

**City of Marietta
Development Department
304 Putnam Street, Marietta, Ohio 45750
(740) 373-9354**

"Paint Marietta" Program Guidelines

The purpose of the City of Marietta's Paint program is to enable Marietta's income eligible resident Homeowners to improve the external appearance of their homes by providing FREE PAINT AND LABOR!! In addition, the program will allow rented homes located within the CDBG boundaries, (refer to Exhibit 1) to be painted.

BENEFITS:

- ❖ Surfaces protected from deterioration
- ❖ Beauty restored to homes
- ❖ Costly repairs avoided
- ❖ Neighborhood image improved overall

2016 "Paint Program" is to begin April 18, 2016. Applications will be accepted with preference given to those properties with the greatest need. Color scheme determined by neighborhood norms.

Homeowners wishing to participate must complete an application and furnish verification of income.

2016 HUD Income Guidelines

Family Size	Income	Family Size	Income
1	\$31,450	5	\$48,500
2	\$35,950	6	\$52,100
3	\$40,450	7	\$55,700
4	\$44,900	8	\$59,300

- The homeowner will need proof of home ownership.
- Labor will be provided to those in need. The applicant will be required to obtain three (3) competitive bids.
- Homeowners will be issued a voucher for the paint kit and allowed 30 days to complete preparation (weather permitting). Applicant will take voucher to the designated paint company to receive supplies.
- When the preparation of the home is completed, the applicant will contact City Development before the paint voucher will be issued. ALL PAINT CHIPS MUST BE CLEANED UP.
- A final inspection will be made to close the file. All empty cans MUST be saved until counted by the inspector.
- No applications will be issued after September 15th. No paint will be issued after October 15th.

SAFETY PRECAUTIONS:

1. Always follow the manufacturer's instructions regarding the safe use of paint and related products. **KEEP OUT OF THE REACH OF CHILDREN.**
2. Keep the work area clean at all times...before, during, and after painting. Close paint containers after each use. Properly dispose of waste daily. Do **NOT** pour paint or thinner down drains or on the ground.
3. Make sure ladder is secure. Do not overextend reach. Keep away from electric lines.
4. Keep children away from anything covered with peeling, flaked or blistered paint.

WARNINGDISPOSAL OF LEAD BASE PAINT CHIPS AND SCRAPINGS

Federal regulations assume that any house built prior to 1978 contains lead base paint. Therefore, all paint scrapings and chips must be picked up and wrapped in 6 mil plastic prior to disposal. Do not burn or mix with trash.

The City of Marietta is an equal opportunity lender.

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"PAINT MARIETTA" PROGRAM APPLICATION

Application Date _____

HEAD OF HOUSEHOLD _____

SPOUSE _____

ADDRESS _____

EMAIL _____

TELEPHONE NO Home _____ Work _____

SPOUSE Home _____ Work _____

Head of Household's Occupation _____

Employer's Name & Address _____

Years Employed _____

Spouse's Occupation _____

Employer's Name & Address _____

Years Employed _____

List name, age, and social security number of everyone in your household including yourself.

Name	Date of Birth	Age	SSN #
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If you have children under six years of age, have they ever been tested or subjected to Lead Based Paint Poisoning?

() Yes () No Results: () Positive () Negative

If yes, please list name(s) _____

Selected Characteristics of Applicant

The Applicant is:

- A. White (non-minority)
- B. Negro/Black
- C. American Indian
- D. Spanish American
- E. Oriental
- F. Other minorities (Not included above)

NOTE: Minority group data are obtained for statistical purposes. Data will not be considered by any level of Federal official in determining the Applicant's eligibility.

Present Monthly Income

- 1. Head of Household's Gross Pay \$ _____
- 2. Spouse's Gross Pay _____
- 3. Other Earnings _____
- 4. Pension, Annuities,
Social Security, etc. _____
- 5. Gross Income from
Real Estate _____
- 6. Any Other Income _____
- TOTAL _____

Applicant's Certification

I certify that this statement is true and correct and realize that I may be held civilly and criminally liable under Federal and State law for any knowingly false or fraudulent statement.

