

Housing Repair Assistance Program



City of Renton
Human Services
1055 S. Grady Way
Renton, WA 98057
(425) 430-6650

☐ NEW Applicant

☐ Re-Certification Applicant

Last Name:		First Name:	
Street Address:		Unit #:	Zip Code:
Phone:		Email:	
Home Type:	☐ Single Family	☐ Townhouse/Condo	☐ Manufactured Home*
*For owners of Manufactured Homes, a "WA State Vehicle Certificate of Ownership" for the home is REQUIRED . This is NOT car registration. Manufactured homes built before 1977 are NOT eligible for the program.			
Year Built:		Date Purchased:	

DEMOGRAPHICS

Responses to this section do NOT affect eligibility.

Are you Hispanic or Latino? ☐ Yes ☐ No

What is your race? Check all that apply.

- | | | |
|---|---|---|
| ☐ White or Caucasian | ☐ American Indian / Alaskan Native | ☐ American Indian / Alaskan Native & White |
| ☐ Black / African American | ☐ Black / African American & White | ☐ Native Hawaiian / Pacific Islander |
| ☐ Asian | ☐ Asian & White | |

OCCUPANTS

List all occupants beginning with yourself.

INCOME VERIFICATION DOCUMENTS ARE REQUIRED. See Application Checklist on back for full details.

Occupant Name (Last, First)	Relationship	Birthdate	Gender	Disabled Yes/No	Veteran Yes/No	Employed Yes/No	Annual Income
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1	Self						
2							
3							
4							
5							

Total Household Income =

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APPLICATION CHECKLIST

I have checked to see that I meet the following criteria:

- ☐ I own the home listed in the application and have lived at this address for at least the last 12 months, and do not plan to move from that residence in the following 12 months.
- ☐ My home is within the Renton city limits and has a Renton address.
- ☐ My total household income is at or below the amount shown below for family size.

2025 HUD Income Guidelines	
Household Size	Maximum Income
1	\$84,850
2	\$96,950
3	\$109,050
4	\$121,150
5	\$130,850
6	\$140,550
7	\$150,250
8	\$159,950

Based on the median income of \$157,100 for a family of 4



I have attached the following REQUIRED documents:

- ☐ Completed application and signed Statement of Application Accuracy.
- ☐ **SIGNED 1040 Federal Tax Return** for every household member who filed taxes. If you did NOT submit a federal tax return, include a copy of your **Social Security Benefits letter AND bank statements for the last three (3) months** for every household member over age 26. Any rental income must be included in the applicant's tax return. Please omit Social Security and bank numbers for privacy.
- ☐ IF you own a manufactured home, a WA State Vehicle Certificate of Ownership is REQUIRED. This is NOT car registration. Manufactured homes built prior to 1977 are not eligible for the program.

SELF-DECLARATION OF NO INCOME



This form must be filled out for any resident of the home who is **over the age of 18 and receives no income.**

Occupant Name of Applicant:	
Date of Birth:	
Address:	
Relationship to Homeowner:	

I do hereby declare that I have not received any income for the months of:

Please briefly describe how shelter, food, utilities and other bills are being paid for:

By signing below, I certify that the information stated here is true and accurate to the best of my knowledge. I understand that by signing this form, I am under penalty of criminal prosecution if I knowingly provide false information which results in assistance for which I am not eligible.

Signature: _____

Date: _____

STATEMENT OF APPLICATION ACCURACY

This statement of application completion and accuracy gives protection and exemption to the City from claims, warranty/guarantee limitations, permission for photos, and Utility Division access to financial information for application to Reduced Utility Rebate and Reduced Rate Programs.

By signing below, I declare:

1. I have examined this statement and to the best of my knowledge and belief, this information is true, accurate, and complete. I agree that if any of the information that I have provided is untrue, inaccurate, or incomplete, all expenses and liabilities will be solely my own with no expenses or liabilities held against the City of Renton.
2. I have requested the repairs and services from the City of Renton and hereby protect and hold the City of Renton harmless from all claims, demands, and causes of action of any kind or character due to the repairs and services performed on or in my home and property.

Warranties and guarantees, if any, are limited to those offered by the manufacturer of products installed at the property or by the contractor when a contractor has been retained by the City to perform specified repairs on behalf of the homeowner. The City's responsibility is limited to making payment on the behalf of the homeowner.

