

PAINT YOUR OUT! CHARLOTTE COUNTY

Does your HOUSE need PAINTING?

The Paint Your Heart Out Charlotte County! program is sponsored by residents, businesses and community organizations.

- Exterior house painting and landscape refurbishing will be provided at no cost to you if your application is selected.

To apply you must own and occupy your home within the area bounded by US 41 / Midway / Conway. The property cannot be income property, rental units or complexes.

Paint Your Heart Out Charlotte County! wants to assist owners who fall into the following categories:

LOW INCOME?

Annual income with expenses that prohibit the property owner from providing maintenance to the dwelling unit.

DISABLED?

A disability or other ailment that prohibits or limits the property owner's participation in the maintenance to the dwelling unit.

ELDERLY?

Because of advanced age, property owner is unable to participate in the maintenance to the dwelling unit.

OTHER CONDITIONS OR SITUATIONS?

Property owner or members of the household are unable to participate in the maintenance to the dwelling unit.

APPLICATION FOR OWNER-OCCUPIED HOMES

PLEASE MAIL OR DROP OFF AT THE FAMILY SERVICES CENTER, 21450 GIBRALTER DRIVE, SUITE 12, PORT CHARLOTTE, FL 33952
QUESTIONS? CALL (941) 235-0159. **ALL APPLICATIONS ARE DUE BY WEDNESDAY, SEPTEMBER 17, 2008.**

DATE: _____

PROPERTY ADDRESS: _____

OWNER/APPLICANT'S NAME: _____

PHONE(home): _____ OTHER: _____

DATE OF BIRTH: _____

CO-OWNERS(if any): _____

ADDRESS: _____

PHONE: _____

OTHERS OCCUPYING HOME:

NAME	RELATIONSHIP	AGE	SEX

EMPLOYER'S NAME: _____

ADDRESS: _____

PHONE: _____ HOW LONG? _____

WHAT IS YOUR CURRENT HOUSEHOLD MONTHLY INCOME?

PROPERTY TITLE NAMED TO: _____

HOW LONG AT ADDRESS? _____

IS THERE A MORTGAGE? _____

EMPLOYMENT STATUS OF OTHER HOUSEHOLD MEMBERS:

LIST ALL OTHER SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS
(Include Social Security, V.A. Benefits, Welfare, Pension, Unemployment, Disability, Rental Income, etc.)

BENEFIT RECIPIENT	TYPE	AMOUNT

DECLARATIONS:

I(we) the applicant(s) hereby declare that I(we) understand the eligibility requirements for participating in the Paint Your Heart Out Charlotte County! Program that I(we) understand the intent and objective of the program and that the information provided in this application to establish my(our) eligibility for the program is true and accurate to the best of my(our) knowledge. I(we) agree to permit the Paint Your Heart Out Committee to inspect the dwelling unit for the purpose of determining eligibility for the Paint Your Heart Out Charlotte County! Program and materials needed for painting.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

Chair, Paint Your Heart Out Charlotte County! _____ Date _____

On the reverse side of this page please explain why you should be selected for Paint Your Heart Out Charlotte County!