Paint Tacoma Pierce Beautiful 2019 Homeowner Application Return to PTPB, 901 S. 13th Street, Tacoma WA 98405 as soon as possible.

Please read the eligibility requirements and fill out <u>all</u> sections of this application (providing proof of income included). **Incomplete applications will not be accepted.** Please call 253-579-3970 if you have any questions or need help.

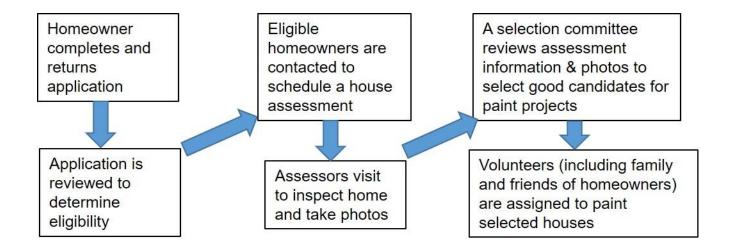
Eligibility Requirements:

- Homes must be single-family (no duplexes, tri-plexes, etc.), and owner-occupied (no rentals).
- Homes must be within the city limits of Tacoma, and not in foreclosure.
- Homeowner must not appear on the following registries: SAM no-fund list, HUD no-fund list, sex offenders.
- Applicants must be low-income homeowners, with household income below 80% of area median income for their family size. See chart below. (CDBG Income Limits as of 6/1/2021).

Household Size	Income Limit (80%
	Area Median Income)
1	\$50,900
2	\$58,150
3	\$65,400
4	\$72,650
5	\$78,500
6	\$84,300
7	\$90,100
8	\$95,900

The Paint Tacoma Beautiful provides exterior painting only. The program is:

- Free to eligible homeowners
- Dependent on volunteer labor. This means that:
 - Whether your house gets painted depends in part on the number of volunteers we have.
 - Homeowners with family or friends who can help paint are more likely to be accepted.
 - Many volunteers are reluctant to paint 2-story homes because of safety concerns. Homeowners with 2-story houses may apply, but please be aware that we may not be able to find volunteers who will paint your house.
- A multi-step application process that can take many months. See below.



HOMEOWNER INFORMATIO	N						
Homeowner First Name	Las	t Na	me		Date of B (MM/DD/)		Gender
Address (include space numb homes)	per for mobile	9	City, State, Z	ip		Prima	ry Language
Phone Number			Email Addres	SS			
Highest Education Level Completed	Medical Coverage (Y/N)		ast Four Digits of SSN		tal Status rced, Widov		larried, nestic Partner)
Spouse's First Name (if appli	cable)	Spc	ouse's Last			Spouse's (MM/DD/	
Is anyone in your household a	veteran?						
Is anyone in your household d	isabled?						
How did you hear about Paint	Tacoma-Pie	rce E	Beautiful (PTPE	3)?			
Have you applied to PTPB in t	he past?				If yes, wha	t year?	
Was your home painted by PT	PB in the pa	ast?			If yes, wha	t year?	
When was your home last pair	nted?						
Emergency Contact: In the e family, friend, neighbor, caregi				911,	who may w	e contact	(spouse,
Name			Relationship	to Yo	u		
Phone Number			Email Addres	SS			

HOUSE CONDITION:

House Size (check)						
Mobile Home		One Story		1.	.5 Story	2 Story
Parts of Home that	Nee	d Painting (d	check all that	apı	ply)	
Entire House	Trin	n Only Fence			Garage or Shed	Deck/Steps
Paint Condition (check all that apply)						
Dirty Peeling/Flaking	j	Fading Blister	•	_ _	Stains Bare Wood	Repairs needed/ broken shingles

OTHER INFORMATION:

Stability of ownership	
Do you plan to sell your home in the next 2 years? (Y/N)	Are you behind on your mortgage? (Y/N)
If yes, are you more than 2 months behind? (Y/N)	Is your home in or at risk of foreclosure? (Y/N)
Do you own other real property such as vacation, but	siness or rental property, etc.? (Y/N)
If yes, Address:	County Parcel Number:
Current Use:	Tax Accessed Value:
Other services	
May we share your name and address with other age as Rebuilding Together South Sound, Habitat for HuiNo	

"ALL HANDS ON DECK" POLICY:

Your chance of being selected is much greater if you have family, neighbors, or friends who will prep and paint your house for you. We will provide training, paint, and supplies. Please read the chart below and put a check mark (\checkmark) next to the row that applies to you.

Check Here	I can supply	What this means	Acceptance possibilities
	A full crew	I have enough family and friends to complete the entire job, if provided with training, paint, and supplies.	Guaranteed acceptance, as long as other criteria for eligibility and house condition are met.
	A partial crew	I have some family and friends (include number here:) who can help in the paint process, but will need other volunteers to help them.	Likely acceptance, as long as other criteria for eligibility and house condition are met.
	No ability to serve	Neither I, nor any of my family or friends, can serve in any way. I	Acceptance reserved for the homes/homeowners in greatest

need PTPB to supply all the volunteers to paint my house.	need, as long as other criteria for eligibility and house condition are
	met.

