



**City of Port Richey  
Community Redevelopment Agency  
Residential Grant Program  
2018 - Grant Application**

Owner-Applicant Name \_\_\_\_\_

\*Co-owner-Applicant Name \_\_\_\_\_

Property Address \_\_\_\_\_

Contact Information: Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant must include proof of household income for every member in the household:  
(over 18 years of age)

- Most recent federal tax forms (first 2 pages)       Two most recent pay stubs  
 Social security or pension statements

FOR OFFICE USE ONLY

**Owner-Applicant Confirmed?** Y / N      **Parcel ID:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Income Verified?** Y / N     **Matching**     **Non-Matching**      **Copy of Photo ID?** Y / N

**Application Complete?** Y / N      **Proposal Received?** Y / N      **Permit Received?** Y / N

**Date Application Completed:** \_\_\_\_\_      **Date Application Approved/Denied:** \_\_\_\_\_      **Date Project Commencement:** \_\_\_\_\_  
(circle one)

\_\_\_\_\_  
(date stamp)      \_\_\_\_\_  
(date stamp)      \_\_\_\_\_  
(date stamp)      Initial: \_\_\_\_\_

**Original Inspection:** \_\_\_\_\_      **Final Inspection Deadline:** \_\_\_\_\_  
(Inspector's Initials)

**Final Inspection:** \_\_\_\_\_      **Receipt Received:** \_\_\_\_\_      **Total Award:** \$ \_\_\_\_\_  
(Inspector's Initials)      (date)

**Date Filed for Reimbursement:** \_\_\_\_\_      **Tax 1099 Form Completed?** Y / N

\* If Applicable

**Please read and initial the following terms and conditions of the Community Redevelopment Agency Residential Grant Program:**

\_\_\_\_ **LOCATION and PROPERTY REQUIREMENTS:** The property itself must be owner occupied and homesteaded; the property must be inside the CRA designated corporate city limits of the City of Port Richey.

\_\_\_\_ **ELIGIBILITY REQUIREMENT:** The property itself must have no outstanding utility bills or property taxes and must be free of municipal liens.

\_\_\_\_ **MATCHING GRANT FUNDS:** Matching grant funds will be provided to those applicants who's gross annual household income exceeds the 80% AMI value. Grant funds will be awarded up to \$1,000 on a dollar for dollar basis. No single property may receive grant monies more often than every 24 months.

\_\_\_\_ **NON-MATCHING GRANT FUNDS:** Non-matching grant funds will be provided to those applicants who's gross annual household income does not exceed the 80%AMI value. Grant funds will be awarded up to \$1,000. No single property may receive grant monies more often than every 24 months.

\_\_\_\_ **APPLICATION REQUIREMENTS:** All applicants must provide a proposal with the required application and requested verification documents for the residential project. All improvements must conform strictly to the proposed design or drawing submitted with the application documents. The proposal shall include a cost estimates from a licensed contractor OR a materials cost list from legitimate retail establishment.

\_\_\_\_ **DESIGN REQUIREMENTS:** All improvements must comply with the Building Department's permit requirements. All applications will be reviewed by the Program Administrator. All applications will be approved or denied on a case by case basis and as funds are available.

\_\_\_\_ **HOLD HARMLESS REQUIRED:** All grant recipients must indemnify and hold harmless the City of Port Richey, and the City of Port Richey Community Redevelopment Agency, from any and all claims or demands for personal injury or property damage resulting from or occurring in connection with any activities funded with the Residential Grant Program. The City of Port Richey and the City of Port Richey Community Redevelopment Agency cannot be a party to the recipient's contractor; thus making this a reimbursement program only.

\_\_\_\_ **ELIGIBLE EXPENSES:** The grant funds must be used for residential improvements that conform strictly to the design or drawing submitted with the application documents or any improvements that are required or approved by the City of Port Richey as part of the grant approval process. **No interior renovations or improvements will be eligible for funding.**

\_\_\_\_ **PERMITTING and INSPECTION REQUIREMENTS:** All residential improvements must be permitted and approved by the Program Administrator; any improvements shall meet all applicable codes and regulations before any grant proceeds are awarded to the applicant. The grant applicant is responsible for applying for a permit and providing a copy of the permit to the inspector in addition to the grant application. The owner/applicant hereby authorizes city representatives to visit, photograph and inspect the property.

