Connie Patterson Home Improvement Reimbursement Grant Program
Application

- This application must be completed by the property owner(s).
- Owner-occupied residential properties are eligible for the Connie Patterson Home Improvement Reimbursement Grant Program.
- Commercial Buildings in designated Historic Districts with approved residential dwelling unit(s) are eligible for the Connie Patterson Home Improvement Reimbursement Grant Program.
- Only complete applications will be accepted.
- Applications will be accepted by the Division of Engineering (at City Hall) Monday through Friday 8:30 am – 4:30 pm.

Property Owner Information

Property Owner 1: ___________________________________________
Mailing Address: ___________________________________________

Property Owner 2 (if applicable): ___________________________________________
Mailing Address: ___________________________________________

☐ Check if same as above

Primary Contact Person: _______________________________________
Primary Contact Phone Number: ________________________________
Primary Contact E-mail Address: ________________________________
Property Information

Street Address: ____________________________________________

__________________________________________________________________________________

Parcel Number: ____________________________________________

Property Type: Owner-occupied home _____ Mixed-use (residential above commercial in Historic District) _____

Assessed Value (Building only): $__________ (Union County Auditor)   Zoning District: _______________

Building Size (square feet): ______________

 Proposed Project(s)

*All projects must be visible from the City right-of-way*

*Projects located in the designated Historic District require the approval of the Marysville Design Review Board*

<table>
<thead>
<tr>
<th>Project</th>
<th>Cost:</th>
<th>Permit Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driveway (concrete or asphalt)</td>
<td>______</td>
<td>City</td>
</tr>
<tr>
<td>Exterior Doors (repair or replacement)</td>
<td>______</td>
<td>County</td>
</tr>
<tr>
<td>Facade Work (cleaning, repair or replacement)</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>Fascia &amp; Soffit (repair or replacement)</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>Fence (repair or replacement)</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>Front Porch (repair or replacement)</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>Gutters (repair or replacement)</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>Paint (exterior)</td>
<td>______</td>
<td></td>
</tr>
<tr>
<td>Roof (repair or replacement)</td>
<td>______</td>
<td>County</td>
</tr>
<tr>
<td>Shutters and Awnings (repair or replacement)</td>
<td>______</td>
<td>County</td>
</tr>
<tr>
<td>Windows (repair or replacement)</td>
<td>______</td>
<td>County</td>
</tr>
</tbody>
</table>

Total estimated cost: ____________________________

To be paid in full by the owner.

City Reimbursement requested: ____________________________

50% of the total cost, not to exceed $2,000.00
Project Details

Street Address: ________________________________

**Project Details**

*Painting*: Provide color samples and/or list paint brand and color name(s).

*Driveway*: Attach site plan and/or survey.

*Porch/fence replacement/repair*: Attach site plan and/or survey.


*Roof*: Provide the brand and color of new shingles/slate/metal.

*Gutters*: Provide brand and color of gutters/downspouts.

*Shutters and awnings repair/replacement*: Provide material and color.

Diagram / Site Plan (draw or attach):

Attach: Photograph demonstrating the existing condition of the proposed project.
Program Requirements
Read each statement below carefully and INITIAL to indicate that you understand and agree.

1. _____ My property is owner-occupied or; my property is mixed use and is located a designated Historical District with an APPROVED residential unit

2. _____ I am up to date on utility bills, property taxes and mortgage payments. I understand a search will be completed.

3. _____ Proof of homeowners insurance will be required before I am eligible to receive a reimbursement.

4. _____ I understand that I must submit a Federal W-9 tax form in order to receive a reimbursement.

5. _____ Projects must be approved by the City before any work can begin. No grant funds will be awarded for unapproved work.

6. _____ I understand that all vendors and contractors must be paid by personal check, debit card or credit card only and that I must submit proof of payment.

7. _____ All necessary building, engineering and zoning permits must be in place before work begins. Permits may be required for roofs, driveways, exterior doors and windows and any work that takes place in the City right-of-way.

8. _____ Work requiring a license must be completed by the homeowner or a licensed contractor registered with the Union County Building Department who specialized in the requested improvement.

9. _____ Labor costs for work completed by the homeowner will not be reimbursed. I assume all financial responsibility for this work.