Applicant

Date

Waiver of Rights

In consideration of the opportunity afforded to me to participate in the City of Marietta's Paint Program, and in recognition of the possible risks to which I will expose myself and/or contractor as the result of the nature of the activities involved, if my application is granted, I hereby knowingly, freely and voluntarily WAIVE ANY RIGHT OR CAUSE OF ACTION OF ANY KIND WHATSOEVER which I may subsequently have against the City of Marietta, Ohio, or its officers, employees, agents, or representatives, for any and all injuries which may be suffered by me or by members of my family or household as the result of my participation in the program.

Applicant

Date

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Income Information for Applicant

Please answer each of the following questions. For each "yes" answer, provide details in the space below.

	YES	NO
Is any member of your household:		
Employed full-time, part-time, seasonally, self employed.....	___	___
Expect to work any period during the next twelve months.....	___	___
Working for someone who pays in cash.....	___	___
On leave of absence from work due to lay-off, medical or military leave.....	___	___
Receive or expect to receive unemployment benefits	___	___
Receive or expect to receive alimony payments.....	___	___
Receive or expect to receive child support.....	___	___
Receive or expect to receive welfare assistance.....	___	___
Receive or expect to receive Social Security benefits.....	___	___
Receive or expect to receive income from a pension or annuity.....	___	___
Receive regular financial contributions from individuals not living in the unit or from agencies.....	___	___
Receive income from assets including interest & dividends, insurance policies, retirement funds, certificates of deposit, stocks, bonds, income from rental property, and other similar types of receipts.....	___	___
Receive regular pay, special pay and allowances for a member in the Armed Forces (whether or not living in the dwelling).....	___	___
Receive or expect to receive amounts paid by the government to a veteran not used in meeting the costs of tuition, fees, books, and equipment.....	___	___
Receive or expect to receive amounts paid by the government to a veteran for subsistence.....	___	___

Clarifications: _____

(TO BE FILLED OUT BY THE CITY OF MARIETTA)

Recommendation on Application

Review of this application and supporting documents indicates that the application meets the requirements of the City of Marietta's, Marietta Paint Program.

Program Administrator

Date

Action on Application

The application is approved subject to available funds.

The application is disapproved because _____

Safety Service Director

Date

City of Marietta Paint Program Agreement

I, the undersigned, do fully understand that I have been determined eligible for the "Paint Marietta" Program.

As a participant in this program I am aware of the following:

1. Upon signing this form I am entering into an agreement with the City of Marietta to participate in the Paint Program.
2. I will be issued a voucher for a paint kit to prepare the house for painting. I understand that I have thirty (30) days (weather permitting) to prepare the house for painting. Upon completion of the necessary preliminary preparations, I must notify the paint inspector at 373-9354.
3. The preparation work and proper disposal of paint scrapings will be checked and if the working area is clear of paint chips, then the paint voucher will be issued to me. At this time the paint inspector will estimate the amount of primer and paint needed.
4. When the voucher is issued to me, I will then redeem it at the vendor indicated on the Paint Voucher.
5. I understand the color selection is limited to the pre-approved City Development Paint Chart.
6. Labor will be provided to those in need. The applicant is required to obtain three (3) competitive bids.
7. I understand that I have thirty (30) days (weather permitting) from the date of the initial paint in which the job must be completed or I must surrender all unused paint acquired through this program, as indicated on the Paint Voucher for re-distribution. Failure to surrender paint may result in court action.
8. I understand that by signing this agreement I am verifying that I intend to reside for one year from the completion date of the paint program project.
9. I further understand that should the City discover that I have received paint, materials and /or labor with out good faith intent to reside in the residence, the City may recover the cost from me for the paint, materials, and labor supplied.
10. I understand that all paint cans are to be kept for a final inspection. Upon completion I will call 373-9354 to schedule the final inspection.
11. I also understand that any falsification of application or failure to comply with the procedures as set forth in this agreement may result in disqualification from the program.
12. As the landlord, I will guarantee that the rent will not raise for one year due to the improvements made to the property.
13. As a landlord, I understand that I am only permitted to have two homes painted for this year's paint program. (A duplex is counted as two homes / **apartment complexes are not eligible**).
14. I understand that I will need to complete lead training at the Development Department before receiving the paint kit.

Applicant

Date

Address

Program Coordinator

Date

Landlord

Date

Address
