

CITY OF KOSCIUSKO

2024 HOMEOWNER CHECKLIST

No.	Status	Attachment Description
1		Application (signed by owner/owners) *
2		Income Documentation (Total of all residents in household combined) 3 consecutive months or most recent benefits statements
3		Proof of Ownership (Deed/Leases)
4		Proof of Residence (Utility Bills) - July 2023 thru October 2024
5		Proof property taxes are current or exempt
6		Proof of current Homeowners insurance
7		List of Health and Safety Hazards

*Be sure to include everyone that is currently living in the home.

Eligibility Thresholds:

- Deed must be clear for 12 months and if joint ownership all parties must live in the home.
- Must meet low Income threshold:

Attala County	2024	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
	Low (80%) Income Limits (\$)	\$35,950	\$41,100	\$46,250	\$51,350	\$55,500	\$59,600	\$63,700	\$67,800



The City of Kosciusko does not discriminate on the basis of race, color, religion, sex, national origin, age, familial status, or handicap/disability.

Applicant Signature _____

**CITY OF KOSCIUSKO
HOME REHABILITATION GRANT PROGRAM
2024 APPLICATION**

REQUIRED DOCUMENTS (TO BE RETURNED WITH THIS APPLICATION)

1. HOUSEHOLD INCOME: Documented proof of at least **three (3) months** of all current household income (**Social Security Statement, SSI Benefit Verification Letter(s), pension notices, child support statement, check stubs** or other acceptable documentation for all persons living in your house). If employed, must provide four (4) consecutive check stubs. *Any household member age 18 or over who declare to have no income must provide a signed, notarized statement certifying that they are not providing any financial support to the household.*
2. OWNERSHIP OF THE HOME: Copy of your **property deed** (Must have clear ownership or 99 year leasehold to the property at least one year (12 Months) prior to application.) **HUD does not accept life estates as ownership. If you do not own this home, you are ineligible for this program. Additionally, a property to be reconstructed or replaced cannot have any mortgage or liens of any type. A property to be rehabilitated can have a mortgage but it must be at least 15 years old and in good standing(documentation required).**
3. PROOF OF RESIDENCE FROM **JULY 2023 – OCTOBER 2024**: Copies of **utility bills** in the homeowner's name. (Must show 15 consecutive month's history such as print-out or prior year's bill and must be electric, gas, or water. Cable and Phone bills **NOT** accepted.) **If you have not lived at this address for the past 12 months you are ineligible for this program.**
4. Proof that **Property Taxes** are current or exempt. Requires statement from Attala County tax office.
5. LIST OF HEALTH AND SAFETY HAZARDS: Please provide a list that addresses items in your home that pose a health and safety risk such as electrical wiring system, plumbing, heating equipment, foundation, and roof. *This item is not required, but would help expedite the process of determining eligibility.*

Depending on circumstances, additional information might be requested.

Acceptance of this application does not guarantee assistance, and determination of eligibility for assistance does not guarantee assistance.

Please complete this application completely and send with attachments to: Kosciusko City Hall, 222 East Washington Street, Kosciusko, MS 39090 or delivered to Kosciusko City Hall, 222 East Washington Street, Kosciusko, MS 39090. Applications received after **November 27, 2024** will not be accepted.

Applicant Signature _____



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MISSISSIPPI HOME CORPORATION (MHC)
HOME INVESTMENT PARTNERSHIPS (HOME) PROGRAM

HOMEOWNER REHABILITATION/RECONSTRUCTION APPLICATION

Application MUST Be Completed Thoroughly

City/Town/County Applicant: City of Kosciusko Date: _____

Name: _____

Age: _____ Sex: _____ Race: _____ Social Security #: _____ (Last 4 digits **Only**)

Head of household? Yes No Total number currently living in household: _____

Number handicapped: _____

Address: _____ City: _____
Number and Street

Phone number: _____

How long have you owned your home? _____ Total number of bedrooms? _____

Is this a manufactured home? Yes No Is there a deed or bill of sale? Yes No

Do you own the land? Yes No

Type of household income: _____

Total monthly amount of all income for all household members: _____
(at least 3 consecutive months or most recent benefits statement)

List others living in the household, indicate the relationship and include **all** income and income verification.

Name: _____ Age: _____ Relationship _____

Income: _____ Source: _____

Name: _____ Age: _____ Relationship _____

Income: _____ Source: _____

Name: _____ Age: _____ Relationship _____

Income: _____ Source: _____

Name: _____ Age: _____ Relationship _____

Income: _____ Source: _____

Name: _____ Age: _____ Relationship _____

Income: _____ Source _____

I understand that my home will be rehabbed or reconstructed. If reconstructed, the current dwelling will be demolished and a new home constructed on the same lot: Yes No

I understand if my home is rehabbed, I must occupy my home for 5 years or funds will be repaid according to the time I have occupied the unit. Yes No N/A

I understand if my home is reconstructed, I must occupy my home for 10 years or funds will be repaid according to the time I have occupied the unit. Yes No N/A

I also understand that if I live in a manufactured home it will be replaced with a new manufactured home: Yes No N/A

If I maintain ownership, I agree not to lease or rent my home Yes No

I certify that all of the information provided is true and correct to the best of my knowledge. It is further certified that neither I nor any member of my household, is related to or employed by any member(s) of the local unit of government (the Recipient).

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

I/We understand that my personal information may be used by Mississippi Home Corporation (MHC) for reporting and tracking purposes on the funding provided by the HOME Investment Partnerships Program. MHC staff if required to comply with securing personal and confidential information.

Signature of applicant

Date

Signature of applicant

Date

Signature of Project Administrator

Date

Signature of Elected Official

Date

2024 HOME - City of Kosciusko

List of Health and Safety Hazards

NAME: _____

ADDRESS: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____
