



APPLICATION

Homeowner Information

Name: _____
 Address: _____
 City: State: Zip: _____
 Phone: _____

Household Members

Name	DOB (xx/xx/xxxx)	Relation to Homeowner	Yearly Income (18+)
1.			
2.			
3.			
4.			
5.			
6.			

Total Household Income: _____

(Proof of income is required, please see below)

Maximum yearly income is based on the KHRC Moderate income guidelines

# in Household (18+)	Household Income
1.	\$36,360 or less
2.	\$41,580 or less
3.	\$46,740 or less
4.	\$51,960 or less
5.	\$56,100 or less
6.	\$60,300 or less

Application Attachments and Checklist

_____ Proof of income - provide proof of income sources for all adult (age 18 or older) household members. Proof may include pay stubs, award letters, W-2's.

Tell Us About Your Home

Which most resembles the size of your house? (circle one)

Manufactured home 1 Story 1.5 Story 2 Story 2.5 Story 3 Story

Does your house need scraping: (circle one)

Yes No

Areas that need painting: (circle all that apply)

House siding House Trim. Garage Siding Garage Trim Other:

Siding Type: (circle all that apply)

Wood Brick Shakes. Stucco. Painted. Stucco. Asbestos/Slate.

Aluminum Vinyl

****Please include pictures of your home in its current state.***

Project Plan and Timeline:

Projects that are able to be completed by property owners will take first consideration.

Please share in the space below your plan for completing the project (anyone to help you, etc.) and when you plan to start and finish your project. Please be advised that houses must be painted within 90 days of approval.

Projected Start Date: _____

Projected End Date: _____

Do you need assistance from a volunteer group? (circle one)

Yes No

I declare that:

- _____ I own and reside at the address listed above
- _____ This is not a rental property
- _____ I understand if my home was built prior to 1978, I may have lead-based paint (informational flyer available)
- _____ I am current on my property taxes
- _____ The paint will not be used for anything other than the exterior of my home
- _____ Great Bend Economic Development may take before and after photos of my home for use of advertising this program

Homeowner's Signature: _____ Date: _____

For Official Use Only:

Approved _____ Denied _____

Staff Signature: _____

Please return the completed application and all attachments to:

Great Bend Economic Development
3111 10th Street
PO Box 1643
Great Bend, KS 67530

For questions or additional information, please call 620) 796-2407
or email director@gbedinc.com