



Dear Applicant:

The City of Renton Housing Repair Assistance Program (HRAP) provides minor home repair services to City resident homeowners who meet U.S. Department of Housing and Urban Development income guidelines. The program provides limited free home services focused on health and safety.

To be eligible for these services you must:

- 1) Live in and own your home within the Renton City limits for at least 12 months.
- 2) Have a total income not greater than:

Family Size	Maximum Annual Income	Family Size	Maximum Annual Income
1 person	\$44,750	5 members	\$69,050
2 members	\$51,150	6 members	\$74,150
3 members	\$57,550	7 members	\$79,250
4 members	\$63,900	8 members	\$84,350

- 3) Complete the application process.

Typical services include servicing faulty lights, outlets, toilets, water heaters, and blocked drains. Disability aids such as grab bars, hand rails, and hand held showerheads are also provided. For additional information call 425-430-6600, email humanservices@rentonwa.gov, or visit our web site at <http://humanservices@rentonwa.gov>.

Thank you for your interest in our program. Our goal is to have your eligibility evaluated within two weeks of receiving your completed application and supporting financial documents. We will notify you in writing regarding your eligibility.

Housing Repair Coordinator

Application Instructions

- A. Fill out completely and sign the enclosed application form.
- B. Submit your most recent 1040 Federal Tax Return with your application for each occupant in your home. **If you do not file for taxes, please complete the enclosed 1040 form as proof of income.** If you need assistance in completing the form call 425-430-6600.
- C. If your home is a mobile or manufactured home, submit a copy of your Washington State Vehicle Certificate of Ownership. Legal title of your home is required for program eligibility. A vehicle registration form is not proof of ownership; please do not send this with your application.
- D. Refer back to "Answers to Frequently Asked Questions" if you need clarification.

ANSWERS TO FREQUENTLY ASKED QUESTIONS

1. How long does it take to approve an application for eligibility into the program?

Our goal is to have your eligibility evaluated within two weeks after completed application and all supporting documents are received in our office. You will receive a letter informing you if you were accepted into the program.

2. What is the first step after being approved?

- The first service is to have a home assessment by our service technician that will itemize the condition of the safety and systems in your home and note any particular service needs that are covered by our program. An assessment will take between 2 to 3 hours and you must be home when we visit. Our goal is to perform assessments within two weeks of approval and program acceptance.
- After your home assessment has been reviewed in our office by the Housing Repair Coordinator we will inform you by letter what services will be provided and will call you to make an appointment to perform those services.

3. How long does my eligibility last when I am accepted into the program?

You must recertify eligibility once every 12 months. The recertification process and paperwork is the same as the initial application.

4. Are mobile homes eligible for the same work as single family homes?

No. **The program does not serve mobile homes older than June 15, 1976.**

5. If I apply and am turned down because my income is too high, can I reapply if my income changes?

- If a household is deemed ineligible for services and if the family's income or family size changes you may reapply due to the extenuating circumstances.
- Maximum expenditure is \$2,000 and there must be a health or safety need that requires immediate attention.

6. Does the Housing Repair Assistance Program perform services for people who rent their homes?

No, the program does not offer services for homes that are not owner occupied. Repair and maintenance of rental properties are the responsibility of the property owner.

7. I rent out part of my house to a tenant. Are they listed on the application?

No. A tenant is not considered a member of the household. The income you receive from the tenant is considered part of your income and is reported on line 17 of your 1040 tax return.

8. If I live outside of the City of Renton but have a Renton address, does the City of Renton Housing Repair Program Assistance program cover me?

- No. Our program only provides services to residents within the Renton City limits. To verify if you are in the City limits go to www.nwmaps.net.
- If you are outside the city limits, call King County Housing Repair at 206-263-9095 to check your eligibility.

9. Does the Housing Repair Assistance Program perform repairs on homes that are being prepared for sale or have been recently purchased?

- No. Services are not available for homes that are, or will be for sale in the next 12 months.
- Services are not available to homeowners until they have been owner occupants for at least 12 months.

