PROGRAM DESCRIPTION
CITY OF PAINESVILLE RESIDENTIAL VINYL SIDING AND ROOF REPLACEMENT PROGRAM

ENHANCE THE APPEARANCE AND VALUE, OF YOUR PROPERTY - VINYL SIDE THE EXTERIOR OF YOUR HOUSE OR REPLACE YOUR ROOF!!

MUST BE OWNER - OCCUPIED

MUST BE ABLE TO PROVIDE LOCAL MATCH

MUST MEET CURRENT INCOME GUIDELINES

If you are interested and meet the following requirements:

- To be eligible for the program, you must live in the City of Painesville and own the home in which you occupy. Only single family homes and duplexes where the owner occupies one-half are eligible.
- Fill out the pre-application on the reverse side and return it to the Community Development Department with the required proof of income and ownership documentation. Please note that the incomes of all occupants of your house, 18 years of age or older, must be included when determining the total household income. The required income and ownership documentation that must be submitted includes:
    - Proof of home ownership (paid tax receipt of deed)
    - Recent paycheck stub(s) if employed
    - Copy of most recent IRS 1040 and W-2 form(s)
- If your application is approved, you will be asked to provide the Community Development Department with permission to verify employment and income data. When this process is successfully completed, you will receive a letter indicating your approval/disapproval status.
- Every household participating in the program must not exceed the current annual income limits based on household size as follows:

Family Size	Income Limits
1	$50,650
2	$57,850
3	$65,100
4	$72,300
5	$78,100
6	$83,900
7	$89,700
8	$95,450

- There is a requirement of a 10% local match and the City of Painesville will assist you in obtaining the necessary match to participate in the program. It is estimated that the match will be between $800 to $1,200.

FUNDS ARE LIMITED!

Application deadline is **October 30, 2023**.

FOR MORE INFORMATION CONTACT:
COMMUNITY DEVELOPMENT DEPARTMENT (CITY OF PAINESVILLE) 7 RICHMOND STREET, P.O. BOX 601
PAINESVILLE, OHIO 44077
(440) 392-5931

PRELIMINARY APPLICATION #_____

CITY OF PAINESVILLE RESIDENTIAL VINYL SIDING AND ROOFING REPLACEMENT PROGRAM

FUNDED THROUGH LAKE COUNTY'S COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

Last Name:_____ First Name:_____ Middle Initial:_____

Street Address:_____ SS#:_____

Home Telephone:_____ Work Telephone:_____ Birth Date:_____

Co-Applicant (Last Name):_____ First Name:_____ Middle Initial:_____

Work Telephone:_____ Birth Date:_____

TYPE OF STRUCTURE	DEMOGRAPHICS	PROJECT DETAILS
☐ Single-Family ☐ Duplex _____ Year Built	Household Size: _____ Handicapped/Disabled in Household? Yes☐ No☐	☐ Vinyl Siding ☐ Roofing Size of Home: _____ (estimated sq. footage)

EMPLOYMENT INFORMATION

Applicant

Employer:_____

Address:_____

Phone:_____ Length of Employment:_____

Co-Applicant

Employer:_____

Address:_____

Phone:_____ Length of Employment:_____

Other Household Member

Employer:_____

Address:_____

Phone:_____ Length of Employment:_____

(If necessary, include additional employment information on a separate sheet and attach to the form)

ANNUAL HOUSEHOLD INCOME

(Include all sources of income from household members over 18-years old)

#1Wages/Tips: _____

#2 Wages/Tips: _____

#1 Social Security:_____

#2 Social Security:_____

V. A.:_____

Pensions:_____

Other Income:_____

_____

_____

_____

_____

TOTAL: _____

APPLICANT (CO-APPLICANT) CERTIFICATION:

I (We), the undersigned, hereby certify that the information provided in this application is accurate to the best of my (our) ability. I (We) understand that if accepted for the residential vinyl siding program, income and employment of all household occupants over 18-years old will be verified by the City of Painesville.

_____ _____ _____ _____

Applicant Signature Date Co-Applicant Signature Date

DO NOT WRITE BELOW THIS LINE

Pre-App Received ___/___/___ PMC Violation ___Yes ____ No Approved? ___Yes ___ No

Confirmed Down-Payment ___Yes ____ No Quote Ordered ___/___/___ Quote Returned ___/___/___

Approval/Disapproval letter: ___/___/___ Total Cost: $_____ Down-Payment Match $_____

Final Inspection:___/___/___ By:_____ Payment Approved? ____Yes ___No

Authorized Signature:_____ Date:___/___/___

Comments:_____