

HEALTHY NEIGHBORHOODS EXTERIOR RENOVATION GRANT APPLICATION



Applicant Information

Date Application Completed: _____

Name of Real Property Owner: _____

Address of Real Property: _____

Applicant's Phone Number: _____

Applicant's e-mail: _____

Neighborhood Association (if known): _____

City of Canton Ward Number (if known): _____

Are you currently delinquent on taxes or assessments on this property, any others, or associated with an entity which is, within the state of Ohio? Yes No

Are you currently delinquent on any City of Canton utility bills on this property? Yes No

Is this property currently under the burden of foreclosure by any financial institution? Yes No

As a participant in HUD-related programming, Community Building Partnership is required to gather and report certain demographic information of all program participants. This information is summarized and reported in group format, and all personal information is removed.

Gross Household Income

- Less than \$20,850 \$20,850-\$34,749 \$34,750-\$55,599 \$55,600-\$69,950
 Greater Than \$69,950 Choose not to respond

Project Information

Description of Proposed Work (attach additional information if you need more space):

Estimated Construction or improvement cost: \$ _____

Building Permit: Please include a copy of the building permit for the proposed work if applicable.

Date Received: (office use only) _____ Application #: (office use only) _____

Over, Please

Program Agreement

I certify that the above, and any attached information, is true and correct to the best of my knowledge. I certify that I do not owe nor am associated with any entity which owes;

- a. Any delinquent taxes to the State of Ohio or a political subdivision of the State including any delinquent real or tangible personal property taxes including tax for which it is liable under chapters 5733, 5735, 5739, 5741, 5747 or 5753 of the Ohio Revised Code or if such delinquent taxes are owed, it currently is paying the delinquent taxes pursuant to an undertaking enforceable by the State of Ohio or an agent or instrumentality thereof, has filed a petition in bankruptcy under 11 U.S.C.A. 101, et seq. or such a petition has been filed against him. For purposes of this certification, delinquent taxes are taxes that remain unpaid on the latest day prescribed for payment without penalty under the chapter of Revised Code governing payment of those taxes.
- b. Any delinquent monies to the State of Ohio or a State Agency for the administration or enforcement of any environmental laws of the state.
- c. Any indebtedness of any nature to the City of Canton which is delinquent, including but not limited to the payment of any outstanding judgements, liens, grant or loan obligations, utility bills for water, sewer and sanitation services, income taxes (to include mandatory wage withholding) and real estate taxes and assessments for any properties owned by the Property Owner within the City.

Additionally, I hereby release, waive, discharge and covenant not to sue and hold harmless from any and all liability, claims, costs and expenses whatsoever arising out of or related to any loss, damage, or injury that may be sustained to my property through renovations performed by any contractor related to my use of the ERG Program. In addition, any CBP staff and/or authorized CBP representatives will not be held responsible for any loss, damage, or injury that may be sustained to my property.

Additionally, by signing this agreement I acknowledge that the purpose of this grant is to promote revitalization in my neighborhood. I agree to allow Community Building Partnership of Stark County, Inc. to place signage on my property to promote neighborhood improvement for a reasonable duration, as well as allow CBP to share photos, project details, and results for program promotion.

Property Owner's Printed Name: _____

Property Owner's Signature: _____

Application & Eligibility

- a. Eligibility: ERGs are available ONLY to owner-occupant homeowners making **exterior** improvements to their property between \$1,000 - \$20,000 with payment(s) completed after 6/26/2020. Properties must be located within the City of Canton corporation limits. ERGs are provided on a "first eligible, first completed" basis. CBP's ERG registration list will be the official order of grant awards. Grants will be available until funding is depleted, or at the discretion of CBP. Applicants must be current on city taxes and utility payments.
- b. ERGs can only be granted on specific exterior improvements approved by CBP. Specific eligible improvements might include, but are not limited to: exterior painting, siding, roofing, fascia/soffit, gutters/spouting, porch repair, exterior doors/windows, sidewalks/driveways, and approved landscaping projects. Projects must be approved by CBP as part of the application process in order to be eligible. In the event that homeowner completes the work themselves, CBP will calculate rebate based on costs for building material(s) accompanied by a receipt; personal labor is not subject to rebate. Maximum grant amount: \$2,000
- c. Recipients must agree to allow CBP to share photos, project details, and results in CBP promotional material, including social media, as well as place signage on homeowner's property to promote neighborhood improvement. Before and after photo evidence of the project are required as part of the application; CBP ensures that any personal identifying information, such as address numbers, be removed from photos to the best of CBP's ability. If the applicant is unable to provide photos, please contact CBP for assistance.

Please submit along with your completed application: before and after photos where applicable, copy of most recent Canton City Utilities bill, completed IRS Form W-9, and proof of payment for project (receipts or bills of sale) to:

If submitting documents via US Mail:

Community Building Partnership of Stark County Inc,
PO Box 20008
Canton, OH 44701

If submitting documents via email:

mbelliveau@communitybuildingpartnership.org

Date Received: (office use only) _____ Application #: (office use only) _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.