



CITY OF INDEPENDENCE DEMOLITION COST SHARE PROGRAM

SECTION 1. GENERAL PROVISIONS

1.1 Purpose

The purpose of the program is to assist property owners with demolition cost of blighted structures in Independence.

1.2 Eligibility

All property owners meeting the following criteria will be eligible to participate in the Cost Share Program for qualified demolition of blighted structures upon available funding.

1. Property must be located within the City of Independence.
2. Property must be vacant, and all utilities should be disconnected and removed.
3. The Property Real estate taxes must be paid and current.
4. City utility bills must be current on all properties in the applicant's name or ownership.
5. Demolition must be completed within 90 days of approval.

1.3 Self-imposed Constraints

Failure of a property owner to participate in the Cost Share Program in no way relieves the property owner to make required repairs. The failure to participate in the Cost Share Program may be due to lack of interest by the property owner or lack of available City funds.

SECTION 2. PROGRAM REQUIREMENTS

2.1 Application

The property owner must fill out the Demolition Cost Share Program Application and return it to City Hall with all requested documentation for review by the City Clerk's office prior to work commencing.

2.2 Notice of Eligibility

The City Clerk's office will notify the applicant of the approved funding.

2.3 Contracting a Licensed Contractor

The applicant must contract with a licensed Contractor in the City of Independence for the demolition of said property.

2.4 Permits

A Demolition permit or inspection report sheet will be issued by the City Building Department. Any fees for issuance of such permit will be waived.

2.5 Inspections

During demolition of any property, the City Building Inspector must complete an inspection. Multiple inspections may be required. The City Building Inspector must sign off on a completed inspection, attesting that satisfactory work was performed. If such inspection is not completed, the City will not reimburse the cost until corrective action is taken.

2.6 Request for Reimbursement

After the acceptance of the work, the applicant must submit a signed statement and receipts for the labor and material cost of the qualified demolition. A payment will then be issued in the amount of the City's share naming the property owner as payee if proof of payment is provided. If no proof of payment is provided, the City will issue a check to the licensed Contractor. Requests for reimbursement must be submitted within 90 days of the application approval date.

SECTION 3. PAYMENT LIMITS

3.1 General

Property owners qualifying as low-income will be eligible for 100% reimbursement of the applicant's cash expenditure for labor and materials related to demolition, up to \$6,000 per property in a 12-month period.

Property owners that do not meet the low-income requirements will be eligible for 50% reimbursement of the applicant's cash expenditure for labor and materials related to demolition, up to \$3,000 per property in 12-month period.

3.2 Qualified Low-Income Requirements

To qualify as a low-income, the applicant must show proof that they meet one of the following criteria:

1. Applicant qualifies as low-income using the thresholds set by the U.S. Department of HUD for the state of Kansas in Montgomery County.
2. Applicant's immediate family participates in the free lunch program in area schools.
3. Applicant qualified in the previous tax year for IRS tax programs which identify low income, such as the Earned Income Tax Credit.
4. Applicant qualifies for other recognized State or Federal programs which identifies the applicant as meeting low-income criteria.

APPLICATION FOR PARTICIPATION IN DEMOLITION COST SHARE PROGRAM

This application must be completed by the property owner and returned to:
City Hall, 811 W. Laurel Street, prior to work commencing.

1. Address of property: _____
Independence, Kansas 67301
2. Name on record with the City Water Department for above property: _____
3. Property owner's name: _____ Phone: _____
4. Address of property owner: _____
5. Do you meet any of the following criteria? **If so, please provide supporting documentation.**
 - 5a Immediate family participates in the free lunch program in area schools. [] YES [] NO
 - 5b Qualified in previous tax year for IRS tax programs which identify low-income, such as the Earned Income Tax Credit. [] YES [] NO
 - 5c Qualifies for other recognized State or Federal programs which identify low-income criteria. [] YES [] NO

If you do not meet any of the criteria in (5) above, but believe you qualify as low-income, please fill out page 2 of this application.

I attest that all information provided is complete, accurate, and true.

Signature of Applicant

Date

Signature of Spouse

Date

APPLICATION FOR PARTICIPATION IN DEMOLITION COST SHARE PROGRAM

Please complete this section only if you marked "NO" to questions 5a-5c on page one of this application, but believe you should qualify for the additional low-income assistance.

1. List all person(s), including yourself, who reside in the property owner's household, whether related or not:

Name	Date of Birth	Soc. Sec. #	Relationship
_____	_____	_____	SELF
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Annual Household Income for previous 12 month period. \$ _____
 Please include all household income. **Supporting documentation must be provided.**

3. List all sources of income for the household.

Source (Name of Employer/Agency)	Name of Recipient	Monthly Amount Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I attest that all information provided is complete, accurate, and true.

Signature of Applicant

Date

Signature of Spouse

Date