CITY OF ROSEVILLE CALIFORNIA

BEAUTIFYING MY NEIGHBORHOOD
PAINT PROGRAM APPLICATION
311 Vernon Street
Roseville, CA 95678
(916)774-5270, TDD: (916) 774-5220

DATE: _____

A. GENERAL INFORMATION

Applicant's Name: _____ Age: _____

Co-Applicant's Name: _____ Age: _____

Address: _____

Home Telephone #:_____ Work #_____

How long have you lived at the above address?

Years: _____ Months:_____ Rent_____ Own_____

B. OTHER PERSONS LIVING AT THE ABOVE ADDRESS:

Name	Age	Sex F/M	Dependent Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's Employer_____

Applicant's Occupation_____ Full/Part time_____

Employer's Address_____

C. APPLICANTS' PRESENT ANNUAL INCOME

1. Gross Pay:

Applicant.....$_____

Co-Applicant.....$_____

Other.....$_____

Total.....…..$_____

2. Net Income from Rental Property ....……..…. $_____
3. Gross Social Security, Pension, SSI, SSP……. $_____
4. Other Income (Stocks/Bonds/Bank Account)...$_____
5. Total Present Yearly Income.....……..$_____

I hereby agree to participate in the **BEAUTIFYING MY NEIGHBORHOOD** paint program. I understand that if this application is approved, I will receive a specified amount of paint and painting supplies from the **BEAUTIFYING MY NEIGHBORHOOD** program to paint the exterior of my residence within a certain period of time specified in an agreement, which I will enter into with The City of Roseville's Housing Division. I understand that the preparation and painting of my property is to be done by myself, family members, neighbors and volunteers or individuals I employ. I understand the City of Roseville Housing Division *will not* be responsible for injuries to any person (myself included) or damages to any personal property.

I understand the maintenance of any work funded under this grant is my responsibility.

I certify the undersigned owns the property which is specified in the application, and is attaching a copy of the Grant Deed or Title Report to this application as evidence of this fact.

Signed:

_____ Date: _____

Property Owner/Resident

Applicant Race/Ethnicity (F*or statistical purposes only):*

□ White
□ Black African/American
□ Asian
□ American Indian or Alaska Native
□ Native Hawaiian or Pacific Islander
□ American Indian or Alaskan Native *AND* White
□ Black/African American *AND* White
□ Asian *AND* White
□ American Indian/Alaska Native *AND* White
□ Other_____

HISPANIC/LATINO ETHNICITY: □ Yes □ No

□ Yes, Mexican/Chicano
□ Yes, Puerto Rican
□ Yes, Cuban
□ Yes, Other Hispanic/Latino: _____

_____Female Head of Household **_____Person with Disability**

EQUAL HOUSING OPPORTUNITY