



2022 PAINT PALS APPLICATION

Department of Preservation Services

Dear Applicant:

Galveston Historical Foundation (GHF), with support from the Moody Methodist Permanent Endowment Fund, continues its Paint Pals Program. Paint Pals offers homeowners assistance 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 will be inspected by GHF staff to determine eligibility.
4. GHF can repair rotted wood to the extent our project budget allows. Properties with rotted wood will be inspected by GHF staff to determine eligibility.
5. House and property must not be for sale, in foreclosure, or have legal liens, pending or otherwise.

Completed forms should be mailed to or dropped off at:

Galveston Historical Foundation
Attn: Laura Bourgeois
2002 Strand
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.

HUD CDBG INCOME LIMITS, EFFECTIVE June 15, 2022 *(limits may change for fiscal year 2023)*

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

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
0-30% Extremely Low	\$18,650	\$21,300	\$23,950	\$26,600	\$28,750	\$30,900	\$33,000	\$35,150
31% - 50% Very Low	\$31,050	\$35,450	\$39,900	\$44,300	\$47,850	\$51,400	\$54,950	\$58,500
51% - 60% Low Income	\$37,260	\$42,540	\$47,880	\$53,160	\$57,420	\$61,680	\$65,940	\$70,200
61% - 80% Mod Income	\$49,600	\$56,700	\$63,800	\$70,850	\$76,550	\$82,200	\$87,900	\$93,550
81% - 100% NOT ELIGIBLE	\$49,601 or higher	\$56,701 or higher	\$63,801 or higher	\$70,851 or higher	\$76,551 or higher	\$82,201 or higher	\$87,901 or higher	\$93,551 or higher

Date of Application _____

1. CONTACT INFORMATION

Primary Applicant's Name : _____	Co-Applicant's Name - <i>if applicable</i> _____
Phone _____ Email _____	Phone _____ Email _____
Address _____	
City _____ County _____ Zip Code _____	

2. APPLICANT(S) INFORMATION

Primary Applicant Info	Co-Applicant Info																								
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 <table><thead><tr><th>Name</th><th>Age</th></tr></thead><tbody><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></tbody></table>	Name	Age	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Dependents <table><thead><tr><th>Name</th><th>Age</th></tr></thead><tbody><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></tbody></table>	Name	Age	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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Does the primary applicant and/or co-applicant have a disability that limits making home repairs? YES <input type="checkbox"/> NO <input type="checkbox"/>																									

3. PROPERTY INFORMATION

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

Are you current on your property tax payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently have homeowner's insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 has not been foreclosed on.
- My property taxes are current.
- 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 parities (explicit or implied) from any and all liability.

Primary Applicant Name (Printed) _____

Primary Applicant Signature _____

Date _____

Questions or concerns can be directed to Laura Bourgeois at:

409-765-3429 or laura.bourgeois@galvestonhistory.org