

# 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:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Townhouse/Condo	<input type="checkbox"/> Manufactured Home*
*For owners of Manufactured Homes, a "WA State Vehicle Certificate of Ownership" for the home is <b>REQUIRED</b> . This is NOT car registration. Manufactured homes built before 1977 are NOT eligible for the program.			
Year Built:		Date Purchased:	

## DEMOGRAPHICS

Reponses to this section do NOT affect eligibility.

Are you Hispanic or Latino?  Yes  No

What is your race? Check all that apply.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> White or Caucasian       | <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> American Indian / Alaskan Native & White |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Black / African American & White | <input type="checkbox"/> Native Hawaiian / Pacific Islander       |
| <input type="checkbox"/> Asian                    | <input type="checkbox"/> 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	Veteran	Employed	Annual Income
				Yes/No	Yes/No	Yes/No	

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 18. 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.

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**Applicant Signature**

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**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	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.  Presidential Election Campaign Fund. If you, or your spouse, or your dependent, want \$3 to go to this fund, check the box below. Checking this box below will not change your filing status.  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/state/country Foreign postal code More than four dependents, see instructions and ✓ here ▶

**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  Were born after January 1, 1955 **Spouse:**  Was born before January 2, 1955  Was born after January 1, 1955  Is blind

**Dependents (see instructions):** (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (00)

(1) First name	Last name	(2) Social security number	(3) Date of birth	(4) Relationship to you	(5) <input checked="" type="checkbox"/> if qualifies for (see instructions):	(6) Child tax credit	(7) Credit for other dependents
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2	<b>2a</b>	<b>b</b> Taxable interest. Attach Sch. B if required	<b>2b</b>
<b>2</b> Tax-exempt interest	<b>2a</b>	<b>b</b> Ordinary dividends. Attach Sch. B if required	<b>3b</b>
<b>3</b> Qualified dividends	<b>3a</b>	<b>b</b> Taxable amount	<b>4b</b>
<b>4</b> IRA distributions	<b>4a</b>	<b>d</b> Taxable amount	<b>4d</b>
<b>5</b> Pensions and annuities	<b>4c</b>	<b>b</b> Taxable amount	<b>5b</b>
<b>5a</b> Social security benefits	<b>5a</b>		
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>			<b>6</b>
<b>7a</b> Other income from Schedule 1, line 9			<b>7a</b>
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b>			<b>7b</b>
<b>8a</b> Adjustments to income from Schedule 1, line 22			<b>8a</b>
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b>			<b>8b</b>
<b>9</b> Standard deduction or itemized deductions (from Schedule A)	<b>9</b>		
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A	<b>10</b>		
<b>11a</b> Add lines 9 and 10			<b>11a</b>
<b>b</b> Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			<b>11b</b>

**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.



## 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	DATE OF APPLICATION	MODEL YEAR	MAKE	POWER USE	SERIES & BODY STYLE
+12345	04/12/2019	1986	DARTM	MOB	48/24

VEHICLE IDENTIFICATION NUMBER (VIN)	FLEET/EQUIP. NUMBER	SCALE WT.	MILEAGE	ODOMETER CODE
12345			000000	EXEMPTION

COMMENTS/BRANDS: 12345-2019

PRIOR STATE: WA

REGISTERED OWNER: Doe, John S.  
Street Address  
RENTON WA 98055-6489

LEGAL OWNER: Doe, John S.  
Street Address  
RENTON WA 98055-6489

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 30 days after lien is satisfied may result in monetary penalty to the debtor, pursuant to RCW 46.12.110. TRANSFEREE/BUYER MUST APPLY FOR TRANSFER OF OWNERSHIP WITHIN 15 DAYS FROM DATE OF DELIVERY, TO AVOID PENALTY. (SEE REVERSE FOR ADDITIONAL INFORMATION.)

I CERTIFY THAT THE RECORDS OF THE DEPARTMENT OF LICENSING SHOW WORKING AS LISTED HEREON AS REGISTERED OWNERS AND LEGAL OWNERS OF THE VEHICLE DESCRIBED.

01/04 0024920 AV 0024920

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	No-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						

Solwt	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	\$			
			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