WEST CENTRAL
MISSOURI COMMUNITY ACTION AGENCY

Fred R. Bunch, Board Chair
Mary Lou Schussler, Chief Executive Officer

112 W. 4th, Appleton City, MO 64724 ● www.wcmcaa.org ● 660-476-2185 ● info@wcmcaa.org

Home Repair Opportunity
HeRO Program

The Home Repair Opportunity (HeRO) Program provides funding to meet the need for home repair, modification, and maintenance for low and moderate income homeowners in the non-metropolitan areas of Missouri. Eligible homeowners may receive assistance of up to $25,000 for necessary repairs, modifications, and maintenance on eligible properties.

Enclosed you will find a pre-application, and documents needed checklist, for the HeRO Program. Please know that funds are limited; submitting an application does **not** guarantee funding. All required documents must be submitted before your application will be processed.

Requirements for initial eligibility:

- Owner must have the **warranty deed** recorded in their name for at least 3 years.
- Owner must live in the home as a primary residence for at least the past 3 years.
- Owner must have verification **paid** real estate taxes before home inspection.
- Pre-1978 mobile homes do not qualify.
- Homes must be on a permanent foundation.
- Homes must be on less than 10 acres of land.

Please contact us if you have any questions or require any additional information.

Laurie Kedigh – Home Enrichment Director
Phone: 660-476- 2185 ext. 1501
Email: lkedigh@wcmcaa.org

Madyson Bogart – Home Enrichment Administrative Coordinator
Phone: 660-476- 2185 ext. 1506
Email: mbogart@wcmcaa.org

Chasity Shouse – Home Enrichment Administrative Specialist
Phone: 660-476- 2185 ext. 1502
Email: CShouse@wcmcaa.org

WCMCAA text line: 660-466-2134

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HeRO APPLICATION CHECKLIST FOR DOCUMENTATION

Please submit the following documents within 21 business days of receiving this packet:

- Signed and dated application
- A copy of **ALL** adult household members driver licenses or photo ID.
- A copy of **ALL** household members' Social Security Cards.
- Proof of ownership – copy of the property's **recorded warranty deed** from the County Recorder's office.
- A copy of the **property record card** from the County Assessor's office.
- Proof of income for **ALL** members of the household for the past 3 months
- A copy of **paid county Real Estate taxes** for the past year.
- Proof of **2 types of utility bills** paid for 3 months (electric, gas, water, phone, or internet)
- Mobile home – submit a copy of the title.
- Copy of current mortgage statement if applicable.

The following documents must be provided when your application is selected from the waitlist (you will be called to schedule a home inspection when selected):

- A copy of last year's W-2's and/or 1099 forms for **ALL** members of the household.
- Copy of the current homeowner's insurance policy for property including the declaration page.

  (Must have house insurance for the duration of work on the home.)
- The past 4 months bank statements.

Information must be sent within 21 business days to one of the following options:

- Mail to: WCMCAA, 112 W 4th Street, Appleton City, MO 64724 ATTN: HeRO
- E-Mail to: energyconservation@wcmcaa.org
- Fax to: 660-476-6027 ATTN-HeRO

Failure to provide all of the required documents will result in the removal of your home from the HeRO waiting list.

If you have any questions please contact:
Laurie Kedigh - Home Enrichment Director, at 660-476-2185 ext. 1501
Madyson Bogart - Home Enrichment Administrative Coordinator, at 660-476-2185 ext. 1506
Chasity Shouse - Home Enrichment Administrative Specialist, at 660-476-2185 ext. 1502
Emails: lkedigh@wcmcaa.org , mbogart@wcmcaa.org and CShouse@wcmcaa.org

Missouri Housing Development Commission
MHDC

Home Repair Opportunity Program
Homeowner Application Form

HeRO-400
Updated 2/16/2026

PART 1: HOUSEHOLD INFORMATION

Homeowner(s) Name(s):

Phone: Email: Household Size:

Is the entire household U.S. Citizens (or Permanent Resident Alien)?

Is the Head of Household Hispanic? Head of Household Race:

Is any Homeowner/Household Member related to any individual employed by/associated with the Grantee?

How many years has the Homeowner owned and occupied the residence?

Household Type:

If "Other", explain:

Does at least one Homeowner occupy the home as a principal residence? *A second home or vacation home is not considered a principal residence*:

Does any Household Member receive (or expect to receive) any of the following? *Check all that apply*:

- ☐ Wages from employment
- ☐ Unemployment benefits
- ☐ Alimony/Child Support
- ☐ TANF, WIC or similar benefits
- ☐ Self-employment income
- ☐ Social Security benefits
- ☐ Pension or annuity income
- ☐ Disability income
- ☐ Regular cash contributions
- ☐ Other Sources of Income

Does any Household Member have (or expect to have) any of the following? *Check all that apply*:

- ☐ Bank Accounts
- ☐ Revocable Trusts
- ☐ Equity in Rental Property
- ☐ Stocks, Bonds, Treasuries, Securities
- ☐ IRA, Keogh, 401(k)
- ☐ Business Assets
- ☐ Retirement or Pension Funds
- ☐ Cash Value on Life Insurance
- ☐ Personal Property Investments
- ☐ Regular cash contributions
- ☐ Lump Sums
- ☐ Other Assets

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit http://veteranbenefits.mo.gov or call (573) 751-3779 to learn about available resources.

