

Return completed, confidential form by October 10, 2025, at noon to:
Drop off to Lisa Dillon at Fort Scott City Hall
Or scan QR code to complete form online.



**Pre-Application for Housing Rehabilitation Program
City of Fort Scott**

Please answer all questions. The information is necessary to determine eligibility for the program and for required statistical records. This Pre-Application is an expression of your interest in the City of Fort Scott Housing Rehabilitation Program. It does not obligate you to participate and does not guarantee that you qualify. It does allow the city to contact you to update the information after the grant is awarded and the program begins. Only one Pre-Application may be submitted per address.

Please note: Rental homes, mobile homes, and homes located in a flood plain are not being considered for this program.

Your Name: _____ Telephone: _____
Address: _____
Email Address: _____

Household Members: List the head of your household and all members who live in your home. Give the relationship of each family member to the head of your household.

Member No.	Full Name	Relationship	Age
Head of HH		Self	
2			
3			
4			
5			
6			
7			
8			

1. Does anyone live with you who is not listed above? ☐ Yes ☐ No
2. Does anyone plan to live with you in the future who is not listed above? ☐ Yes ☐ No
If yes, please explain: _____
3. Are there any Disabled Persons in your household? ☐ Yes ☐ No
If yes, how many? _____ (A disabled person is defined as a person "who has a physical or mental impairment which substantially limits one of more of the person's major life activities, has a record of such impairment or is regarded as having such impairment.")
4. Racial Background of Primary Income Earner (please check one):
☐ WHITE ☐ BLACK/AFRICAN AMERICAN ☐ BLACK/AFRICAN AMERICAN & WHITE
☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ ASIAN ☐ ASIAN & WHITE
☐ AMERICAN INDIAN/ALASKAN NATIVE & WHITE ☐ BALANCE/OTHER
☐ AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN
☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
5. Ethnicity: ☐ Hispanic ☐ non-Hispanic
6. Is the Head of Household Female? ☐ Yes ☐ No

Name/Address of employer(s) of household members:

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Pre-Application for Housing Rehabilitation – Page 2

Income Information: Please estimate your income from all sources for the year 2024 and check the appropriate box below. This information will be kept strictly confidential. It will only be used to determine whether applicants may qualify for the housing rehabilitation program.

- ☐ Total household income is less than \$50,600
- ☐ Between \$50,601 & \$57,800
- ☐ Between \$57,801 & \$65,050
- ☐ Between \$65,051 & \$72,250
- ☐ Between \$72,251 & \$78,050
- ☐ Between \$78,051 & \$83,850
- ☐ Between \$83,851 & \$89,600
- ☐ Between \$89,601 & \$95,400
- ☐ More than \$95,401

PLEASE NOTE: If you have income from your own business or farm, then base your answer on the net income, not the gross income, of your business or farm.

Property Information: Please check any box below that needs to be improved on your house. Do not include cosmetic improvements, such as carpet. Improvements should be due to deterioration, not to improve curb appeal.

- | | |
|--|--|
| <input type="checkbox"/> ADA access | <input type="checkbox"/> Doors |
| <input type="checkbox"/> Electrical Wiring | <input type="checkbox"/> Exterior Paint |
| <input type="checkbox"/> Floors | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> Furnace | <input type="checkbox"/> Gutters |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Interior Walls |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Stairs |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Other (please explain): |

Please mark whether your house has the following (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Basement | <input type="checkbox"/> Crawl Space |
| <input type="checkbox"/> Partial Second Story | <input type="checkbox"/> Full Second Story |
| <input type="checkbox"/> Attic | |

Other Information: Please add any other information about your situation that might help determine if you qualify for the Housing Rehabilitation Program:

Date

Signature of Applicant

Date

Signature of Spouse