



## **Senior Franchise Fee (Utility) Rebate Program**

### **Program Overview:**

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The City of Basehor aims to provide assistance to qualified senior residents through a City Franchise Fee Rebate Program. Generally, the City has a negotiated franchise fee from electric, gas, telephone, and cable service utility providers operating within City limits.

The Franchise Fee Rebate Program will provide a rebate of up to 50% of the City portion of franchise fees paid from the previous year.

Rebate amounts are not to exceed 50% of the applicant's total 2022 City paid franchise fees at the property in which they reside.

This program has been allocated \$10,000, for 2023. These funds are available on a first come, first serve basis. Funds are available until depleted.

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***Please submit required documents in person at City Hall, 2620 N 155th St. Basehor, KS 66007.***

***We can also accept documents electronically; please note, these documents could become public record as defined by Kansas Open Records Act (KORA).***

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### **Questions?**

Contact City Hall at:

2620 N. 155th St. Basehor, KS 66007

(913) 724-1370

[info@cityofbasehor.org](mailto:info@cityofbasehor.org)

### Program Details:

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- This program is available to qualified residents within the city limits of Basehor, Kansas.
- Rebates are exclusive to the City portion of the applicant’s previous year utility franchise fees (2022).
  - Rebates shall not exceed 50% of the City portion of franchise fees paid in the prior year.
- Rebates will be issued per household and are limited to one Franchise Fee Rebate per year.
- A new application must be submitted each year and is subject to annual appropriation.
- The City of Basehor has established eligibility requirements for residents who apply for this rebate program (see below).

### Eligibility Requirements:

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- Applicants must be 62 years of age or older at the time of application.
- Applications are limited to residential properties.
- The property must be located within the city limits of Basehor, Kansas.
- Applicants must reside at the address for which the discount applies.
- Applicant must meet income requirements:

<b>Number of Individuals in Household</b>	<b>Maximum Total Household Income (Gross)*</b>
1	\$ 33,900
2	\$ 38,750
3	\$43,600
4	\$ 48,400
5	\$ 52,300
6	\$ 56,150
7	\$ 60,050
8	\$ 63,900

*\*Income Guidelines Set by U.S. Department of Housing and Urban Development Very Low-Income Limits*

- Applicants must have proof of annual gross income.
- Applicants should show their most recent tax return (2022) to the City to verify income eligibility.

### **Required Documents:**

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- Proof of identification
- Proof of annual gross income
- Copy of utility bills for which the applicant seeks rebate. This must include the City portion of franchise fees to be eligible at the same address which the applicant resides.

### **How to Apply:**

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1. Complete and sign application.
2. Submit completed application and required documents to City Hall, 2620 N 155th St. Basehor, KS.
3. Staff will check application for completeness and all required documentation.
4. Staff will contact applicant regarding the status of the application, and if approved issue the Franchise Fee Rebate check.

*Please submit required documents in person at City Hall, 2620 N 155th St. Basehor, KS 66007.*

*We can also accept documents electronically; please note, these documents could become a public record as defined by Kansas Open Records Act (KORA).*



## Senior Franchise Fee (Utility) Rebate Program – Application Sheet

### PERSONAL INFORMATION

APPLICANT NAME: \_\_\_\_\_  
First Middle Last

APPLICANT DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

TOTAL NUMBER OF PEOPLE IN HOUSEHOLD: \_\_\_\_\_

TOTAL HOUSEHOLD INCOME (GROSS): \$ \_\_\_\_\_

**\*REBATE IS NOT TO EXCEED 50% OF THE APPLICANT'S TOTAL AMOUNT OF CITY PAID  
FRANCHISE FEES.**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Senior Franchise Fee (Utility) Rebate Program

City of Basehor

**\*\*\*UTILITY BILLS MUST BE IN THE NAME OF THE APPLICANT.\*\*\***

List of Utility Franchise Fees During Claim Period

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
<b>Electric:</b>													
<b>Gas:</b>													
<b>Telephone:</b>													
<b>Cellular Phone:</b>													
<b>Water:</b>													
<b>Cable:</b>													
<b>Totals:</b>													

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*City Representative*

\_\_\_\_\_  
*Date*

**Grand Total of All Franchise Fees: \$\_\_\_\_\_**

**ELIGIBILITY CHECKLIST**

<b>PLEASE ANSWER THE FOLLOWING QUESTIONS:</b>	<b>YES</b>	<b>NO</b>
Does the applicant reside at the address for which the reimbursement applies?	<input type="checkbox"/>	<input type="checkbox"/>
Is the home located within the city limits of Basehor, KS?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant meet the age requirement?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant meet the income guidelines for the total number of individuals in the household?	<input type="checkbox"/>	<input type="checkbox"/>
Does the name on the application match the name on the utility bills?	<input type="checkbox"/>	<input type="checkbox"/>

<b>REQUIRED DOCUMENTS:</b>	<b>YES</b>	<b>NO</b>
Proof of Identification	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Age	<input type="checkbox"/>	<input type="checkbox"/>
Proof of Monthly City Franchise Fees and Payment	<input type="checkbox"/>	<input type="checkbox"/>
Verification of Annual Gross Income	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOU SELECTED "NO" FOR ANY OF THE QUESTIONS ABOVE, THIS APPLICATION WILL NOT BE ACCEPTED.**

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**OFFICE USE ONLY**

**REVIEWED BY:** \_\_\_\_\_ **DATE OF APPROVAL:** \_\_\_\_\_

**STAFF COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

**TOTAL AMOUNT OF ALL FRANCHISE FEES:** \$ \_\_\_\_\_

**CITY FRANCHISE FEE REBATE TOTAL AMOUNT:** \$ \_\_\_\_\_