## **CITY OF CARBONDALE**

## CURB APPEAL ASSISTANCE PROGRAM APPLICATION REFERENCE ORDINANCES NO. 2016-27 AND 2016-53 ATTACHED HERETO

Applicant(	s):		
Address o	f Applicant:		_
Phone:			
Number o	f persons which occupy the	e residence:	
Estimated	Annual Household Income	::	
		eowner: <u>\$</u>	
Type of w	ork performed (or to be pe	rformed) with homeowner's contribu	tion:
Please att	ach the following		
	Proof of ownership (a copy of the quit claim or warranty deed)		
2)	2 months recent paystubs of all employed occupants of the household (18+)		
3)	Previous year's tax returns for all employed occupants of the household (18+)		
4)	2 recent months of checking/savings account statements for all occupants		
5)	5) A written bid, breaking down the cost of the project, from the contractor perfo		
	the work		
further allo	w the City to verify all the ab	as attached and understand the terms are ove information in order to ensure that this application does not in itself obligate the second second in itself obligate the second sec	he program
		Homeowner(s)	
			Date
			Data
CITY VERIF	ICATION / REVIEW & SIGN-O	FF	Date
Housing Programs Administrator (Community Development):			Date
Community Development Manager:			Date
Approval b	y City Manager:		Date_