3. I hereby give my permission to the City of Renton and the Human Services Division to take photos of my home or property, which might include me, my spouse, child (children) or other household members, for possible use in publications promoting City of Renton programs or activities.
4. I understand that I am applying to the City of Renton Housing Repair Assistance Program for services to address needs in my home.
5. I certify that I have owned and lived in this home for at least the last 12 months.

Applicant Signature

Date

Mail Application with Required Documents to:

City of Renton - Human Services
Housing Repair Assistance Program
1055 South Grady Way
Renton, WA 98057

Mark through any Social Security Numbers before sending a copy of your form to the Housing Repair Program.

Form 1040 Department of the Treasury—Internal Revenue Service (99) **2019** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Last name
If joint return, spouse's first name and middle initial Last name
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **Your social security number**
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Spouse's social security number**
Foreign country name Foreign province/state/country Foreign postal code ☐ You ☐ Spouse
Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse or dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien.
Age/Blindness You: ☐ Were born before January 2, 1955 ☐ Spouse: ☐ Was born before January 2, 1955 ☐ Is blind
Dependents (see instructions): (2) (3) (4) ☒ if qualifies for (see instructions):
(1) First name Last name Child tax credit Credit for other dependents
1 Wages, salaries, etc. Attach Form(s) W-2 1
2a Tax-exempt interest 2b Taxable interest. Attach Sch. B if required 2b
3a Qualified dividends 3b Ordinary dividends. Attach Sch. B if required 3b
4a Dividend distributions 4b Taxable amount 4b
4c Pensions and annuities 4d Taxable amount 4d
5a Social security benefits 5a Taxable amount 5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ 6
7a Other income from Schedule 1, line 9 7a
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** 7b
8a Adjustments to income from Schedule 1, line 22 8a
b Subtract line 8a from line 7b. This is your **adjusted gross income** 8b
9 Standard deduction or itemized deductions (from Schedule A) 9
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A 10
11a Add lines 9 and 10 11a
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- 11b

Standard Deduction for—
• Single or Married filing separately, \$12,200
• Married filing jointly or Qualifying widow(er), \$24,400
• Head of household, \$18,350
• If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2019)

12a Tax (see inst.). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ **12a**

b Add Schedule 2, line 3, and line 12a and enter the total **12b**

13a Child tax credit or credit for other dependents **13a**

b Add Schedule 3, line 7, and line 13a and enter the total **13b**

14 Subtract line 13b from line 12b. If zero or less, enter -0- **14**

15 Other taxes, including self-employment tax, from Schedule 2, line 10 **15**

16 Add lines 14 and 15. This is your **total tax** **16**

17 Federal income tax withheld from Forms W-2 and 1099 **17**

18 Other payments and refundable credits:

a Earned income credit (EIC) **18a**

b Additional child tax credit. Attach Schedule 8812 **18b**

c American opportunity credit from Form 8863, line 8 **18c**

d Schedule 3, line 14 **18d**

e Add lines 18a through 18d. These are your **total other payments and refundable credits** **18e**

19 Add lines 17 and 18e. These are your **total payments** **19**

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** **20**

21a Amount of line 20 you want **refunded** to you (see inst. 8880 attached, check here) **21a**

b Bank account number **c** Type: ☐ Checking ☐ Savings

22 Amount of line 20 you want to apply toward your **2020 estimated tax** **22**

23 Amount you **owe** (subtract line 19 from line 16. For details on how to pay, see instructions) **23**

24 Estimated tax payment (see instructions) **24**

Third Party Designee (Other than paid preparer) Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☐ No

Designee's name **Phone no.** **Personal identification number (PIN)**

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature **Date** **Your occupation** **If the IRS sent you an Identity Protection PIN, enter it here (see inst.)**

Spouse's signature. If a joint return, both must sign. **Date** **Spouse's occupation** **If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)**

Phone no. **Email address**

Paid Preparer Use Only Preparer's name **Preparer's signature** **Date** **PTIN** **Check if:** ☐ 3rd Party Designee ☐ Self-employed

Firm's name **Phone no.**

Firm's address **Firm's EIN**

Be sure to sign your 1040 form before sending it to the Housing Repair Program.

APPLICANTS WITH MANUFACTURED HOMES

If you have a manufactured home, a copy of your
Manufactured Home Certificate must be submitted with your application.

