



## The Blendon Township Residential Improvement Program Blendon Township Community Improvement Corporation

Dear Homeowner,

Thank you for your interest in the Blendon Township Residential Improvement Grant Program. Congratulations on your decision to apply for the program to help improve the exterior of your home.

The program is available for up to 50% of your construction costs per property to be used toward eligible improvements. Please review the program guidelines for more information and qualifications on the program.

To determine your eligibility, please answer the following questions:

- Have you owned and lived in your home in Blendon Township for at least 9 months and is it your primary residence?**
- Does your home have exterior health or safety hazards that need repair?**
- Are you current on your mortgage, property taxes and property insurance?**
- Do you meet the household income requirements?**

Household Size	1	2	3	4	5	6	7	8
Maximum Income	\$38,050	\$43,450	\$48,900	\$54,300	\$58,650	\$63,000	\$67,350	\$71,700

**If you answered YES to all of the questions, you are eligible to apply to the Program!**

Now that you are eligible for the Program complete this application and gather all of the supporting documents requested on the SUBMISSION CHECKLIST found on the last page of the application.

Applications must be submitted in person to the Blendon Township CIC and staff will verify your eligibility. If approved, staff will contact you directly and guide you through the remainder of the program. Due to limited funding availability applications are approved on a first come first serve basis.

### Blendon Township Residential Improvement Grant Program Application

<b>APPLICANT</b>	Social Security Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name: _____		DOB: _____		Age: _____					
Current Address: _____									
Marital Status:		<input type="checkbox"/> Married		<input type="checkbox"/> Separated		<input type="checkbox"/> Unmarried		Household Size _____	
Home/Mobile Phone: _____					Work Phone: _____				
Employer: _____					<input type="checkbox"/> Self Employed				
Employer Address: _____					City/State/Zip: _____				
Years at current job: _____			Title: _____			Type of Business: _____			
Email address: _____									

<b>CO-APPLICANT *</b>	Social Security Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name: _____		DOB: _____		Age: _____					
Current Address: _____									
Marital Status:		<input type="checkbox"/> Married		<input type="checkbox"/> Separated		<input type="checkbox"/> Unmarried		Household Size _____	
Home/Mobile Phone: _____					Work Phone: _____				
Employer: _____					<input type="checkbox"/> Self Employed				
Employer Address: _____					City/State/Zip: _____				
Years at current job: _____			Title: _____			Type of Business: _____			
Email address: _____									

<b>PROPERTY INFORMATION</b>	
Property Address: _____	Year Built: _____
List all name(s) on Property Title: _____	
Homeowners Insurance Company: _____	Policy No: _____
Amt of Coverage: _____	Expiration Date: _____
Describe potential improvements to be made (describe if any cited code violations) _____	
_____	
_____	
_____	



**GROSS MONTHLY INCOME**

ITEM	GRANT RECIPIENT	CO-GRANT RECIPIENT	TOTAL
Base Employee Income	\$	\$	\$
Overtime			
Pensions, Social Security, Annuity			
Alimony, Child Support			
Net Rental Income			
Other			
<b>Total</b>	\$	\$	\$

**HOUSEHOLD INCOME INFORMATION:** Provide the requested information for each individual who will be living in the home. Any person 18 years of age or older must provide proof of his/her employment or student status.

NAME	RELATIONSHIP	GENDER	AGE	MONTHLY INCOME	SOURCE
	Head of Household				

**PERSONAL FINANCIAL HISTORY**

	GRANT RECIPIENT	CO-GRANT RECIPIENT
Are you delinquent on your mortgage or property taxes?	( ) Yes ( ) No	( ) Yes ( ) No
Do you have any outstanding property liens by any, federal, state, county, or local government entity?	( ) Yes ( ) No	( ) Yes ( ) No
Do you plan to contribute personal funds to your façade improvement project?	( ) Yes ( ) No	( ) Yes ( ) No



**ASSETS**

DESCRIPTION	VALUE
Checking & Savings Accounts (Name of institution) _____ _____	\$
Real Estate owned (other than primary residence)	\$
Automobiles - Make & Year _____ _____	\$
Other Assets – Describe _____ _____	\$
<b>Total Assets</b>	\$



**APPLICANTS AGREEMENT AND SIGNATURE**

I have read and understand the Blendon Township Residential Improvement Grant Program Guidelines. I am fully aware that in order to have my project considered the project must adhere to these guidelines. If my application is approved and a grant is awarded, I agree to comply with the grant guidelines as well as agreed upon terms and conditions of my construction agreement and any other agreement I enter into in connection with the façade improvement grant program.

\_\_\_\_\_  
Grant Recipient Signature                      Date

\_\_\_\_\_  
Co-Grant Recipient Signature                      Date

**OPTIONAL STATISTICAL DATA**

**GRANT RECIPIENT:** I do not wish to furnish this information \_\_\_\_\_(Initials)

Male    Female

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native        | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | <input type="checkbox"/> Hispanic               | <input type="checkbox"/> White |

**CO-GRANT RECIPIENT:** I do not wish to furnish this information \_\_\_\_\_(Initials)

Male    Female

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native        | <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian / Other Pacific Islander | <input type="checkbox"/> Hispanic               | <input type="checkbox"/> White |

**OPTIONAL MARKETING DATA**

The following information is optional and will be used by to evaluate the effectiveness of its marketing and outreach efforts. Please indicate below how you became aware of this program:

- |  |                                       |  |                                   |
|--|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Newspaper_____          | <input type="checkbox"/> Radio_____   | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Local Government Agency | <input type="checkbox"/> State Agency | <input type="checkbox"/> Other _____   |                                   |



**FAÇADE IMPROVEMNT APPLICATION SUBMISSION CHECKLIST**

<b>DOCUMENTATION TO ENCLOSE WITH APPLICATION</b>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PROOF OF INCOME</b> for the last <b>60 days</b> (2 months) Paystubs (30 Days) Bank Statements (60 Days) SSI award letters (if applicable) Proof of no income – (if applicable) Must provide “Proof of Income Letter” from Social Security Admin. Available online or your nearest SSA office Proof of full time student status – (if applicable)
<input type="checkbox"/> <input type="checkbox"/>	<b>TAX RETURNS – 2 Years</b> 2013 2012
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>HOUSING DOCUMENTS</b> Current Mortgage Statement Deed Title Insurance Policy Property Tax Bill Proof of Homeowners Insurance (Declaration Page) Homeowner’s Association Written Approval (If Applicable)
<input type="checkbox"/>	<b>PROOF OF RESIDENCY</b> Government Issued I.D.
<input type="checkbox"/>	<b>PHOTOS</b> 3 Photos clearly showing existing conditions of the building to be improved
<input type="checkbox"/>	<b>COMPLETE APPLICATION date and signed</b>

<b>OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE</b>	
<input type="checkbox"/>	<b>INCOMPLETE</b> (DATE: _____)
<input type="checkbox"/>	<b>INELIGIBLE:</b> _____ _____
<input type="checkbox"/>	<b>ELIGIBLE</b>
<b>HOUSEHOLD SIZE:</b> _____ <b>TOTAL HOUSEHOLD INCOME:</b> _____	



**PLEASE DO NOT WRITE ON THIS PAGE!**

