



**HPRP Kansas City Project Hope
Neighborhood and Community Services Department
Human Services Division**



Applicant Status Report

Date: _____

Applicant Name: _____ Social Security #: _____

Applicant Address: _____

City, State, Zip: _____

- APPROVED** – Your application for HPRP assistance has been approved.
- PENDING** – In order to complete the processing of your application for assistance, it will be necessary for you to provide the following information no later than 30 days from the date above:

- DENIED** – Your application for HPRP assistance has been denied for the following reason(s) checked below. You will be ineligible to reapply for a period of 90 days from the date of the denial.
 - You did not meet program eligibility guidelines
 - You failed to provide the above information within the timeframe requested
 - Incomplete or falsified information was provided

If you have any questions, please call me at the following number: () _____

HPRP Staff Representative Name: _____

HPRP Staff Representative Signature: _____ Date: _____