10. Does the Housing Repair Assistance Program paint inside or outside of homes?

- No. Painting is not covered under the program's health and safety guidelines.
- HRAP will supply paint for any church group, service organization, or neighborhood organization officially recognized by the City of Renton Neighborhood Program so that they may paint a house in their parish or neighborhood.
- For information on the Renton Neighborhood Program call the City of Renton's Neighborhood Coordinator, Norma McQuiller, at 425-430-6595.

11. What are the cost guidelines of the program?

- The Housing Repair Assistance Program is a minor home repair program which has maximum yearly limits of \$4,000 or \$2,000 or \$750 per household, based upon the amount of qualifying income at the time of acceptance into the program.
- When a maximum yearly limit is reached, clients receive a letter notifying them that the yearly limit has been reached and they will no longer be eligible for services until the next calendar year. If the total cost of an eligible service exceeds the City's maximum yearly limit, the homeowner client has the option of paying the additional costs over the maximum yearly allowance in order to have the repairs performed.

12. I can't find my title for my mobile/manufactured home. How can I get a replacement copy?

- Fill out a Vehicle/Vessel Information Disclosure Request and submit it to the Washington State Department of Licensing. To access the form, go to <http://www.dol.wa.gov/forms/224003.pdf> or call (360) 359-4002 to request a form.

13. I can't find my 1040 Tax Return. How can I get a replacement copy?

- Order a copy of last year's tax return by completing Form 4506-T <http://www.irs.gov/pub/irs-pdf/f4506t.pdf> or call (800) 829-1040 and follow the prompts in the recorded message. A copy will be mailed to you.

14. When is a person considered disabled?

- The *definition of a disability* from the US Census says *people are disabled who*:
 - Use a wheelchair or have used another special aid for six months or longer;
 - Are unable to perform one or more functional activities: seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, walking or needing assistance with activities of daily living (getting around inside the home, getting in or out of bed or a chair, dressing, bathing, eating, and using the toilet) or instrumental activities of daily living (going outside the home, keeping track of money and bills, preparing meals, doing light housework and using the telephone);
 - Are prevented from working at a job or doing housework;
 - Have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia, or mental retardation, or
 - Are under age 65 years of age and are covered by Medicare or receive SSI

Mail Application to:
 City of Renton Human Services
 1055 South Grady Way
 Renton, WA 98057

For assistance:
 Phone: 425-430-6600
 Email: humanservices@rentonwa.gov
 Fax: 425-430-6603

Household Information

Residence must be within Renton City limits

Street Address	Unit #	Zip Code	Month/Year Purchased
E-mail Address	Daytime Phone		Home Phone

Please check the type of your home:

- Single-family
 Multi-family
 Condominium/Townhouse
 Manufactured Home
 Mobile Home

Residents Information

List all occupants living at this address (including yourself) *Please print clearly.*

Last Name	First Name	M.I.	Birth Date
Applicant:			
Additional Residents:			
1)			
2)			
3)			
4)			
5)			
6)			

Applicant is Hispanic or Latino? Yes No

Applicant is: Male or Female

What is the Applicant's race? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> Other Multi-racial |

Are you, the applicant, disabled? Yes No

Is any other resident at this address disabled? Yes No

Where did you hear about this program?

- Insert in utility bill
 Saw City truck
 Brochure
 Word of Mouth
 Website
 Facebook

Statement of Application Accuracy

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

I declare that 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.

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.

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. I also give my permission to have my pertinent financial information given to the City of Renton Utility Accounts Division to be considered for the Reduced Utility Rate and the Utility Tax Rebate programs.

I understand that I am applying to the City of Renton Housing Repair Assistance Program for services to address health and/or safety needs in my home. I certify that I have owned and lived in this home for at least 12 months and have no intention to sell it within the next 12 months.

