

## Application for Paul Bruhn PACE Grant Program

Purpose: Application is hereby made to request funding from the Paul Bruhn PACE Program. This application must be filed <u>prior</u> to work beginning on a property located within the City of Madison's historic district. This application does not replace the need for approval from the HDBR.

	INT INFORMATION		
Property Owner/Ap	oplicant Name:		
Mailing Street Addr	ress:		
City:		State:	Zip:
Phone (Preferred):		Phone (Alternate):	
Email:			
CO-APPLICANT			
Co-Applicant Name	2		
Mailing Street Addr	ress:		
City:		State:	Zip:
Phone (Preferred):		Phone (Alternate):	
Email:			
DEPENDENTS			
NAME	SEX	AGE UNDER 18 (Y/N)	RELATIONSHIP
		dditional pages are attached.	



### **PART B - DESCRIPTION OF THE PROJECT**

Please provide a description of construction-related activities and list all major tasks necessary to complete the project.

Additional pages are attached.

#### **PART C – FINANCIAL INFORMATION**

Please complete the following tables.

Is this your primary place of residence?	Yes	No
Do you own the business and building?	Yes	No
Are you current with your property taxes?	Yes	No
Is your property insurance in force and paid in full?	Yes	No
Do you have a mortgage?	Yes	No
If so, are you current with your payments?	Yes	No



#### **HOUSEHOLD MEMBERS**

NAME	WAGES/SALARY	BENEFITS/PENSIONS	CHILD SUPPORT	OTHER INCOME
Additional pages are attached.				

Additional pages are attached.

#### APPLICANT'S EMPLOYMENT INFORMATION

Employer:	Phone Number:				
Mailing Street Address:					
City:	State:	Zip:			
CO-APPLICANT'S EMPLOYMENT INFORMATION					
Employer:	Phone Number:				
Mailing Street Address:					
City:	State:	Zip:			

#### A Paul Bruhn PACE grant application must include the following documents:

- Photographs of existing conditions of Property
- □ Project Plans (required if altering footprint or openings)
- □ Certificate of Appropriateness (COA) (If applicable)
- □ Proof of Property Insurance
- □ Proof of Ownership (Deed)
- □ Completed Verification of Employment Form
- □ Income Certification Form



#### Applicant must read and initial the following:

\_\_\_\_\_ I understand that the grant funds must be used only for the project described in this application. The work must be completed within twelve (12) months of the date that the grant is awarded. If a project is not completed the recipient(s) may request an extension to the City of Madison Board of Works and Safety.

\_\_\_\_\_ I understand that I must receive all required permits from the Office of Planning, Preservation, and Design and from the State of Indiana prior to beginning work on my project or I will forfeit any awarded grant monies.

\_\_\_\_\_ I understand that a failure to complete any project may result in the City of Madison placing a lien on the property in order to recover grant monies in the amount of monies received by Recipient(s).

\_\_\_\_\_ I understand that if awarded, I will be required to sign a 5-year preservation agreement that meets the minimum federal preservation requirements set by the National Park Service.

\_\_\_\_\_ I understand that all property taxes must be current and that there cannot be any current tax liens against the property or current litigation between the City of Madison and the applicant. I understand that if one of these is not true, my application will not be considered for funds.

# I certify that I have read the P.A.C.E. Program Guidelines and that all required documents are included in my final application packet.

Applicant(s) Signature		Date			
Documenta	tion Review	GRAN	T INFORMATION		
🗆 Con	nplete application				
🗆 Pho	tographs of Property		Rehabilitation Grant		Dilapidated Structures Grant
🗆 Pro	iect Plans (If required)				
	A application filed (If applicable)	Amount of Grant Requested (completed by Office):			
D Pro	of of Property Insurance				
D Pro	of of Ownership (Deed)				
🗆 Con	npleted Verification of Employment				
For	n				
	ome Certification Form				