



PAINT OUR TOWN PROGRAM INCOME ELIGIBILITY

The Property MUST HAVE A 100% HOMESTEAD EXEMPTION to be considered for this Program.

Number of People Living in Household	1	2	3	4	5	6	7	8
Income	\$47,450	\$54,200	\$61,000	\$67,750	\$73,200	\$78,600	\$84,050	\$89,450

Are you a Military Veteran or does a Military Veteran live in your Home?

Yes No

Do you meet the definition of ELDERLY/FRAIL ELDERLY: "Older persons, 70 years or older, LIVING ALONE, who are afflicted with physical or emotional disabilities that may interfere with their ability to independently perform activities of daily living."

Yes No

TO FIND OUT IF YOU QUALIFY, please complete the information (below):

PLEASE PRINT:

Name of Homeowner(s): _____

Address: _____

Zip: _____ Telephone: _____ Date of Birth: _____

1. Number of people living in household: _____
2. Total Household Income: \$_____ (circle one: Weekly Monthly Yearly)

CHECK YOUR ANSWER FOR THE FOLLOWING:

3. I own and currently live in the home located at the address listed above. YES NO

By signing this application, I hereby attest that all information given here is true, to the best of my knowledge.

Applicant Signature

Date

Co-Applicant Signature

Date

PAINT OUR TOWN PROGRAM APPLICATION

All questions must be answered. Incomplete applications will not be accepted for review.

APPLICANT INFORMATION:

Full Name		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Physical Address			
Mailing Address			
Home Phone #		Work Phone #	
Date of Birth		Place of Birth	
Last 4 numbers of SSN:		DL#	
Are you an American Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
If No, are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		No Alien #	

CO-APPLICANT INFORMATION

Full Name		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Physical Address			
Mailing Address			
Home Phone #		Work Phone #	
Date of Birth		Place of Birth	
Last 4 numbers of SSN:		DL#	
Are you an American Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
If No, are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		No Alien #	

List everyone living in household including applicant. Proof of income for all adults in the household must be provided as part of the application.

Name of Household Member	Date of Birth	Age	Disabled	Relationship to Applicant
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Are you related to any representative of this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name and relationship:
How did you hear about this program? <input type="checkbox"/> LHEAP Referral <input type="checkbox"/> Friend <input type="checkbox"/> Brochure <input type="checkbox"/> Media <input type="checkbox"/> Other
Other, please describe:

EMPLOYMENT AND INCOME

Employer	Start Date
Employer Address	

If less than 2 years with current employer, please provide previous employer information (use blank sheet for more than one):

Employer	Start Date	End Date	Weekly Gross Income\$
Employer Address	Employer Phone	Employer Fax	

CO-APPLICANT EMPLOYMENT INFORMATION:

Employer	Start Date
Employer Address	Employer Fax
	Weekly Gross Income

If less than 2 years with current employer, please provide previous employer information (use blank sheet for more than one):

Employer	Start Date	End Date	Weekly Gross Income\$
Employer Address	Employer Phone	Employer Fax	

List the income received during the past 12 months from all sources by ALL members living in the household

Income Source	Income (Applicant)	Income (Co-Applicant)	Income (Other)	Document Provided
Gross Wages				
Unemployment				
Retirement				
Self-Employment				
AFDC				
Social Security				
SSI				
Child Support				
Other (List Source				

Do you currently pay for childcare? Yes No
 Do you currently pay child support? Yes No

If yes, amount: \$ _____ Weekly Monthly
 If yes, amount: \$ _____ Weekly Monthly

APPLICANT(S) CONSENT FORM

Priority will be given to persons who are classified as: elderly, disabled, and veterans during the initial application intake period. Reasonable accommodations can be made for applicants with special needs who require assistance with the completion or submission of their application.

Eligible Properties

To qualify for assistance, properties (including but not limited to single-family home, townhouse, mobile home, or condominium) must meet the following criteria:

- The Property must be located within the corporate City limits of Fort Pierce.
- The Property must be the homesteaded primary residence of the Owner(s)'s for the last two (2) years prior to date of application.
- The Property must be owned by fee simple title or long-term leasehold (99 year minimum), or life estate. Neither the Owner(s) nor the property can have any restrictions, encumbrances, or judgments that would restrict the marketable nature of the Owner(s) interest.
- Owner(s) must be current on their existing mortgage if one exists.
- Owner(s) must be current on their property taxes.

I hereby certify that all statements I have provided in this application and in the attachments herein are true; that I am authorized to sign this application and to make these statements, and that the City of Fort Pierce has been given permission to organize and coordinate the painting of my property.

Applicant Signature

Date

Co-Applicant Signature

Date