

**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

2021 "Paint Program" is to begin April 15, 2021. 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.

2021 HUD Income Guidelines

Family Size	Income	Family Size	Income
1	\$37,150	5	\$57,300
2	\$42,450	6	\$61,550
3	\$47,750	7	\$65,800
4	\$53,050	8	\$70,050

- The homeowner will need proof of home ownership.
- The applicant will be required to obtain three (3) competitive bids.
- Contractor will be allowed 30 days to complete preparation (weather permitting).
- When the preparation of the home is completed, the Contractor will contact City Development. ALL PAINT CHIPS MUST BE CLEANED UP.
- A final inspection will be made to close the file.
- No applications will be issued after September 30th. No paint will be issued after October 9th.
- Applications will be taken all year long.

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

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 #

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
- B. African American
- C. Native American
- D. Hispanic
- E. Asian
- F. Other

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

Paint Marietta Participants 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 understand that I have thirty (30) days (weather permitting) for contractor to prepare the house for painting.
3. I understand that I am required to obtain two (2) competitive bids from lead certified licensed contractors.
4. I understand the color selection must be pre-approved by the City Development Department.
5. By signing this agreement, I am verifying that I intend to reside for one year from the completion date of the Paint Program project.
6. I understand that should the City discover that I have received paint / labor without good faith intent to live in the residence, the City may recover the cost from me for the paint / labor supplied.
7. I understand that any falsification of application or failure to comply with the procedures as set forth in this agreement may result in disqualification from this program.
8. 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).

Applicant

Date

Program Coordinator

Address

Date

Landlord

Date

Address