



HOME REPAIR APPLICATION

Platte County Senior Fund has teamed up with Northland Neighborhoods, Inc. to provide a home repair program for Older Adults age 60 and over living in Platte County.

Client Name: _____ Date: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Phone Number: _____ Alternate Phone # _____

Contact to set up services (if other than client) Phone Number: _____

Name: _____ Relationship: _____

Client/Household Information: Date of Birth: _____ DOB spouse: _____

Number of Persons living in home: _____ Referred by: _____

Emergency Contact: _____ Phone # _____

Repair Request: _____

Property Tax Paid: Y / N (documentation attached or request _____ Verification by NNI)

Ownership Verified by Deed: Y / N (documentation attached or request _____ Verification by NNI)

Household Income: Please provide income sources for all household members. Attach copies of income sources with this application. Co-pays are based on monthly household income, per the table below.

Single Households:

\$0 to \$1,164 = 0% copay
 \$1,165 to \$1,788 = 25% copay
 \$1,789 to \$2,412 = 50% copay
 \$2,413 to \$3,036 = 75% copay
 \$3,037 & above = Private Pay Referral

Couples Households:

\$0 to \$1,577 = 0% copay
 \$1,578 to \$2,423 = 25% copay
 \$2,424 to \$3,269 = 50% copay
 \$3,270 to \$4,115 = 75% copay
 \$4,116 & above = Private Pay Referral

Monthly Household Income and Co-pay calculation:

	Net	Gross
Social Security:	_____	_____
Social Security:	_____	_____
Pension:	_____	_____
Pension:	_____	_____
Wages Earned:	_____	_____
Rental Income:	_____	_____
Taxable Interest:	_____	_____
Dividend Income:	_____	_____
Other Income:	_____	_____
Total Monthly Income:	_____	_____

Receive Medicaid? Y / N

Co-Pay: _____

The information provided in this application is accurate to the best of my knowledge. I understand income information is used to calculate applicable co-pays and is kept confidential. I understand I am responsible for the repair co-pay as calculated on this application.

Client Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION TO:

Northland Neighborhoods, Inc. 4420 Chouteau Trfwy #100, Kansas City, MO 64117 **QUESTIONS...call 454-2000**

NNI verification of income, co-pay, deed & paid taxes: _____ Date: _____