\_\_\_\_ **REIMBURSEMENT PROCEDURES:** Grant funds will be provided to the applicant upon completion and final approval of all construction and when proof of the payment of all construction costs is presented to the City. The grant applicant is responsible for providing an itemized receipt of payment for the cost of the project to the Building Department prior to reimbursement of funds. Such receipt must be paid by credit card, personal check or money order by the homeowner-applicant; receipt must be from legitimate retailer or a licensed contractor. The owner-applicant may perform the work his/herself, however, will be reimbursed for MATERIALS ONLY; no tools or labor costs will be covered for "do-it-yourself" improvements.

\_\_\_\_ **FINAL INSPECTION DEADLINE:** Project must be completed and final inspection scheduled by the deadline to qualify for reimbursement. The deadline shall be 60 days from the date of project commencement. Failure to comply will disqualify the applicant for reimbursement and funds will be reopened for the next qualifying applicant.

\_\_\_\_ **GRANT FUNDS WILL NOT BE AWARDED IF WORK IS STARTED OR COMPLETED PRIOR TO PROPER APPLICATION APPROVAL AND INSPECTIONS.**

# Project Proposal

Proposed Project Includes:

*Please check all that apply*

*\* requires permit.*

	<i>Proposed cost</i>		<i>Proposed cost</i>
<input type="checkbox"/> Pressure Washing	_____	<input type="checkbox"/> Garage Door/Carport Repair *	_____
<input type="checkbox"/> Siding	_____	<input type="checkbox"/> Concrete Walkway/Driveway Repair	_____
<input type="checkbox"/> Stucco Repair	_____	<input type="checkbox"/> Stair/Handrail Repair/Replacement	_____
<input type="checkbox"/> Exterior Door *	_____	<input type="checkbox"/> ADA Compliant Accessibility Ramp *	_____
<input type="checkbox"/> Dock/Seawall Repair *	_____	<input type="checkbox"/> Window Repair/Replacement *	_____
<input type="checkbox"/> Exterior Paint	_____	<input type="checkbox"/> Porch/Door/Window Screening	_____
<input type="checkbox"/> Roof */Fascia/Soffit	_____	<input type="checkbox"/> Fence Repair/Replacement	_____
<input type="checkbox"/> Gutter/Down-Spout	_____		

Estimated total cost to complete proposed project: \_\_\_\_\_

*Please provide itemized estimate from contractor supporting the above entry. If no contractor is used, the applicant will be responsible for providing valid receipts from the above project costs. No "hand-written receipts" will be accepted.*

**Please indicate below who will be performing the work for this proposed project.**

Licenced Contractor (if so, complete the next page)       Owner-Applicant (DIY)

By signing this form you acknowledge that you read and understood the terms outlined on this application and that your proposed project meets the terms set forth before you. The City of Port Richey holds the right to disqualify your application if at any time the Residential Grant Committee finds that the information provided by the applicant is either false or does not meet the qualifying terms of this program.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(\*Co-Applicant's Signature)

State of FLORIDA  
County of PASCO

The Forgoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Personally Known \_\_\_ Or Produced Identification \_\_\_

Notary Signature \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Print Name or Stamp

## Contractor Information

If work is being performed by a Contractor, please complete this section.

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

License Holder \_\_\_\_\_ DBPR# \_\_\_\_\_ Pasco Lic # \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Email \_\_\_\_\_

Must provide a copy of worker's compensation/liability insurance.

If your proposed project was not otherwise described, use the below area to describe in detail the residential improvement project you are proposing for funding.

By signing this form you acknowledge that you read and understood the terms outlined on this application and that your proposed project meets the terms set forth before you. The City of Port Richey holds the right to disqualify your application if at any time the Residential Grant Committee finds that the information provided by the applicant is either false or does not meet the qualifying terms of this program.

\_\_\_\_\_  
(Contractor's Signature)

\_\_\_\_\_  
(Applicant's Signature)

State of FLORIDA  
County of PASCO

The Forgoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Personally Known \_\_\_\_ Produced Identification \_\_\_\_  
Type of Identification Produced \_\_\_\_\_

Notary Signature \_\_\_\_\_  
Name or Stamp \_\_\_\_\_

State of FLORIDA  
County of PASCO

The Forgoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Personally Known \_\_\_\_ Produced Identification \_\_\_\_  
Type of Identification Produced \_\_\_\_\_

Notary Signature \_\_\_\_\_  
Name or Stamp \_\_\_\_\_

## Application Checklist

- Completed Application
- Two most recent pay stubs
- Most recent federal tax forms (first 2 pages)
- Social security or pension statements (if applicable)
- Photo Identification