



**CITY OF BARTOW**  
**COMMUNITY REDEVELOPMENT AGENCY**  
 450 N. Wilson Avenue, Bartow, FL 33830  
 Phone: (863) 534-0121 Fax: (863) 534-0409

**Residential Improvement Assistance Program Application**

Applicant's Name:	
Mailing Address:	
Property Owner Name:	
Property Address:	
Applicant's Phone #:	Email:
Estimate Start Date:	Estimate Completion Date:
<b><u>I am applying for the following Residential Improvement Assistance Program:</u></b>	
<input type="checkbox"/> Residential Demolition	Total Cost of Project: _____
<input type="checkbox"/> Residential Rehabilitation	Total Cost of Project: _____
<b><u>The following have been attached to this application (please check all that apply):</u></b>	
<input type="checkbox"/> Proof of ownership or letter of content	<u>This column to be filled out by CRA staff:</u>
<input type="checkbox"/> Summary of scope of work	Property Taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Conceptual plans and/or surveys	Completed Building Dept. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Three (3) cost estimates	Complies with CRA Design Guidelines? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Photographs	Contractors/vendors eligible for work? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Paint & material samples	Conflict of Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Proof of property insurance or Builder's Risk Policy	
<ul style="list-style-type: none"> <li>• <b>Application will <u>not</u> be reviewed without all supporting data.</b></li> </ul>	
<p>I hereby submit the attached plans and specifications for the proposed project and understand that the Bartow CRA and/or CRA Board must approve these. No work shall begin until I have received written approval from the CRA. Grant monies will not be paid until the project is completed as proposed and paid invoice(s) provided. The project must be completed within 90 days of grant approval. I agree to leave the completed project as approved for a period of 3 years from the date of completion.</p>	

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

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

Date Submitted \_\_\_\_\_