

CONNEERSVILLE URBAN ENTERPRISE ASSOCIATION ZONE RESIDENT EXTERIOR PAINT PROGRAM

The Connersville UEA will administer an exterior paint program between May 15th and October 31st to owner-occupied* zone residents. The UEA will offer free paint and labor to eligible zone residents. Conditions may apply.

Applications will be available to zone residents until June 15 of each year. The UEA Board of Directors will evaluate each application and select houses based on need and funds available. Additional rounds may be offered until funds are depleted, but will be at the sole discretion of the UEA Board of Directors.

Once applications are received the eligible applications will be submitted to local painters for the bidding process. All painters must be bonded, insured and if paint is to be applied by a sprayer, painter must receive approval from homeowner and a UEA representative.

Applicants may only apply and receive assistance every five years. Subject to revaluation.

Verification of property ownership and income eligibility is required. Additionally, before and after pictures will be taken.

*Owner-occupied will include duplex homes where the owner resides in one side of the home.

Please return completed application to:
Connersville UEA, 115 E 6th Street, Connersville, IN 47331

CONNEERSVILLE URBAN ENTERPRISE ASSOCIATION EXTERIOR PAINT PROGRAM APPLICATION

Applicant's Name _____
 Co-Applicant Name _____
 Property Address _____
 Mailing Address (if different) _____
 Phone Number _____
 How many people reside at this address? _____

Please list the name, date of birth, and social security number of each household member

Name	Date of Birth	Social Security Number

Do you own and occupy the property listed above? _____
 Is any portion of your home rented out? _____
 Is this a contract sale? _____
 If yes, Name of Contract Seller _____
 Do you have working smoke detectors in your home? _____
 What is the present color of your home? Trim? _____
 What color of house paint would you like to use? _____
 What color(s) of trim paint would you like to use? _____
(A maximum of three colors total)

**Suggestion: Paint color selection should compliment the neighborhood.*

Applicant
Employer _____

Please list any other household income received by any household member, other than the applicant or co-applicant: _____

Letter of Intent

I, the undersigned, acknowledge and understand that it is my responsibility to pick up all materials. I further certify that all materials purchased through the vouchers will be used on my property located at _____. By signing below, I also agree to have all work completed by October 31, 2006.

In consideration of the mutual promises made and the benefits which I have received as a result of this program, I agree to release, indemnify and hold harmless the Connersville UEA, their agents, and all employees against all injuries, loss, property damages, or expenses that may result from the use of materials provided under this program.

I understand that if there is any misrepresentation of these intentions or if work can not be completed in the time frame given above, I accept full responsibility and will be required to reimburse the Connersville UEA for all paint purchased for the above address.

Applicant

Date

Co-Applicant

Date

I (We) hereby certify that there are no willful misrepresentations in, or falsifications of the information on this application. I am (We are) aware that should investigations disclose such misrepresentations or falsifications, this application will be rejected.

Date _____ Signature _____

Date _____ Co-Applicant Signature _____

GENERAL RELEASE FORM

I hereby authorize the Connersville UEA to obtain and receive all records and information pertaining to income eligibility for the Exterior Paint Program, including employment, income, IRS returns, Social Security, pensions, residency, and banking information from all persons, companies, government agencies, or firms holding or having access to such information.

I agree to have no claim for defamation, violation of privacy, or otherwise against any person, firm, or corporation by reasons of any statement or information released by them to the Connersville UEA for purposes of the program. The term of this authorization shall commence on the date of signature and be in force for a period of 1 year.

I, as an applicant for the Exterior Paint Program, hereby give permission to the Connersville UEA to utilize this information to process my application for the Exterior Paint Program.

In consideration of the mutual promises made and the benefits which I shall receive as a result of this program, I agree to release, indemnify and hold harmless the Connersville UEA, their agents, and all employees against all loss, damages, claims, costs, and expenses arising out of actions taken pursuant to this program.

Signature _____

Co-Applicant Signature _____

Address _____

Date _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

CONNERSVILLE URBAN ENTERPRISE ASSOCIATION EXTERIOR PAINT PROGRAM
115 E 6TH STREET, CONNERSVILLE, IN 47331
PHONE: 765-827-1366 FAX: 765-825-4613

Employer: The applicant named below has applied to participate in a home exterior paint program offered through the Connersville Urban Enterprise Association. He (She) has authorized the Connersville UEA, in writing, to obtain verification from any and all sources named in his (her) application. Please furnish the information requested and return to the Connersville UEA. It will not be disclosed outside the agency without the applicant's consent.

Authorization

Applicant/Employee Name & Address _____

Employer Name & Address _____

Employee Identification or clock number _____

I have applied for the Exterior Paint Program with the Connersville UEA and hereby state that I am employed by you. My signature below authorizes verification of my employment information.

Signature

Date

Verification of Present Employment

Present Position _____ Date of Hire _____

Probability of Continued Employment _____

Hours worked weekly _____

Rate of Pay (estimate if employee is not paid on an hourly or annual basis)

Hourly Rate \$ _____ Annual Rate \$ _____

Additional Compensation (overtime, commission, or bonus received the past 12 mo.)

Overtime \$ _____ Commission \$ _____ Bonus \$ _____

Signature of Employer

Title

Date

REQUEST FOR VERIFICATION OF EMPLOYMENT

CONNERSVILLE URBAN ENTERPRISE ASSOCIATION EXTERIOR PAINT PROGRAM
115 E 6TH STREET, CONNERSVILLE, IN 47331
PHONE: 765-827-1366 FAX: 765-825-4613

Employer: The co-applicant named below has applied to participate in a home exterior paint program offered through the Connersville Urban Enterprise Association. He (She) has authorized the Connersville UEA, in writing, to obtain verification from any and all sources named in his (her) application. Please furnish the information requested and return to the Connersville UEA. It will not be disclosed outside the agency without the employee's consent.

Authorization

Co-Applicant/Employee Name & Address _____

Employer Name & Address _____

Employee Identification or clock number _____

I have applied for the Exterior Paint Program with the Connersville UEA and hereby state that I am employed by you. My signature below authorizes verification of my employment information.

Signature

Date

Verification of Present Employment

Present Position _____ Date of Hire _____

Probability of Continued Employment _____

Hours worked weekly _____

Rate of Pay (estimate if employee is not paid on an hourly or annual basis)

Hourly Rate \$ _____ Annual Rate \$ _____

Additional Compensation (overtime, commission, or bonus received the past 12 mo.)

Overtime \$ _____ Commission \$ _____ Bonus \$ _____

Signature of Employer

Title

Date

Authorization for Temporary Placement of Signage And Name Usage

I, the undersigned, agree to the temporary placement of a sign in my yard for the purpose of promoting the Connersville Urban Enterprise Paint Program. I understand that the sign is temporary. I agree to have it placed in my yard at the beginning of project and removed approximately two (2) months after the completion of the project.

In consideration of the mutual promises made and the benefits which I have received as a result of this program, I agree to release, indemnify and hold harmless the Connersville UEA, their agents, and all employees against all injuries, loss, property damages, or expenses that may result from the placement of the signage while participating in this program.

In addition, I understand that my name may be used for promoting the paint program through local printed or TV news. I agree to have no claim for defamation, violation of privacy, or otherwise against the Connersville UEA, their agents, and all employees by reasons of any statement or information released by them for purposes of promoting the paint program. The term of this authorization shall commence on the date of signature.

I understand that if there is any misrepresentation of these intentions, I accept full responsibility.

Applicant's Signature

Date

Co-Applicant's Signature

Date