Is any homeowner currently involved in any lawsuit or other legal action? ☐

Has any homeowner been, during the past seven years, or is any homeowner currently involved in a bankruptcy, foreclosure, or deed in lieu of foreclosure in the last seven years? ☐

Does any homeowner anticipate being involved in a bankruptcy or foreclosure action in the next 12 months? ☐

Is the homeowner delinquent or in default on any financial obligation? *This includes but is not limited to loans, federal debts, tax liabilities, and guarantees*. ☐

Please complete the table below for all household members over the age of 18 (regardless of relationship). Failure to list all household members will result in the household being ineligible for the program.

Name	Age	Veteran	Disabled	U.S. Citizen	Source of Income	Amount Expected in next 12 months
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

PROVIDE CURRENT TRUE AND CORRECT DOCUMENTATION THAT CLEARLY EVIDENCES ALL INCOME AND ASSETS OF ALL HOMEOWNERS AND HOUSEHOLD MEMBERS OVER 18 YEARS OF AGE.

PART 2: PROPERTY INFORMATION

Street Address: _____

City: _____ County: _____ ZIP: _____

Home Type: _____

Number of bedrooms: Estimated age of home: years

Estimated current value of home: $ Mortgage or Lien Balance(s): $

Are the payments current? Is the property currently insured?

Is the home situated on less than 10 acres of land?

Is any portion of the home or property used for commercial use? *This includes but is not limited to the operation of a business, storage of inventory, providing day care, or other services*.

Is Income produced from the home or from the land such as rent or farming activity?

Is the property located in Flood Zone A and/or are you required to acquire flood insurance?

PART 3: PROJECT INFORMATION

Please describe the repairs you are requesting:

Each applicant, by signing below, affirms that the following is true and correct:

1. Each statement made and the information provided herein is given by all homeowners, jointly and severally, and is complete, true and correct.

2. All owners of any interest in or to the subject property are listed on this application and no other persons have any interest whatsoever in the property.

3. The property is a single-family home or manufactured home situated on less than ten acres and is owned by the undersigned and is occupied by at least one of the homeowners and has been for a continuous period of three years prior to the date of this application.

4. The property is not rented or leased.

5. All income and assets of any kind whatsoever for every household member over the age of 18 have been reported to the Grantee agency administering the program and all documentation evidencing any such income or assets is true and correct.

6. All homeowners understand and agree that proceeds of any grants or funds administered under the program will be used to provide repairs or modifications as deemed reasonable and necessary in the sole discretion of Missouri Housing Commission and the Grantee administering the program.

7. All homeowners understand and agree that household members shall not provide labor or sweat equity of any kind whatsoever and that all repairs and modifications must be made by the contractor(s) approved by the Grantee to make such repairs or modifications.

8. No homeowner has ever received any grants, funds or benefits from the HeRO program.

9. All homeowners consent to provide access to the property during reasonable business hours to Missouri Housing Development Commission, the Grantee administering the program, contractors, inspectors and third parties when accompanied by the Grantee beginning with the signing of this application and ending upon final inspection of the property.

10. All homeowners understand and agree that all homeowners will be required to sign a Regulatory Agreement prior to the start of any work requiring that the property must be owner-occupied for a period of three years and that should the homeowners fail or refuse to comply with the terms of the Regulatory Agreement, all homeowners shall be required to repay the full amount of all funds expended in connection with repairs, modifications or other work, including soft costs and administrative fees. All homeowners further agree that the Regulatory Agreement shall not be subject to subordination.

11. All homeowners understand that if the Grantee administering the program determines in its sole discretion that relocation of household members during the time that repairs or modifications are made that all household members must relocate, and such relocation shall be done at the expense of the homeowner.

12. All homeowners understand that Missouri Housing Development Commission or the Grantee administering the program may elect to cease any repairs or modifications undertaken in the event of interference with the performance of the benefits or services provided by the HeRO program by any homeowner or household member or third party. In the event such repairs or modifications cease in connection with this provision, the homeowners shall be solely responsible for all associated costs including but not limited to reimbursement to the Grantee for all expenses, payment to contractors, third parties and legal fees.

13. All homeowners understand that Missouri Housing Development Commission and/or the Grantee administering the program may investigate the truthfulness of any statements contained herein and may investigate the authenticity of any documentation supplied by the applicants and hereby consent to the release of information from employer or third party.

14. All homeowners understand that any misrepresentations made herein can result in liens, acceleration of debt, foreclosure and/or criminal penalties.

The undersigned do hereby affirm and certify under oath that the foregoing information provided in every portion of this Homeowner Application is true and correct and understand that any misrepresentation is ground for disqualification, acceleration of debt, legal remedies, foreclosure, or criminal penalties or any combination thereof. I also consent to the release of my information to Missouri Housing Development Commission for program decision and compliance monitoring.

This application must be submitted to the agency only. Applications should not be mailed directly to MHDC.

Homeowner Applicant Signature: _____

Printed Name: _____ Date: _____

Homeowner Applicant Signature: _____

Printed Name: _____ Date: _____

Grantee Name		Missouri Housing Development Commission MHDC EQUAL HOUSING OPPORTUNITY
Name of Interviewer		
Date Application Accepted		