STATE OF WASHINGTON
VEHICLE CERTIFICATE OF OWNERSHIP

CERTIFICATE NUMBER
0123456789

LICENSE NUMBER +12345 **DATE OF APPLICATION** 04/12/2019 **MODEL YEAR** 1986 **MAKE** DARTM **POWERUSE** MOB **SERIES & BODY STYLE** 48/24

VEHICLE IDENTIFICATION NUMBER (VIN) 12345 **FLEET/EQUIP. NUMBER** **SCALE WT.** **MILEAGE** 0000000 **ODOMETER CODE** **EXEMPTION**

COMMENTS/BRANDS 12345-2019 **PRIOR STATE** **TITLE NUMBER** 123456789

SAME AS LEGAL OWNER BELOW **SIGNATURE(S) OF REGISTERED OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.**

BY _____ **REGISTERED OWNER SIGNATURE** **DATE OF SALE** _____

BY _____ **REGISTERED OWNER SIGNATURE** **DATE OF SALE** _____

SALE PRICE _____
SIGNATURE(S) OF LEGAL OWNER(S) BELOW, HEREBY RELEASES ALL INTEREST IN VEHICLE DESCRIBED ABOVE.

BY _____ **FIRST LEGAL OWNER-SIGNATURE & TITLE** **DATE RELEASED** _____

BY _____ **SECOND LEGAL OWNER-SIGNATURE & TITLE** **DATE RELEASED** _____

LEGAL OWNER: When lien is satisfied, release interest by signing above and transmit this document to County Auditor or Agent with proper fee. Failure to properly release and transmit the document within 10 days after lien is satisfied may result in monetary penalty to the debtor, pursuant to RCW 46.12.170.

TRANSFEREE MUST APPLY FOR TRANSFER OF OWNERSHIP WITHIN 15 DAYS FROM DATE OF DELIVERY, TO AVOID PENALTY. (SEE REVERSE FOR ADDITIONAL INFORMATION.)

01/04 **0024920** **AV** **KEEP IN A SAFE PLACE** **ANY ALTERATION OR ERASURE VOIDS THIS TITLE**

IF YOU OWN YOUR HOME AND DO NOT HAVE THE TITLE DOCUMENT

You may request a copy by mailing the attached Washington State Department of Licensing Public Disclosure Section form to the address at the end of the form. This form is also available to complete and submit on line at <https://www.dol.wa.gov/forms/224003.pdf> or call 360-902-3770.

Mail completed request form to Olympia, not Renton. Once you receive your title document please send a copy to the Housing Repair Assistance Program office to complete your application.

EXAMPLE of registration document: Washington State Manufactured and Mobile Homes.

This is NOT proof of home ownership.

IS YOUR REGISTRATION
KENT LICENSING
351 S. WASHINGTON
KENT, WA 98032
(253) 852-3110

STATE OF WASHINGTON
DEPARTMENT OF LICENSING
+52601

VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

09/28/2005 0527117180538701

Lic/Plt Issue-Date Tab-No Reg-Exp Value-Code/Yr Repre Mo-Reg Mo-Gwt

00/00/0000 20000/2005

Power Use Mod-Yr Make Ser/Body Model V or er l-No PrevPlt

MOB 1985 CANDL 48/24

Selwt Seats Gwt Gwt-S Equip Prev-Title-No St

WA

BRANDS:

COMMENT:
USE TAX WAIT

MILEAGE E

REGISTERED OWNER LEGAL OWNER

18100 107TH PL SE UNIT
RENTON WA 98055

I CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ACCURATE AND COMPLETE.

SIGNATURE OF REGISTERED OWNER(S) SIGNATURE OF REGISTERED OWNER(S)

SUBSCRIBED AND SWORN TO BEFORE

THIS 09 DAY OF 28, 05

FILING \$ 4.00 MONORAIL TAX \$ CHECK \$ 19.00
SUBAGENT \$ 10.00 RTA EXCISE \$ CASH \$
LOCAL FEE \$ USE TAX \$ TOTAL FEES \$ 19.00
LICENSE SRVC \$ OTHER \$ 5.00
DONOR AWARENESS\$

VALIDATION CODE 47171805052710928050014053870 TRANSFER

STATE OF WASHINGTON VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE
RPT ID: ATITPR-1 THIS DOCUMENT IS NOT PROOF OF OWNERSHIP

CUSTOMER'S COPY