



January 2009

Dear Paint The Town™ Candidate:

Neighborhood Housing Services (NHS) is proud to present the 27th annual Paint The Town™ taking place on **Saturday, June 13**. Thousands of volunteers from throughout the Treasure Valley will join together to benefit senior and/or disabled homeowners. Approximately 90 homes will be revitalized this year, at no cost to the recipients.

To be eligible for Paint The Town™, you must:

- Be at least 60 years of age or disabled, **and**
- Own and live in the home you wish to have painted, **and**
- Be unable to afford a commercial paint job, **and**
- Your home must be in need of paint.

If you meet these requirements and would like to have your home considered for painting, please complete and return the enclosed application (two-sided) to determine if you are eligible.

Incomplete applications will not be considered.

The application deadline is Friday, April 10 by 5:00 p.m. Please use the enclosed return envelope or send applications to:

**NHS
P.O. Box 8223
Boise, ID 83707
Fax: 343-4963**

If you have questions, please call Tanya at **(208) 343-4065**. After we receive your application, we may visit your home to assess need and eligibility. We look forward to meeting you!

With Appreciation,

A handwritten signature in cursive script, appearing to read 'Hildegard Ayer'.

Hildegard Ayer
Paint The Town™ Co-Chair

A handwritten signature in cursive script, appearing to read 'Sharron Jarvis'.

Sharron Jarvis
Paint The Town™ Co-Chair

A handwritten signature in cursive script, appearing to read 'Angeli Weller'.

Angeli Weller
Paint The Town™ Co-Chair

*NHS is a local non-profit partnership with a mission to promote community pride through increased housing opportunities and neighborhood revitalization. Since 1983, NHS has coordinated **Paint The Town™** as a highly successful community project dedicated to preserving and protecting the vitality of the homes and lives of Treasure Valley's senior/disabled homeowners.*



2009 CANDIDATE APPLICATION

Application Deadline: Friday, April 10

Program Qualifications

Candidates must meet all of the following:

- Be at least 60 years of age or disabled, **and**
- Own and live in the home you wish to have painted, **and**
- Be unable to afford a commercial paint job, **and**
- Your home must be in need of paint.

OFFICE USE ONLY

Date of Application

Homeowner

Spouse

Address

City

Zip Code

Nearest Cross Street(s)

Telephone Number

Homeowner Birth Date

Age

Spouse Birth Date

Age

Financial Information on a Monthly Basis (must be completed):

Social Security Income \$ _____

Retirement Benefits \$ _____

Rental Income \$ _____

Investment Income \$ _____

Other Income \$ _____

Other Assets (Type) \$ _____

Total Monthly Income \$ _____

House Payments \$ _____

Other Major Expenses \$ _____

_____ \$ _____

_____ \$ _____

Total Monthly Expenses \$ _____

If you are under 60 years of age, do you have a disability? Yes No

Where did you hear about the program? TV Radio Friend Newspaper

Agency (Agency Name): _____

Other (Please Specify): _____

My home is: One Story One & ½ Stories Two Story
 Stucco Wood Frame Siding Brick
 Mobile Home Single Family Home Other (Please explain) _____

Painting needs: Entire House Trim Only Fencing Garage
Other (Please Specify): _____

Are your home's worst paint problems visible from the street? Yes No
If not, where are they? Front Rear Side Other: _____

Additional minor repairs or yard work needed before painting: _____

PLEASE NOTE: Volunteers can only make minor repairs. Specific repairs to be made will be determined by NHS & your team.

IF YOUR HOUSE IS SELECTED:

- Someone must be present on the day of painting
- There will be pre-painting prep work done to your house prior to the paint day

Will restroom facilities be available for volunteers? Yes No
(If no, please explain) _____

I agree that pictures of my house may be taken for publicity purposes. Yes No

Did you apply to have your home painted by Paint The Town™ in 2008? Yes No

Have you previously had your home painted by Paint The Town™? Yes No

If you have adult children or other family members that might like to help with your project, please give us their names, addresses and phone numbers. *Our volunteers appreciate help from able family members!*

TO THE BEST OF MY KNOWLEDGE, THIS INFORMATION IS CORRECT. I UNDERSTAND THAT SUPERVISED VOLUNTEERS ARE PAINTING MY HOME, AND I WILL NOT HOLD THE SPONSORING AGENCIES OR THE VOLUNTEERS LIABLE FOR DAMAGES. I FURTHER STATE THAT TO THE BEST OF MY KNOWLEDGE, I (WE) WILL BE LIVING IN THIS HOME FOR SEVERAL MORE YEARS AND HAVE NO IMMEDIATE PLANS TO SELL IT.

Homeowner

Spouse

MAIL APPLICATIONS TO:
Neighborhood Housing Services
P.O. Box 8223
Boise, ID 83707

OR FAX TO:
(208) 343-4963