

Housing Repair Assistance Program



City of Renton
Human Services
1055 S. Grady Way
Renton, WA 98057
(425) 430-6693

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 **REQUIRED. This is NOT car registration. Manufactured homes built before 1977 are NOT eligible for the program.*

Year Built:	Date Purchased:
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DEMOGRAPHICS

Responses 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 Yes/No	Veteran Yes/No	Employed Yes/No	Annual Income
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1	<i>Self</i>						
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.

HUD Income Guidelines	
Household Size	Maximum Income
1	\$81,700
2	\$93,350
3	105,000
4	\$116,650
5	\$126,000
6	\$135,350
7	\$144,650
8	\$154,000



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 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.
6. I understand that the City of Renton Housing Repair Assistance Program may share information with partner agencies when housing repair collaboration of repairs is needed.

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.

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
 Your social security number
 Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **Presidential Election Campaign**
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). If you, or your spouse, are filing jointly, want \$3 to go to this fund. Checking at least one box below will not change your filing status. You Spouse

Foreign country name Foreign province/state/country Foreign postal code If you have more than four dependents, see instructions and check 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 on or after January 2, 1955 **Spouse:** Was born before January 2, 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 Wages, salaries, tips, etc. Attach Form(s) W-2	2a	b Taxable interest. Attach Sch. B if required	2b
2 Tax-exempt interest	2b	b Ordinary dividends. Attach Sch. B if required	3b
3a Qualified dividends	3a	b Taxable amount	4b
4a IRA distributions	4a	d Taxable amount	4d
4c Pensions and annuities	4c	b Taxable amount	5b
5a Social security benefits	5a		6
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>			7a
7a Other income from Schedule 1, line 9			7b
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income			8a
8a Adjustments to income from Schedule 1, line 22			8b
b Subtract line 8a from line 7b. This is your adjusted gross income			
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.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	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-		
15	Other taxes, including self-employment tax, from Schedule 2, line 10		
16	Add lines 14 and 15. This is your total tax		
17	Federal income tax withheld from Forms W-2 and 1099		
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		
d	Schedule 3, line 14		
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 instructions). If Form 8879 is attached, check here	<input type="checkbox"/>	21a
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	Account number		
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	

Refund
Direct deposit? See instructions.

Amount You Owe

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.)

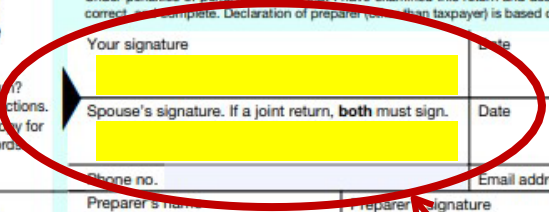
Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

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

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

EXAMPLE



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	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

TITLE NUMBER: 89

EXAMPLE

REGISTERED OWNER
SAME AS LEGAL OWNER BELOW

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

REGISTERED OWNER SIGNATURE
BY _____ DATE OF SALE _____

LEGAL OWNER SIGNATURE
BY _____ 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.)

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	Depre	No-Reg	Mo-Gwt
			00/00/0000	20000/2005			

Power	Use	Mod-Yr	Make	Ser/Body	Model/PT	V or	er	L-No	ns-Co	PrevPlt
	MOB	1985	CANL	48/24						

Solwt Seats Gwt Gwt-Strt Equip Prev-Title-No St WA

BRANDS:

COMMENT:
USE TAX WAIT (F)

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	\$ 10.00
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