



Program Application

Neighborhood Revitalization Program



Department of Community Development - Bureau of Housing

REQUEST FOR SERVICES

(Please check one)

Façade Improvements

- Paint Your Heart Out Shreveport
- World Changers

You must be at least 62 years old and/or disabled to apply and qualify for these programs.

PROPERTY INFORMATION (MUST BE WITHIN CITY LIMITS)

Property Address Zip Code Council District

APPLICANT(S) INFORMATION

Applicants Name Date of Birth Age

SOCIAL SECURITY NUMBER ANNUAL HOUSEHOLD INCOME

Married Separated Unmarried

ADDRESS ZIP CODE

EMPLOYER No. of Years

HM. Phone Cell Phone Work Phone

Co-Applicant Name Date of Birth Age

Social Security Number ANNUAL HOUSEHOLD INCOME

Married Separated Unmarried

ADDRESS ZIP CODE

EMPLOYER No. of Years

HM. Phone Cell Phone Work Phone

Total Number of People Living in Residence EACH HOUSEHOLD MEMBER MUST BE LISTED ON THE REVERSE SIDE

REQUIRED APPLICATION ATTACHMENTS

YOUR APPLICATION IS NOT COMPLETE UNLESS ALL OF THE ATTACHED INFORMATION IS SUBMITTED AT THE TIME OF APPLYING TO THE PROGRAM

PLEASE INCLUDE:

- Copy of the Deed to Your Property
- Recent Mortgage Statement (if Applicable)
- Current copy of Homeowners Insurance Policy
- Additional income award letter: *Social Security/Disability*
- Three Current Pay check Stubs
- Current Checking / Saving Account Statements
- Current Paid City Tax Receipt
- Current Homestead Exemption Receipt

Mortgage Payment Mortgage Balance Mortgage Company

REQUIRED APPLICATION ATTACHMENTS

Name	Age	Income	Name	Age	Income

STATISTICAL DATA:

APPLICANT Male Female

Ethnicity (select one) Hispanic or Latino Non -Hispanic

Race (select one)

Black or African American
 White
 Asian

Native Hawaiian or Pacific Islander
 American Indian or Alaskan Native
 Asian & White

Black / African American / White
 American Indian or Alaskan Native, & Black American
 Asian & Black

American Indian or Alaskan Native, & White
 Middle Eastern - Arab / Indian / Mixed
 Other Multi-Racial

CO-APPLICANT Male Female

Ethnicity (select one) Hispanic or Latino Non -Hispanic

Race (select one)

Black or African American
 White
 Asian

Native Hawaiian or Pacific Islander
 American Indian or Alaskan Native
 Asian & White

Black / African American / White
 American Indian or Alaskan Native, & Black American
 Asian & Black

American Indian or Alaskan Native, & White
 Middle Eastern - Arab / Indian / Mixed
 Other Multi-Racial

Applicants further acknowledge that they have read and understand the following:

18 UNITED STATE CODE SECTION 1010 AND 1014
WARNING: Section 1010 of Title 18 U.S.C. applicable to Federal Housing Administration TRANSACTIONS PROVIDES IN PART): "Whoever, for the purpose of influencing in any way the actions of [the Federal Housing Administration] makes, passes, utters, or publishes any statement, knowing the same to be false... or loan... shall be fined not more than \$5,000.00 or imprisoned not more than two years, or both"

"Whoever, knowingly makes any false statement or report.. for the purpose of influencing in any way the Actions of... any institution the accounts of which are insured by the Federal Saving and Loan Insurance Corporation... any member of the Federal Home Loan Bank System, the Federal Deposit Insurance Corporation, the Federal Saving and Loan Insurance Corporation.. upon any application.. or loan.. shall be fined not more than \$1,000,000.00 or imprisoned not more than thirty years , or both."

I realize this is on a preliminary Request for Service and does not constitute a guarantee that service will be provided or a grant will be approved, I understand my Request for Service will be processed on a first come first serve basis, depending upon available funds.

City of Shreveport

Signature of Primary Applicant _____

Date: _____



Signature of Primary Applicant _____

Date: _____

CITY OF SHREVEPORT



NEIGHBORHOOD REVITALIZATION PROGRAM

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern

I/We hereby authorize you to release to the City of Shreveport, for verification or re-verification (quality control) purposes, information necessary to process my/our request for service. This information includes, but is not limited to, my/our past and present employment status, my/our bank accounts, my/our past and present consumer credit record, and my/our past and present mortgage and/or rent record.

The information furnished to the City of Shreveport is for their confidential use in processing my/our mortgage loan/grant request for service.

