

COMMUNITY IMPROVEMENT CORPORATION OF GENEVA

2010 COMMUNITY PAINT PROGRAM

PROGRAM SUMMARY

Thank you for your interest in the Community Improvement Corporation Paint Program. The attached information will briefly describe the program and the requirements for participation. Included are the household income guidelines that apply and an application for those interested in submitting an application.

Key features include:

Maximum assistance:	\$250.00
Eligible properties:	Single-family units in the Geneva corporate limits and Geneva Township areas of Ashtabula County Rental's with written consent from property owner and all tenants.

The intent of the Community Paint Program is to provide financing for materials to assistance those homeowners that lack sufficient funds but are willing to perform the work themselves. The program is scheduled to operate on a first-come, first-serve basis. The CIC hopes to assist at least 10 Homeowners within the next year. The CIC Community Paint Program can provide a maximum of \$250.00 towards the purchase of paint and painting supplies through Central Hardware located at 44 S. Broadway or True Value Hardware located at 55 North Broadway. Homeowners / Tenants selected for assistance will be required to complete their project with 60 days of the purchase of supplies. All housing units must be inspected prior to payment.

In order to qualify for assistance homeowners must have total household incomes at or below 80% of median income.

The amount of the financial assistance for each house will vary depending on the size of the dwelling.

**Household Income Limits by Family Size
FOR ALL APPLICANTS**

Family Size (Persons)	Low Income (80% of MI)
1	\$33,700
2	\$38,550
3	\$43,350
4	\$48,150
5	\$52,000
6	\$55,850
7	\$59,700
8	\$63,550

Source: HUD FY 2009

All Community Improvement Corporation Community Paint Program Applications must be completed in full with all requested documentation and returned to the City Manager's Office, City Hall. All applications will be considered on a first come first serve basis.

***Questions regarding the program should be directed to the attention of Mrs. Tammy Shuttleworth at (440) 466-4675.

COMMUNITY IMPROVEMENT
CORPORATION OF GENEVA

2010
COMMUNITY PAINT PROGRAM
APPLICATION

APPLICATION NO. _____

Date: _____

I. **Personal Data:**

Applicant's Name: _____ Age: _____

Spouse's Name: _____ Age: _____
(If spouse divorced or deceased, indicate and give name)

Address: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

No. of Dependants: _____ Ages: _____

No. of Persons living in the home: _____

Are any of the persons living in this household handicapped or disabled?
Yes _____ No _____ Ages _____

II. **Employment**

Head of Household's Employer: _____

(address)

(phone number)

Position: _____ No of years _____

Previous Employment * _____ No of years _____

If additional family members are employed or a second job is held, complete the following:

Person Employed: _____

Employer: _____

(address)

(phone number)

Position: _____ No of years _____

Person Employed: _____

Employer: _____

(address)

(phone number)

Position: _____ No of years _____

III. Gross Income

		Head of Household	Other	Other	TOTAL ALL
Base Pay	Hourly				
	Weekly				
	Monthly				
Pension	From Whom				
	Amount				
Social Security	Monthly				
	Yearly				
Rental Income	Monthly				
Welfare	Monthly				
Alimony/Child Support	Monthly				
Unemployment	Monthly				
Disability					
Total Monthly Income					

Is the property currently a rental? Yes _____ No _____

IF YES - Attach Letter of Permission from the Property Owner

Requested Colors to be used: _____
(Paint chips need to be brought in with your applications)

Expected Start Date for the Project: _____
(There will be a picture taken before you begin)

Expected Completion Date for the Project _____
(There will be a picture taken when you are done)

*****Colors will need to be approved by the Community Improvement Corporation.***

Signature of Community Improvement Corporation

Please attach the following documents when submitting your application:

- 1. A copy of recorded deed or other legal documents showing ownership of the property;**
- 2. If you are not the owner, a letter of permission from the property owner.**
- 3. Current payroll stub;**
- 4. Copy of the last tax return filed and W-2 statements;**
- 5. If self-employed, an affidavit stating amount of monthly income; and,**
- 6. If on Social Security or Disability, a copy of your current benefits statement.**
- 7. You will need to bring in paint chips of the colors you will be using.**

****** If more persons in the household are employed submit a separate sheet of paper with the appropriate information.

Certification of Applicant(s)

**PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK TAMMY SHUTTLEWORTH TO HELP YOU.
BOTH APPLICANTS MUST SIGN IN BLUE BELOW.**

I certify that all the information in this application is true and complete to the best of my knowledge. I understand this information is subject to verification.

I further certify that I am the owner(s) unless I have submitted a letter of permission from the property owner.

I authorize the Community Improvement Corporation to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose.

I understand that the personal financial information contained in the application is necessary for evaluation of my application. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I further understand that my name, address and total amount of rehabilitation assistance will be subject to public disclosure since public funds are being utilized to paint my house.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT; U.S.C. Title 18, Sec. 1001, provides:

“Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both.”

Address: _____

Signature of Applicant

Signature of Co-Applicant

Date:

Date:

Certification of Applicant(s)

1. The home must be completed within 90 days of the application approval. If you are going to have a problem completing the project, contact Tammy Shuttleworth at 440-466-4675 to file for an extension.

2. As an applicant for the Community Improvement Corporation of Geneva's Community Paint Program, I do hereby give my permission to the staff administering the grant program, to obtain before and after pictures of the property.

I agree to complete the entire home within 90 days of approval with all conditions or I am required to file an extension with the Community Improvement Corporation.

Signature of Applicant

Date

Signature of Co-Applicant

Date

COMMUNITY IMPROVEMENT CORPORATION
2010 COMMUNITY PAINT PROGRAM
APPLICANT RELEASE TO OBTAIN VERIFICATION OF INCOME

As an applicant for the Community Improvement Corporation of Geneva's Community Paint Program, I do hereby give my permission to the staff administering the grant program, to contact my employer, bank, or other appropriate person(s) or companies to verify information I have supplied the Community Improvement Corporation of Geneva concerning my income, assets, and expenses as reported herein by me.

Signature of Applicant

Date

Signature of Co-Applicant

Date

* Copy of W-2 Supplied by Applicant? Yes ____ No ____