Date _____

Applicant Signature

IMPORTANT: Before mailing your application, please utilize this checklist to ensure that your application is complete. **This application will not be processed until ALL supporting documentation is received.**

<input type="checkbox"/>	Two-page application filled out completely, with all questions answered, and signed.
<input type="checkbox"/>	Most recent 1040 Federal Tax Return. If you do not file for taxes, you must complete the enclosed 1040 form as proof of income. One is required for each adult or child of working age listed. This is a City of Renton program certification requirement. No exceptions will be permitted.
<input type="checkbox"/>	If your home is a mobile or manufactured home, a copy of your Washington State Vehicle Certificate of Ownership. The program does not serve mobile homes older than June 15, 1976.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning , 2013, ending , 20 See separate instructions.

Your first name and initial Last name Your social security number

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) above and on line 6c are correct.

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

Foreign country name Foreign province/state/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. b Spouse c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions) Boxes checked on 6a and 6b No. of children on 6c who: lived with you did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8a Taxable interest. Attach Schedule B if required 8a b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount 15b 16a Pensions and annuities 16a b Taxable amount 16b 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount 20b 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income 37

Tax and Credits

38 Amount from line 37 (adjusted gross income) **38**

39a Check You were born before January 2, 1949, Blind. Spouse was born before January 2, 1949, Blind. Total boxes checked **39a**

b If your spouse itemizes on a separate return or you were a dual-status alien, check here **39b**

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) **40**

41 Subtract line 40 from line 38 **41**

42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions **42**

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- **43**

44 Tax (see instructions). Check if any from: **a** Form(s) 8814 **b** Form 4972 **c** **44**

45 Alternative minimum tax (see instructions). Attach Form 6251 **45**

46 Add lines 44 and 45 **46**

47 Foreign tax credit. Attach Form 1116 if required **47**

48 Credit for child and dependent care expenses. Attach Form 2441 **48**

49 Education credits from Form 8863, line 19 **49**

50 Retirement savings contributions credit. Attach Form 8880 **50**

51 Child tax credit. Attach Schedule 8812, if required. **51**

52 Residential energy credits. Attach Form 5695 **52**

53 Other credits from Form: **a** 3800 **b** 8801 **c** **53**

54 Add lines 47 through 53. These are your total credits **54**

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- **55**

Standard Deduction for—

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
 - Single or Married filing separately, \$6,100
 - Married filing jointly or Qualifying widow(er), \$12,200
 - Head of household, \$8,950

Other Taxes

56 Self-employment tax. Attach Schedule SE **56**

57 Unreported social security and Medicare tax from Form: **a** 4137 **b** 8919 **57**

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required **58**

59a Household employment taxes from Schedule H **59a**

b First-time homebuyer credit repayment. Attach Form 5405 if required **59b**

60 Taxes from: **a** Form 8959 **b** Form 8960 **c** Instructions; enter code(s) **60**

61 Add lines 55 through 60. This is your total tax **61**

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 **62**

63 2013 estimated tax payments and amount applied from 2012 return **63**

64a Earned income credit (EIC) **64a**

b Nontaxable combat pay election **64b**

65 Additional child tax credit. Attach Schedule 8812 **65**

66 American opportunity credit from Form 8863, line 8 **66**

67 Reserved **67**

68 Amount paid with request for extension to file **68**

69 Excess social security and tier 1 RRTA tax withheld **69**

70 Credit for federal tax on fuels. Attach Form 4136 **70**

71 Credits from Form: **a** 2439 **b** Reserved **c** 8885 **d** **71**

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments **72**

Refund

Direct deposit? See instructions.

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid **73**

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here **74a**

b Routing number **c** Type: Checking Savings

d Account number

75 Amount of line 73 you want applied to your 2014 estimated tax **75**

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions **76**

77 Estimated tax penalty (see instructions) **77**

Third Party Designee

Do you want to allow another person 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.

Joint return? See instructions. Keep a copy for your records.

Your signature Date Your occupation Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Firm's name Firm's EIN

Firm's address Phone no.

Check if self-employed PTIN