Your prompt reply to the City of Shreveport will be appreciated.

Applicant's Signature _____

Date _____

Co-Applicant's Signature _____

Date _____



It is the policy of the City of Shreveport to insure non-discrimination and equal opportunity for all applicants, claimants, participants, employees, sub-recipients, contractors, and beneficiaries of programs and services and/or employment, without regard to race, color, sex, religion, age, national origin, disability, political affiliation or beliefs, as citizens and legal immigrants of the United State, State of Louisiana and the City of Shreveport. We are committed to assuring non-discrimination in policy, programs and public engagements at all times.

PRIVACY NOTICE: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38. USC, Chapter 37 (VA); by 12 USC, Section 1701 et.seq. (HUD/FHA); by 42 USC, Section 1452b (HUD/CPD); and Title 42 USC, 1471 ct. Seq. or 7 USC, 1921 el. seq. (USDA/FHA).

LEAD PAINT ACKNOWLEDGMENT FORM

Date _____

I, the undersigned, do acknowledge the presence or absence of children under the age of six (6) residing in my home, or who stay in my home more than six (6) hours each week, by checking the statement below.



_____ I **DO** have small children residing in or staying in my home.

_____ I **DO NOT** have any small children residing in or staying in my home.

Homeowner _____ Date: _____

CITY OF SHREVEPORT



NEIGHBORHOOD REVITALIZATION PROGRAM

**LEAD PAINT
ACKNOWLEDGMENT**

WATCH OUT FOR LEAD-BASED PAINT POISONING

IF **THIS PROPERTY** WAS CONSTRUCTED BEFORE 1978, THERE IS A POSSIBILITY IT CONTAINS LEAD-BASED PAINT. PLEASE READ THE FOLLOWING INFORMATION CONCERNING LEAD-BASED PAINT POISONING.

SOURCES OF LEAD BASED PAINT POISONING

The interiors of older homes and apartments often have layers of lead-based paint on the walls, ceilings, window sills, door and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lamp posts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, window sills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For Example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands. Put their hands into their mouths. And ingest a dangerous amount of lead.

HAZARDS OF LEAD BASED PAINT POISONING

Lead poisoning is dangerous-especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death:

SYMPTOMS OF LEAD PAINT POISONING

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomach aches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms, does not mean that you should not be concerned if you believe your child had been exposed to lead-based paint.

ADVISABILITY AND AVAILABILITY OF BLOOD LEVEL SCREENING

If you suspect that your child had eaten chips of paint or someone told you this, you should take your child to the doctor or clinic or testing. If the test shows that your child has an elevated blood level, treatment is available. Contact your doctor or local health department for help for more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible, If your child is identified as having an elevated level, you should immediately notify the Department of Community Development or another agency to which you or your landlord is applying for rehabilitating assistance so the necessary steps can be taken to test your unit for lead-based paint hazards, If your unit does have lead-based paint, you may be eligible for assistance to abate that hazard.

PRECAUTIONS TO TAKE TO PREVENT LEAD-BASED PAINT POISONING:

You can avoid lead-based paint poisoning by performing some preventive maintenance. Look at your walls, ceilings, doors, door frames and window sills. Are there places where the paint is peeling, flaking, chipping, or powdering? If so, there are some things you can do immediately to protect your child:

1. Cover all furniture and appliances
2. Dust containing lead can be a health hazard. **DO NOT** vacuum loose paint. Sweep and damp mop.
3. Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trash can. **DO NOT BURN THEM.**
4. Do not leave paint chips on the floor or in window sills. Damp mop floors and window sills in and around the work to remove aU dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important.
5. Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, and then repainted with two (2) coats of non-lead paint. Instead of scraping and repainting, the surface may be covered with other material such as wallboard, gypsum, or paneling.

Beware that when lead-based paint is removed by scraping or sanding, dust is created, which may be hazardous. The dust can enter the body either by breathing it or swallowing it. The use of heater paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time.

Whenever possible, the removal of lead-based paint should take place when there are no children or pregnant women on the premises.

Simply painting over defective lead-based paint surfaces does not eliminate the hazard.

Remember that you, as an adult, play a major role in the prevention of lead poisoning.

Your actions and awareness about the lead problem can make a big difference.

You should immediately notify the management office or the agency through which you are purchasing your home if the unit has flaking, chipping, powdering or peeling paint, water-leaks from plumbing or a defective roof,

You should cooperate with that office's efforts to repair the unit.

I have received a copy of the Notice entitled "Watch Out for Lead-Based Paint Poisoning"

Homeowners Signature _____

Print Full Name _____

Date _____