

Customer # \_\_\_\_\_  
 Permit # \_\_\_\_\_

Application # \_\_\_\_\_

**CITY of HARRISONVILLE Exterior Improvements Grant Program Application**

TO BE COMPLETED BY APPLICANT		
Owner of Record: _____		
Grant Address: _____	Zip: _____	
Mailing Address: _____	City/State/Zip: _____	
Phone #: _____	Alternate Phone #: _____	
E-Mail: _____		
Proposed/Existing Use of Property:	Single Family Owner Occupied	Duplex Owner Occupied
Description of Improvements: _____ _____ _____		
Est. Completion Date (180 days max.):	-	
Est. Cost of Improvements: \$ _____		
<input type="checkbox"/> Copy of valid home insurance (declaration page AND copy of most recent proof of payment) attached, and page 2 completed.		

DISCLAIMER	
By signing below I understand this application is good for only 180 days and all encumbered grant funds will be forfeited if work is not completed within that time. Additionally, I understand this is a City program and all information concerning this grant may become public record. This includes, but is not limited to, the usage of before and after photos in various forms of media such as the City website, newsletter, or future program pamphlets or documents. City inspections of my property will be performed by City staff before the grant is approved, during the grant period, and after the project is complete.	
<b>Owner of Record Signature:</b> _____	<b>Date:</b> _____

TO BE COMPLETED BY CITY STAFF ONLY	
BEFORE	AFTER
___ Funding is still available	___ Work completed
___ County appraised value (BLDG) of \$140,000 or less	___ Improvements meet City & Building Code requirements
___ Improvements are eligible	___ After Pictures
___ Real estate taxes current	___ Receipts
___ Home insurance is valid	60 days progress % _____
___ Building permit required and complete (if applicable)	
___ Before Pictures	
City Code violations to be corrected    Y    N    _____	
Total Spent _____	25% Reimbursement _____
<b>City Signature:</b> _____	<b>Date:</b> _____



**APPLICATION EVALUATION AND SELECTION OPTIONAL SUBMITTAL OF INFORMATION**

**(INFORMATION SUBMITTAL IS OPTIONAL AND NOT MANDATORY. INFORMATION WILL BE USED DURING THE APPLICATION EVALUATION AND FINAL SELECTION FOR GRANT APPROVAL PROCESS.)**

Check applicable boxes (verification may be required)

65 yrs old or older

Disabled or Blind

Head of Household Federal tax status

1st time home buyer

Household incomes at or below Federal poverty level for 2022 based on number of persons in household

Active or Retired Military status

Single Parent households

**Statement of previous participation in this grant program:**

No

Yes (enter year of participation)

**OWNER OF RECORD SIGNATURE:**

**DATE:**

