



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



Landlord Enrollment Form

Landlord Profile (Company Name):					
Owner First Name:	Middle Initial:	Last Name:	Agent Name:	Middle Initial:	Last Name:
Address:			Address:		
City, State, Zip:			City, State, Zip:		
Phone:	Fax No.:		Phone:		
Cell:			Cell:		
Email:			Email:		
Property Profile					
Please check property type: Multi-family <input type="checkbox"/> Single-family <input type="checkbox"/> Duplex <input type="checkbox"/> Other (describe) <input type="checkbox"/>			Rental Property Address (include city, state, zip):		
County: Jackson County <input type="checkbox"/> Clay County <input type="checkbox"/> Please select nearest public school district: Select One If other, explain:			Property Status: Occupied <input type="checkbox"/> Vacant <input type="checkbox"/>		
How Many Bedrooms:		How Many Bathrooms:		Year Built:	
Number of Vacancies: Select One				Square Footage:	
Room Size: Small <input type="checkbox"/> Average <input type="checkbox"/> Large <input type="checkbox"/>			*Note: Lead-Based Paint regulations apply to the unit and to common areas servicing the unit if the unit was constructed before 1978 and a child age 6 and under will be residing, or frequenting the unit.		
Accept Tenants with Judgments: Yes <input type="checkbox"/> No <input type="checkbox"/>			Rent Requested:		Deposit:
Accept Pets: Yes <input type="checkbox"/> No <input type="checkbox"/>			Application Fee:		
Property Lien(s): Yes <input type="checkbox"/> No <input type="checkbox"/>			Near Bus-line: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Landlord Rental Registration: (KCMO only) Yes <input type="checkbox"/> No <input type="checkbox"/> NA (not in KCMO) <input type="checkbox"/>			Most Current Taxes Paid (Year):		
			Tenant Association: Yes <input type="checkbox"/> No <input type="checkbox"/> Assn Fees: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, insert amount:		
Select Amenities Provided			Utilities		
Central Air <input type="checkbox"/> Refrigerator <input type="checkbox"/> Oven <input type="checkbox"/> Ceiling Fans <input type="checkbox"/>			Heating Type: Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil or Electric <input type="checkbox"/> Coal <input type="checkbox"/> Other <input type="checkbox"/>		
Garbage Disposal: Yes <input type="checkbox"/> No <input type="checkbox"/> Porch/Patio: Yes <input type="checkbox"/> No <input type="checkbox"/> Laundry: Yes <input type="checkbox"/> No <input type="checkbox"/>			Paid by: Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Cooking: Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/>		
Garage: Attached-single <input type="checkbox"/> Detached-single <input type="checkbox"/> Detached-double <input type="checkbox"/> Other <input type="checkbox"/> Fenced Yard: Yes <input type="checkbox"/> No <input type="checkbox"/>			Paid by: Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Water Heating: Natural Gas <input type="checkbox"/> Bottle Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Coal <input type="checkbox"/>		
Microwave: Yes <input type="checkbox"/> No <input type="checkbox"/>			Paid by: Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Water Paid by: Owner <input type="checkbox"/> Tenant <input type="checkbox"/>		
Trash Pick-up Paid by: Owner <input type="checkbox"/> Tenant <input type="checkbox"/>			Sewer Paid by: Owner <input type="checkbox"/> Tenant <input type="checkbox"/>		



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Certification Statement

I certify that the information provided herein is true and correct to the best of my knowledge. I understand that the Homelessness Prevention and Rapid Re-Housing Program (HPRP), is a Federal grant created by the American Recovery and Reinvestment Act of 2009 (ARRA) as a stimulus program. I further understand that any misuse of these funds could result in criminal prosecution by the U.S. Inspector General's office assigned to oversee the use of stimulus funding.

Signature:	Date:
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Provide either your SSN or EIN # below:

SSN:	EIN #:
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Check box if the check is to be made out to the owner (from previous page): <input type="checkbox"/> If above is not checked, make check payable to the following (please print): →	Property Mgmt. Co.: _____
	<i>or</i>
	Other Business Name (if applicable): _____
	Address: _____
	City, State, Zip: _____

Note: The following documents are required and verified for enrollment into the program:

- ❶ Property Taxes, ❷ Mortgage Statement (must show paid within the last 30 days),
- ❸ Kansas City Rental Dwelling Registration, ❹ Property Deed (even if property is free & clear)
- ❺ W-9 (Obtain form online at www.irs.gov. This ensures your EIN or SSN is correct for our files)
- ❻ Landlord Requirement for Property Inspection Form, read, completed & returned to our office

For City of Kansas City, Missouri, Internal Office Use Only

Current on Property Tax: Yes <input type="checkbox"/> No <input type="checkbox"/> Source:	Rental Registration Verified: Yes <input type="checkbox"/> No <input type="checkbox"/>
Enrolled: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, enter date:	Comment:
Print Name:	Liens Source Used:
Signature:	Title: Date:

Return completed form to the following:

Neighborhood and Community Services Department
Human Services Division
"Attn: Housing Locator"
3200 Wayne Avenue
Kansas City, MO 64109
Phone: (816) 513-4500 ▪ Fax: (816) 513-4512