Do you have a family member or friend who can <u>lead</u> a paint crew for your house? This means they have the experience to guide and supervise other volunteers. Please make sure they agree before you write their name down!

Crew Leader Name	Phone number	Email address

FINANCIAL VERTIFICATOIN

Applicants <u>must</u> complete the "Self-Certification of Annual Income" form on pages 5-6, and return it with your application. This form asks you to list <u>all members</u> of your household, and the gross income for all members of your household.

You must also <u>mail in proof of income</u> with this application for <u>all</u> adult residents of the household. Here are some acceptable items that can be used as proof of income:

- Previous year's tax return, if filed,
- Last three bank statements
- Last two pay stubs (if employed) or unemployment amount letter
- SSI or SSDI benefits statements

The TECHNICAL ASSESSMENT evaluates the condition of your home. Applications will be rated according to a number of factors, including:

- Home condition
- Size or height of the house
- Scope of the work involved
- Obstacles that could prevent painting (such as repairs needed or uneven terrain)

SIGNATURE & CERTIFICATIONS:

I have read and understand the Eligibility Requirements and Selection Process on this application. My household meets the income guidelines. I am not planning to sell or rent my home within the next two years. Furthermore, my home is not in a foreclosure process at this time.

I understand that:

- The people who may work on my home are unpaid volunteers, and few are skilled in the building trades.
- Many two-story or taller houses are beyond the scope of our volunteers' abilities, and that homes needing extensive repair prior to painting will not be considered.
- Paint Tacoma-Pierce Beautiful and Associated Ministries make no guarantees, express or implied, about any of the material(s) used or work done by anyone on my house.

I hereby release Paint Tacoma-Pierce Beautiful and Associated Ministries, and all associated with them, including participating organizations forming paint crews and participating individuals on those crews, from all liability arising from negligence or any personal injury or property damage arising out of or relating to the work done.

Applicant Signature_			Date	
Name and phone numb	per of person, if an	ıy, assisting in co	completing this application.	
Name		Email	Phone	
FOR PTPB USE ONLY-	DO NOT WRITE II	N THIS BOX. Cit	City Limits Verified () Ownership Verified ()
Parcel #	Home Value	(Pierce County A	Assessor)	
Property Tax Exemption?	(Y/N) Year	Exempt	otion Type	

SELF-CERTIFICATION OF GROSS ANNUAL HOUSEHOLD INCOME

Name of homeowner:					
Address of homeowner:					
REMAINDER OF FORM TO BE COMPLETED BY HOMEOWNER ONLY					
Associated Ministries receives feder funding from the City of Tacoma. Concome persons. For these reasons Annual Income.	DBG regulations mandate that fund	ds benefit low and moderate			
Indicate below your gender, race a providing this information is volunta		nic ethnicity. Please note that			
Gender					
□Female	□Male	□Other			
Race □White	□Black/African American	□Asian			
☐American Indian/Alaska Native	□Native Hawaiian/ Other Pacific Islander	□Asian & White			
☐Black/ African American & White	□American Indian/Alaskan Native & White	☐ American Indian/ Alaskan Native & Black/African			
□Other/Multi-Racial					
Ethnicity: Hispanic	Non-Hispanic				
How many <i>adult</i> members of your hor more as a full-time student?		12 months) enrolled five months			
Total number of persons in your ho	usehold:				

Enter anticipated gross household income including income from assets of each adult household member for the next 12 months. If a member has no income, enter "Zero." See NOTES* section below for guidance on income and assets. Continue on separate sheet of paper if necessary.

	Household Member Name	Total Gross Anticipated Annual Income & Income From Assets
Head		\$
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
Total Gross anti Assets:	cipated Annual Household Income & Income from	\$

Notes:

Types of Income: Possible types of income include but are not limited to: wages, salary, tips, bonuses, commissions, military pay, public assistance, Social Security/SSI, retirement benefits, VA benefits, child support, regular gifts, unemployment, and some types of financial aid. All income listed must be GROSS income (income before taxes and deductions).

Income from Assets: Income from assets must also be included in Total Gross Annual Income. Possible types of assets include, but are not limited to: checking accounts, savings accounts, cash on hand, money market accounts, certificates of deposit, stocks, bonds, 401(k) and real estate. Include the annual interest from these accounts in your total income.

This is a <u>confidential</u> statement and will be used only to monitor benefits provided by the Dept. of Housing and Urban Development and the City of Tacoma. This is not considered a public record.

I certify under penalties of perjury that the above
information is true and complete to the best of my knowledge and belief. I agree to furnish any additional income or other documentation as requested and required by the Service Provider to determine their compliance with federal requirements resulting from the use of federal funds in this project.
Homeowner Signature
Date: