners within the city limits of Federal Way. This is a zero interest loan that is due upon the sale, transfer or the homeowner moves out of the current homeowners/applicant their primary residence. There is a Deed of Trust filed with the King County Auditor’s Office until the loan is repaid.

Question: How much are the deferred loans and how often can I apply?

Currently, the deferred loan is a lifetime maximum of \$20,000 per address and may be granted to correct emergency conditions. A person can apply multiple times until the \$20,000 amount has been exhausted.

Question: What happens if the repair is over \$20,000?

If the repairs are over \$20,000, the City of Federal Way can make an exception on a case by case situation. Staff would discuss the project with the homeowner to determine if the project is eligible for the increased amount. Examples of exceptions are roofing issues or ADA accessibility items.

Question: What types of repairs are generally eligible?

Eligible repairs include most emergency situations such as an inoperable furnace or hot water heater, potentially hazardous plumbing or electrical systems or water intrusion issues. Other issues that threaten the safety and/or health of the household are eligible. Staff will review each application for eligibility. Staff reserves the right to deny any or all of an application if it is determined to not meet our criteria for an emergency.

Question: What types of repairs are not eligible?

Ineligible repairs include cosmetic improvements, routine maintenance, appliance repairs, repairs to separate porches, rooms, or garages, sidewalk repair, painting of interior or exterior surfaces, and other items that may be deemed ineligible by staff on a case-by-case basis.

Question: Who approves my application?

Your application is reviewed by Program Staff who will then make a decision on your application.

Question: I was denied. Is there an appeal process?

You may appeal the decision in writing by sending a letter or email to staff. It will then be reviewed by the Director of Community Development who will make the final determination.

Question: How long does it take to approve my application for eligibility into the program?

Our goal is to have your eligibility evaluated within four to six weeks after the completed application and all supporting documents are received in our office.

Question: I have lost some of my paperwork. What do I do now?

We suggest contacting your provider and asking for copies of the documents. Banks, insurance companies, and other providers generally will send these documents when asked.

Question: I live outside Federal Way in the potential annexation area, am I eligible?

At this time, we are only accepting applications from homeowners who live in the established City limits of Federal Way. Please contact King County Housing Repair Program at 206-263-9095.

If you have any questions, please phone the City of Federal Way Human Services staff at 253-835-2401 or email housingrepair@cityoffederalway.com.