

RESIDENTIAL REVITALIZATION PROGRAM

(RRP) provides assistance to Phillips County homeowners for updates to the exterior appearance and maintenance of their residential property.

HOW DOES IT WORK?

The RRP program reimburses homeowners and renters* (*see below*) up to \$300 for purchase of the paint required to renovate the exterior of their property. This program is operated on a first-come, first-serve basis and funding priority will be given to structures in the greatest need of paint.

HOW DO I APPLY TO PARTICIPATE IN THE PROGRAM?

Submit a “before” picture of your property along with your completed application form (*see reverse*) and you will receive an approval response within 30 days. If you are approved to participate, you will then have **90 days** to get your painting project completed.

HOW DO I RECEIVE MY FUNDS?

Approved RRP participants must submit an “after” picture of their painting project along with an itemized receipt(s) for paint supplies within 30 days of project completion. You will be reimbursed up to \$300 **for paint only**.

CAN I CHOOSE MY COLOR?

A color swatch of your chosen paint/trim color(s) must be submitted for approval with your application form. All paint must be purchased within **Phillips County**. If your project is approved, you must use only the color(s) submitted with your original application form. Failure to do so will result in denial of reimbursement.

*I RENT MY HOME – CAN I STILL APPLY?

If you are living in a rental property, you can still apply to participate in this program. However, you will need to include a written letter of consent with your application form, signed by the property owner.

CAN I DO THE WORK MYSELF OR DO I NEED TO HIRE A CONTRACTOR?

You do not need to use a contractor to complete this work, provided that the painting is done to a satisfactory standard.



HOW MUCH FUNDING IS AVAILABLE?

The RRP program will reimburse up to 50 projects per year. Applications not approved due to the depletion of the annual funding allocation, will be reconsidered the following calendar year. Applicants are encouraged to reapply.

Please Note: Incomplete applications will be rejected from the approval process. In this instance, the applicant would still be eligible to reapply for participation. All **completed** applications will be evaluated in the order by which they were received.

RESIDENTIAL REVITALIZATION APPLICATION FORM

Please complete ALL fields. Incomplete applications will be rejected.

Applicant's Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Phone: _____

Applicant's Email: _____

Number of People in Household: 0 1 2 3 4 5 6+

Applicant is the Property Owner? Yes No

If "No", Property Owner's Name: _____

If the applicant is not the property owner, a letter of consent from the property owner must be submitted.

RRP assistance requested for painting (*select one*): Home Garage Both

Size of Structure to be painted (*select one*): 1 story 1.5 story 2 story 2.5 story+

Will the structure need scraping before painting: Yes No

Describe what you will be painting: _____

Who will be doing the painting? _____

Anticipated project start date: _____

Anticipated project completion date: _____

DECLARATION

I own the property listed on this application form. Yes No

I rent the property listed on this application form. Yes No

I live at the property listed on this application form. Yes No

I have applied for RRP assistance for another property. Yes No

All property taxes on this building are current. Yes No

I hereby apply for reimbursement through the RRP program and declare that the information provided on this application is true and correct to the best of my knowledge.

Homeowners Signature _____

Date _____

ATTACHMENTS (*Please enclose the following with your application*)

"Before" picture of the property for which RRP assistance is requested.

Paint color swatch(s) (note the main/trim paint colors where applicable)

Proof of property ownership (Copy of mortgage statement etc., or letter of consent from landlord).

Return your completed application to: PCED, PO Box 604, Phillipsburg, KS 67661

Office Use Only *Appr* *Rej* *Init* _____ *Date* _____ *RMB Date* _____