2024 Empty Nester Incentive Program

PURPOSE:

The Linn County Economic Development Empty Nester Incentive Program is intended to assist homeowners in the county that wish to move to a more manageable sized rental or home within the county. The goal of this incentive is to increase available housing stock while maximizing the efficiency of the current homes in Linn County.

AWARD AMOUNT:

Awards up to \$2,500 may be awarded to 'empty nesters', meaning individuals and/or couples living without additional dependents in their household, who sell their home in Linn County and provide evidence of moving into assisted living, a rental unit, and/or a smaller home in Linn County. These funds act as reimbursement to offset any accrued expenses such as real estate agent fees, auctioneer fees, moving fees, etc. Award funds will be reimbursements, meaning award funds will not be provided until after the awarded project is completed and receipts are turned in with a final report. The applicant must match funding requested on a 1:1 basis. Both cash and in-kind matches are eligible.

FUNDING AVAILABLE:

Applications may be made up to \$2,500, with a 1:1 match required. In-kind match is eligible. An individual may receive only one award from the 2024 funding pool. The total amount available for the 2024 Demo Assistance, Long Term Vacant, Empty Nester and Paint Linn County Incentive Programs is \$32,000.

ELIGIBLE APPLICANTS:

- Applications must be made by the property owner on record with the Linn County Courthouse.
- Applicants must be current on all local taxes.

APPLICATION DATES:

Applications open January 2024. The last day of each month will serve as that month's deadline. Applications will be reviewed, and award notifications made monthly. This incentive will remain open through November 2024 or until the 2024 funds are depleted, unless otherwise noted.

APPLICATION REQUIREMENTS:

- Completed applications must be submitted and approved prior to closing on house sale.
- Application must include evidence of contract to reside in Linn County after closing.
- All funding applicants agree to complete a final report and provide receipts from project expenses in order to receive funds.
- Projects must be completed, and final reports submitted before December 15th, 2024, unless otherwise noted.
- It is encouraged to seek out Linn County contractors and/or supplies.

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Completed application can be emailed to ihightower@linncountyks.com or mailed to Linn County Economic Development, % Jessica Hightower, 306 Main Street Mound City, KS 66056

APPLICATION:

| NAME: Click or tap here to enter text. |
|---|
| ADDRESS: Click or tap here to enter text. |
| PHONE: Click or tap here to enter text. |
| EMAIL: Click or tap here to enter text. |
| I own the property listed on this application form: YES \square or NO \square |
| I live at the property listed on this application form: YES \Box or NO \Box |
| All taxes on this property are current: YES or NO |
| BUDGET Attachments should include quotes, bids, etc. |
| Total Budget: Click or tap here to enter text. |
| Match: Cash ☐ Amount Click or tap here to enter text. In-Kind ☐ |
| Amount Requested: Click or tap here to enter text. |
| PROJECT DESCRIPTION: Where do you currently live and where do you intend to move to? What do you plan to use the awarded funds for? |
| Click or tap here to enter text. |
| |
| PROPERTY OWNER'S SIGNATURE: |

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FINAL REPORT:

Attachments should include:

- RECEIPTS from project expenses incurred
- PHOTOS of completed sale and move

NAME: Click or tap here to enter text.

ADDRESS OF PROJECT: Click or tap here to enter text.

PROJECT OUTCOME(S):

Please comment on your application's match, specifically whether it was a cash match or in-kind.

Click or tap here to enter text.

Start Date: Click or tap here to enter text.

Completion Date: Click or tap here to enter text.

Proposed Budget: Click or tap here to enter text.

Final Budget: Click or tap here to enter text.

Cash Match: Click or tap here to enter text.

In-Kind Match: Click or tap here to enter text.

| PROPERTY OWNER'S SIGNATURE: _ | | |
|-------------------------------|-----------------|--|
| _ | | |
| DATE. | | |