



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

Homestead Rehabilitation Grant Program Application

Applicant's Name:			
Mailing Address:			
Property Owner Name:			
Property Address:			
Applicant's Phone #:	Email:		
Estimate Start Date:	Estimate Completion Date:		
Estimate Cost of Rehabilitation			
Contractor Name: _____	Cost Estimate: _____		
Contractor Name: _____	Cost Estimate: _____		
Contractor Name: _____	Cost Estimate: _____		
<p><u>The following have been attached to this application (please check all that apply):</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Proof of ownership <input type="checkbox"/> Summary of scope of work <input type="checkbox"/> Conceptual plans and/or surveys <input type="checkbox"/> Three (3) cost estimates <input type="checkbox"/> Photographs (Before & After) <input type="checkbox"/> Paint & material samples <input type="checkbox"/> W-9 Form <input type="checkbox"/> Proof of property insurance or Builder's Risk Policy </td> <td style="width: 50%; vertical-align: top; color: red;"> <p><u>This column to be filled out by CRA staff:</u></p> Property Taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Complies with City Building Codes? <input type="checkbox"/> Yes <input type="checkbox"/> No Contractors/vendors eligible for work? <input type="checkbox"/> Yes <input type="checkbox"/> No Conflict of Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table> <p style="text-align: center;">Application will <u>not</u> be reviewed without all supporting documentation.</p>		<input type="checkbox"/> Proof of ownership <input type="checkbox"/> Summary of scope of work <input type="checkbox"/> Conceptual plans and/or surveys <input type="checkbox"/> Three (3) cost estimates <input type="checkbox"/> Photographs (Before & After) <input type="checkbox"/> Paint & material samples <input type="checkbox"/> W-9 Form <input type="checkbox"/> Proof of property insurance or Builder's Risk Policy	<p><u>This column to be filled out by CRA staff:</u></p> Property Taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No Complies with City Building Codes? <input type="checkbox"/> Yes <input type="checkbox"/> No Contractors/vendors eligible for work? <input type="checkbox"/> Yes <input type="checkbox"/> No Conflict of Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<p>I hereby submit the attached documentation and specifications for the proposed project and understand that the Bartow CRA and/or CRA Board must approve this project. No work shall begin until I have received written approval from the CRA. Grant monies will not be paid until the project is approved by the CRA Board. The project must be completed within 120 days of grant approval. I agree to not leave the property for a period of 12 months from the date of completion. The property will remain homesteaded during the rehabilitation period as well as the 12 months from the date of completion. This rehabilitation grant is not to exceed \$10,000.</p>			

 Print Name

 Date Submitted to CRA

 Signature of Applicant

 Date Approved by CRA Board