



**PAINTING THE EXTERIOR OF HOMES  
In the Omaha Metro Area**

---

**2019 PAINT-A-THON  
HOMEOWNER APPLICATION**

---

**APPLICATION PROCESS**  
Complete and sign the application form  
Detach the application at the perforated line

**Mail to:  
PAINT-A-THON  
2316 S 24<sup>th</sup> Street  
Omaha, NE 68108**

**APPLICATION DEADLINE  
May 30, 2019**

**For more information, or help in completing this form  
Call (402) 965-9169**

**Para Mayor Informacion o Si Necesita Ayuda Para Completar Este  
Formulario Llame Al (402) 733-2720 or (402) 731-5413**

## PAINT-A-THON INFORMATION

Paint-A-Thon is a project that coordinates the efforts of volunteers from business, civic, and religious organizations to paint the outside of homes of low-income elderly or permanently disabled homeowners. It is designed for homeowners who cannot afford to hire the work done, do not have the physical ability to do the work themselves, and do not have relatives who can do the work for them.

- Diamond Vogel Paint Company will provide high quality paint. If selected, you choose colors from a Diamond Vogel paint chart.
- Volunteers paint selected houses, **without charge to the homeowner**.
- The Paint-A-Thon Committee will determine which houses will be painted based on age, disability, financial need, condition and size of the house, and availability of volunteers.
- Selected homeowners will be notified by July 26, 2019.
- The volunteer crew may prepare the house prior to August 17, 2019.
- **Painting will be done on Saturday, August 17, 2019**

## ELIGIBILITY REQUIREMENTS

- Your house must be in Douglas County or Sarpy County or Council Bluffs.
- You must be 60 years of age or older **or** have a permanent disability at any age, **and** own the home that needs painting.
- Your home must be a single family dwelling that you occupy yourself. The house must be structurally sound and not in need of major repairs.
- Because we are volunteers, we cannot paint homes higher than 2 stories.
  - We are unable to paint 2 story homes with additional dormers.
- Your household income must be less than the following guidelines:  
If you are over the income guidelines and have special circumstances, please include a letter of explanation (for example, non-reimbursed medical or prescription expenses). 60% HUD Guidelines:

Household size (# people)	1	2	3	4
Monthly Income (all)	\$2,525	\$2,885	\$3,245	\$3,605

**FOR MORE INFORMATION PLEASE CALL 965-9169 or call 211**

# APPLICATION

\_\_\_\_\_  
**Name of Applicant (Homeowner)**

\_\_\_\_\_  
**Age**

\_\_\_\_\_  
**Spouse**

\_\_\_\_\_  
**Age**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

List all additional persons living in the house:

Name:

Relationship:

Age:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of persons living in the household \_\_\_\_\_

(If this information is incorrect, I understand the project can be terminated)

Names of relatives living in or near this area (to be used in case of emergency):

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Are you permanently disabled? Yes \_\_\_ No \_\_\_

Explain \_\_\_\_\_

*(If you are under 60, you must enclose verification of your disability, for example SSI or SSD letter or bank statement, and your source of income).*

Do you have a relative or friend who would like to help? Yes \_\_\_ No \_\_\_

If selected, you give permission for media to photograph your home? Yes \_\_\_ No \_\_\_

## HOUSE INFORMATION

Do you own or are you buying this house? Yes \_\_\_ No \_\_\_

The house is:  One story  One and one-half story  Two story

## INCOME AND STATISTICAL INFORMATION

**“INCOME”** means the combined amount of money received by all people living in the house. This information will remain confidential to the Paint-A-Thon Committee:

	<b>Household Monthly Total</b>	<b>(For Office use Only) Income Verification</b>
Social Security	_____	_____
SSI or SSD	_____	_____
AFDC	_____	_____
Salaries	_____	_____
Alimony & Child Support	_____	_____
Interest & Dividends	_____	_____
Pensions & Annuities	_____	_____
Rental Income	_____	_____
Other Income	_____	_____
<b>Total Monthly Household Income \$</b>	<b>_____</b>	_____

Monthly Non-Reimbursed Medical Expenses (optional) \$ \_\_\_\_\_  
 (Includes prescriptions Part D, co-pays and supplemental insurance premiums)

Are you on Medicaid through the State of Nebraska?  Yes  No

Are you a Veteran? Yes  No  Era \_\_\_\_\_

Please check the category which represents your ethnic background (Optional):  
 (Ethnic information is only for statistical purposes and does not affect the selection process).

American Indian  Asian  Black  Hispanic  White

How did you hear about this program? Flyer  Newspaper  Radio   
 TV  Friend or Neighbor  Other (list) \_\_\_\_\_

**AUTHORIZATION STATEMENT**

I am not presently planning, nor do I intend within the next two years, to sell my home. I understand and agree to have my home painted by volunteers.

I, the undersigned, certify subject to disqualification, that this information is true and correct to the best of my knowledge and belief, and that the provisions stated are accepted and agreed to.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date