10. _____ Paint, siding and facade colors must be approved at the time of application. (Please submit color samples.)

11. _____ I will submit “after” photos of the improved areas following the completion of the approved improvements and a photo of the front of the home.

12. _____ I will submit invoices, receipts, and proof of payment after the project is completed in order to receive a reimbursement.

13. _____ I agree to post a yard sign on my property if/when my project is approved. When my project is completed, I agree to remove the yard sign and return it to the City of Marysville within 30 days of my project completion.
### Meetings

When submitting an application, the homeowner must meet with the Marysville Design Review Board. Monthly progress reports will also be required. Once the project is completed, the applicant will meet with City staff for a final review.

### Authorization to visit the property

Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as notarized below, hereby authorizes City representatives to visit and photograph the property described in this application.

### Applicant’s Affidavit

I, ____________________________, ____________________________, the property owner(s), have read and understood the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all aspects true and correct to the best of my knowledge.

I agree to own and maintain the property and all improvements for a minimum of two years from the date I receive my reimbursement. I understand that the status of the improvements and my ownership of the property will be monitored by the City. I agree to notify the City and repay the grant if I move and/or sell the property in less than two years.

I agree that any construction or rehabilitation of residential structures, with assistance provided under this Agreement, shall be subject to HUD’s Lead-Based Paint Regulations in 24 CFR, 570.608, 24 CFR, 35, and, in particular, Subpart B thereof. Such regulations pertain to all HUD-assisted housing and require that all owners, prospective owners, and tenants of properties constructed prior to 1978, be properly notified that such properties may include lead-based paint.

Signature of Owner 1: __________________________________ Date: ______________________________

Signature of Owner 2: __________________________________ Date: ______________________________

Notarization (Signature 1)  
(Stamp)  

Notarization (Signature 2)  
(Stamp)
Connie Patterson Home Improvement Reimbursement Grant Program
Application Checklist

Application Requirements
Homeowner(s) must submit a complete, collated and stapled set of the following documents. Complete applications will be reviewed and submitted for approval in the order received. Applications will be accepted in person only Monday through Friday from 8:30 am to 4:30 pm at City Hall, 209 S. Main Street, Marysville, OH 43040.

Your application must be complete in order for the City to accept it. If you have questions regarding your application, or would like to schedule an appointment, contact the Engineering, Planning and Zoning Department at 937-645-7350.

Complete Applications must include the following:

☐ Connie Patterson Home Improvement Program Grant Application: _____completed _____signed _____notarized

☐ Proof that the property is the owner’s primary residence.

OR

☐ Proof that the mixed use property is located in a designated Historical District and contains an APPROVED residential unit.

☐ Proof of home insurance.

☐ Detailed scope of work:
  _____Written description of proposed improvement(s)
  _____Site plan
  _____Architectural drawings (if applicable)

☐ Estimated Costs (labor + materials) for work to be done by a contractor.
  _____Detailed cost breakdown (materials, labor, trash removal, etc.)
  _____Contractor’s State of Ohio license number______________
  _____Verify contractor’s registration is active.

OR

☐ Materials cost list from the store(s) where the materials will be purchased (if work is done by the homeowner).

☐ “Before” photos: Submit high quality color prints or email digital photos to zandrews@marysvilleohio.org with HIRG_Photos_{property address} in the subject line.
  _____Views of entire home (front) – submit for all projects*
  _____Views of existing conditions of proposed projects
□ Government issued photo ID for each homeowner (Planning Division can make a copy)
□ Federal W-9 tax form completed and signed by the principal property owner. (Finance Dept. will provide this form.)
□ Survey and/or site plan required for driveways and door/window/fence/porch/facade repairs and/or replacement.

FOR OFFICE USE ONLY

Hearing Date: _____________

The application has been reviewed and is found to be complete.

___________________________________________________          ____________________________________
City Staff                                                                 Date

___________________________________________________           ________________________
Job Title                                                                 Chairperson, Design Review Board

DECISION OF THE DESIGN REVIEW BOARD

Approved

Denied

___________________________________________________           ________________________
Chairperson, Design Review Board                                                                 Date

Revised: 10/23/2019