



RESIDENTIAL PAINT/SIDING PROGRAM APPLICATION FORM

Address of house to be painted/sided _____

Name of applicant: _____

Social Security Number _____ - _____ - _____ Date of birth: _____

Handicapped head of household? Yes _____ No _____

If yes, nature of handicap:

Home phone: _____ Work or cell phone: _____

Total number in applicant's household: _____

Below, list each household member starting with the applicant's name first and then list from oldest person to youngest person.

Name	Relationship to Applicant	Age	Monthly Income	Income Source (See below)
Income Source: Job, Social Security, ADC, Child Support, etc. Enter "none" if person has no income. Attach at least one document (pay stub, W-2, etc.) showing income, if any for each person.				
Additional Information applicant wishes to provide about income or situation: _____ _____				

Applicant Agreement: (check appropriate blocks)

- Paint:** I will be doing the painting myself or have made arrangements for someone to paint for me. I will pick-up paint within ten (10) days after receiving a paint voucher. I will have the labor and brushes to paint the house (and garage if needed), and I will have all painting complete within thirty (30) days following the receipt of the supplies. (A two-week extension may be granted, for specific reasons, such as poor weather.)
- Siding:** I will obtain 3 quotes from siding contractors. The city will reimburse 10% of the cost, not to exceed \$1,000, after the city does an inspection upon completion and proof of payment is submitted to the city.

How did you find out about this program?

- Newsletter
- City Welcome Packet
- City Cable Show
- Realtor
- Advertisement (please specify):

Applicant's Signature _____

Date: _____

Copies: Copy for Applicant Original/Paint Program Binder