

Galveston Historical Foundation (GHF), with support from the Moody Methodist Permanent Endowment Fund, continues its Paint Pals Program for 2018/2019. Paint Pals offers homeowners a range of assistance options to help apply a protective, exterior coat of paint to their house. Our primary focus is to assist low-income homeowners improve their house by supplying them with everything needed for their paint project.

To qualify, applicants must meet the following minimum requirements:

Applicant Requirements

1. Applicants cannot have received grant funds from GHF in the past ten years.
2. Applicants must provide proof of income for all persons of legal age (18+) who are employed and reside at the property.
3. Applicant must provide proof of ownership with a Homestead Exemption

House Requirements

1. House must be located on Galveston Island and be at least 50 years old.
 2. House cannot have vinyl, tiling, or other materials covering the wood siding.
 3. House must be one floor in height. (Properties with a raised foundation can be inspected by GHF staff to determine eligibility.)
 4. GHF can repair rotted woodwork to the extent our project budget allows.
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Completed forms should be mailed to or dropped off at:

Galveston Historical Foundation
Attn: Laura Camayd
2228 Broadway
Galveston, TX 77550

HOW PROJECTS ARE REVIEWED

1. GHF takes Paint Pals applications throughout the calendar year.
2. Upon receiving an application, GHF Staff will determine program eligibility. This will include a visit to the property for pictures and evaluations.
3. Eligible applications are reviewed by GHF senior staff with the GHF Paint Pals evaluation group.
4. All applicants are notified by GHF Staff as to whether they are approved for the program. Non-approved applicants have the chance for future program considerations.
5. Additional documentation may be requested to verify eligibility (including but not limited to tax returns and bank documents).
6. Once approved, GHF Staff will work directly with the applicant for scheduling and program logistics.

Please see following chart on how applicants are considered.

Low and Very Low Income applicants will receive first consideration over all others.

3 TIERS OF ASSISTANCE

(Ranked from most important/preferred to least)

INCOME RANGE	PROGRAM SUPPLIES/OWNER SUPPLIES
Low-Very Low Income <i>(see table below)</i>	Program provides ALL total costs/
	Owner recruits 5 volunteers for painting day
Moderate Income <i>(see table below)</i>	Program provides ALL total costs/
	Owner recruits 5 volunteers, and \$200 buy-in
Open Income <i>(Income limits at GHF discretion)</i>	Program supplies 50% of total costs/
	Owner supplies 50% of total costs, recruits 5 volunteers

HUD CDBG INCOME LIMITS, EFFECTIVE 05-01-15 *(limits may change for fiscal year 2016)*

These limits are for **ALL INCOME EARNERS** in the household.

Line 1 # Family Members	1	2	3	4	5	6	7	8
Very Low Income <i>(30% of median)</i>	\$23,200	\$26,500	\$29,800	\$33,100	\$35,750	\$38,400	\$41,050	\$43,700
Low Income <i>(50% of median)</i>	\$27,840	\$31,800	\$35,760	\$39,720	\$42,900	\$46,080	\$49,260	\$52,400
Moderate Income <i>(80% of median)</i>	\$37,350	\$42,650	\$48,000	\$53,300	\$57,600	\$61,850	\$66,100	\$70,400

The Median Income for Galveston County in Fiscal Year 2014 is \$66,600

Date of Application _____

1. CONTACT INFORMATION	
Primary Applicant's Name (Last, First, MI)	Co-Applicant's Name - if applicable (Last, First, MI)
Home Phone _____ Work Phone _____	Work Phone _____ Cell Phone _____
Cell Phone _____ Email _____	Email _____
Address _____	
City _____ County _____ Zip Code _____	

2. APPLICANT(S) INFORMATION							
Primary Applicant Info			Co-Applicant Info				
Social Security #	Date of Birth	Age	Social Security #	Date of Birth	Age		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including divorced, widowed)			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Including divorced, widowed)				
Dependents			Dependents				
Name	Age	Male	Female	Name	Age	Male	Female
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Does the primary applicant and/or co-applicant have a disability that limits them making home repairs? YES <input type="checkbox"/> NO <input type="checkbox"/>							

3. PROPERTY INFORMATION	
Do you own your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you still making payments on the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your mortgage payment? \$ _____/monthly
Is any portion(s) of the house used for rental?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you more than 30 days behind on your mortgage payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you current on your property tax payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have homeowner's insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. EMPLOYMENT & INCOME INFORMATION			
Primary Applicant		Co-Applicant - if applicable	
Name of Current Employer		Name of Current Employer	
Employer Address (City, St)		Employer Address (City, St)	
Phone: _____	Years on Job: _____	Phone: _____	Years on Job: _____
Annual (Gross) income from employer : \$ _____		Annual (Gross) income from employer : \$ _____	
Annual income from other sources (if applicable):		Annual income from other sources (if applicable):	
Social Security _____	_____	Social Security _____	_____
Veteran's Benefits _____	_____	Veteran's Benefits _____	_____
Retirement Pension _____	_____	Retirement Pension _____	_____
Other Household Income _____	_____	Other Household Income _____	_____
Total Household Income (Applicant & Co-Applicant Combined) \$ _____			

5. APPLICATION HISTORY			
Have you applied to a Galveston Historical Foundation program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			
Has Galveston Historical Foundation done work at your home in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			

I hereby certify that the information on this application is accurate; that the statements made are correct to the best of my knowledge; and that I will become ineligible for intentionally falsifying any information on this form.

I understand the agreements for qualifying for this program, including the following:

- I own and reside in the property at the address given on this application;
- I have no present intention or plans of selling my house within the next 3 years;
- My house is located on Galveston Island and is at least 50 years old;
- I have not received grant funds from GHF in the past 10 years;
- Any physically able person(s) residing in my home or visiting for the project day will work alongside the GHF volunteers.

I understand that Paint Pals works in participation with unpaid volunteers; that the volunteers are not skilled professionals or trained in the building trades; and that GHF will not warranty any materials used or work done on my house. I hereby release GHF, volunteers, and all other parties (explicit or implied) from any and all liability.

Primary Applicant Name (Printed) _____

Primary Applicant Signature _____

Date _____

Questions or concerns can be directed to Laura Camayd at:

409-765-3411 or laura.camayd@galvestonhistory.org