Cost-Share Application

1. Return completed application and signed waiver to the office of the Municipal Services & Operations Department, 6 E 6th Street, Lawrence, KS 66044. Telephone: (785) 832-7800.

2. Enclose a photocopy of the applicant’s driver’s license or other legal photo identification.

3. Applications will be reviewed and property owners notified within two weeks of the City receiving the application.

4. The Department of Municipal Services & Operations will advise the applicant by phone and/or email when the application has been reviewed and the approval/denial status.

5. If approved, the property owner’s bill for completed repairs will show the amount for the total cost of the repairs less the City’s participation of fifty percent (50%).

6. If the application is denied, the applicant will be notified as such. A denied application does not remove the requirement of the property owner to repair the sidewalk hazard within the original allotted time frame.
Cost-Sharing Application

A. Eligibility Requirements

1. The property must be located within the City Limits.

2. The property must be residential owner-occupied and contain no more than two dwelling units. The applicant must be the owner/occupant of the property.

3. The property must be included within the current Sidewalk Improvement Program.

4. There must be more than one sidewalk adjacent to the property, i.e., there are sidewalks adjacent to more than one side of the property.

5. The property owner must have received a notice of violation for a sidewalk hazard.

6. The property owner must use the City’s contractor to complete repairs. The property owner cannot perform the repairs themselves or cause the repairs to be completed by a contractor of their choosing.

B. Assistance Limit per Property

1. Cost-Sharing Program funds are available on a first-come, first-service basis per program year based on the total amount of assistance funding available.

2. Once the Cost-Sharing Program funding has been used for the program year, no additional applications will be accepted.

3. The Cost-Sharing Program is a fifty percent (50%) cost-share with the City. If approved, the property owner will pay the amount for the total cost of the repairs less the City’s participation of fifty percent (50%).

C. Payment Requirements

1. Approved applicants under the Cost-Sharing Program will be billed after the completion of repairs for the total cost of the repairs less the City’s participation of fifty percent (50%).
Cost-Sharing Application

1. Name of Applicant:__________________________________________________________

2. Address:__________________________________________________________________

3. Zip code: _______________________

4. Telephone: _______________________

5. Email: ________________________________________________________________

Address of property where sidewalk hazard was identified:
________________________________________________________________________

CERTIFICATIONS

a. I hereby certify that this property is a residential property, that I am the owner and that I reside at this property.

Date_________________ Signature of Applicant

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To be completed by the City of Lawrence

☐ ID Verified

☐ Owner of Record

☐ Owner Occupied

Date received: __________________________

Approved: ____________________________ Date: __________________________
Municipal Services & Operations Department

Denied: ______________________________ Date: __________________________
Municipal Services & Operations Department

Justification: ____________________________________________________________________________
Cost-Sharing Application

Waiver

I, ____________________________, am the property owner applying for assistance under the City of Lawrence’s Sidewalk Improvement Program. I recognize that although the City of Lawrence may assist in the repair of the hazardous sidewalk(s) adjacent to my property, including the partial payment of the costs of such repair, I am fully responsible for the future maintenance and repair of all such sidewalk(s). I acknowledge that by accepting assistance from the City of Lawrence I waive any and all claims against the City of Lawrence related to the maintenance and condition of the affected sidewalk(s).

____________________________
Signature      Date

____________________________
Name (printed)

____________________________________________________
Address

____________________________________________________
City  State  ZIP Code