



Utility Support Program - 2026

The City of Basehor provides utility expense support to qualifying residents by reducing their city sewer and trash/recycling bills by a combined \$15.00 per month. Monthly credits of \$7.50 each will be applied to sewer and trash/recycling respectively.

This Utility Support Program has been allotted \$10,000 for 2026, with these funds being available until they are depleted. An emphasis will be given for supporting Disabled Veterans, Residents over 65 yrs of age and Social Security recipients.

Eligibility Guidelines:

- Applicants must be owner-occupied residences and reside within the City of Basehor.
- Applicants must have their city utility billing account in good standing
- Applicants should meet or be below the following HUD income limits.

FY 2025 HUD Income Limits - Kansas City Metro								
	Persons in Family/ Household							
	1	2	3	4	5	6	7	8
Low Income Limits (\$)	62,400	71,300	80,200	89,100	96,250	103,400	110,500	117,650

* Income Guidelines set by the US Department of Housing and Urban Development

- Applicants must have proof of annual gross income by showing their most recent tax return or supporting documents that verify their income.
- Requests for exceptions to the eligibility guidelines will be subject to review by the City Administrator on a case-by-case basis.
- Complete the attached application and provide the required documents **in person** to City Hall or **via email**. *Please note that all electronic documents could become a public record as defined by the Kansas Open Records act.*

Questions:

Contact Basehor City Hall at:

1600 N. 158th St.

Basehor, KS 66007

913-724-1370

Info@cityofbasehor.org



Utility Support Program - Application

APPLICANT NAME: _____

FIRST

MIDDLE

LAST

ADDRESS: _____

STREET

CITY

STATE

ZIP

EMAIL: _____ PHONE: _____

Total number of people in Household: _____ Total Household income (gross): \$ _____

Applicant Age: _____ Are you Legally Disabled: Yes No Prefer not to say Are you a Veteran: Yes No

Certification: I certify and affirm under penalty of perjury that the above information is true and correct to the best of my knowledge. I also certify that I own and occupy the home. Misrepresentation will disqualify the applicant and could require the applicant to reimburse the city for all or part of the assistance received.

APPLICANT SIGNATURE: _____

FOR OFFICE USE ONLY

- Does the resident reside at the address applying for. Proof of residence verified.
- Does the applicant meet the incomes guidelines.
- Proof of Income verified.

Reviewed by: _____ Approved by: _____

Comments
