



City of Klamath Falls
 500 Klamath Avenue
 Klamath Falls, OR 97601
 (541) 883-5316
www.klamathfalls.city

**HOUSING EXTERIOR IMPROVEMENT
 GRANT PROGRAM APPLICATION**

DUE: August 9, 2019

APPLICANT INFORMATION

Name:
Phone:
Referred by:

FOR OFFICE USE ONLY

Application Date:
Approval Date:
Amount:

OWNER OCCUPIED NON-OWNER OCCUPIED MULTI-FAMILY

PROPERTY OWNER INFORMATION

Name:	Years Owned:
Address:	Phone:

Is the property current subject of Code Enforcement Action Yes No

RESPONSIBLE PARTY INFORMATION

Name of Responsible Party:	
Address:	Phone:

PROPOSED IMPROVEMENTS Façade Improvement (paint siding) Exterior Repairs (Includes new windows)

Describe the proposed improvements **include estimated costs*
(Include a detailed description of proposed work, pictures showing the property's current condition, color swatch(s) of any proposed paint colors)

Describe the proposed improvements (continued)
attach additional pages if needed

Estimated Improvement Cost \$ _____

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Total Grant Request: \$ _____

I have read the Housing Improvement Grant Program Guidelines. I understand that if the proposal is approved, I will make the above improvements to the property within one calendar year of approval.

APPLICANT'S SIGNATURE:



DATE:

For Staff use:

Process/Step	Date	Notes
Review of application		
Contact applicant with status of application; grant agreement prepared for signatures		