



# Legacy Housing Rehabilitation Program



Purpose: We are paying homage to the seniors in the Northwest Neighborhood by doing exterior improvements to their homes. These improvements include repairs or replacements of the roof and painting the outside of the home.

**Qualifications:**

- At least 60 years old
- Home owner
- Currently lives in the home
- Live in the Northwest Neighborhood

Note: Homes located outside of the Northwest neighborhood may be considered on a case by case bases and if funding is available.

**Northwest Neighborhood Map**



Other considerations (along with qualification)

- Income
- Physically disabled
- Veteran
- Resident for at least 10 years
- Home is a single family unit
- Head of household with dependents under 18

**Included in the rehabilitation:**

- Permits
- Demolition
- Dumpster and Port-o-Let fees
- Replace decking, as needed per spec
- Replace sub-fascia per spec
- Replace ridge vents per spec
- Install architectural shingles per spec
- Install vented vinyl soffit system



- Pressure wash and paint the structure exterior per spec
- Other property services provided by volunteers

**Documents Needed:**

Copies of the following documents are required to be submitted with your application.

- **Proof of Identification**
  - State issued picture ID or passport
  - Marriage Certification if you're married and have different last name.
- **Warranty Deed**
- **Most recent mortgage statement.**
- **Proof of dependents under the 18**
  - Picture ID
  - W2 (tax return)
- **Proof of income**
  - Pay Stub
  - W2 (tax return)
- **Social Security Disability documents**
- **For Veterans**
  - DD-214

**Note: Eligible properties have to meet Code Compliance Standards. Proof of income is required for eligibility. This is a limited funded program.**

**For more information or if you are interested in applying please contact:**

**CRA Project Manager, Darrell Starling 863-678-4182 Ext 252 or [dstarling@lakewalesfl.gov](mailto:dstarling@lakewalesfl.gov)**

**Or mail application to 201 W. Central Ave, FL 33853.**

## **PARTNERS**



**KEYSTONE**





# Legacy Housing Rehabilitation Program Application

Date of Application	
---------------------	--

## CONTACT INFORMATION

1. Name:		Date of Birth:
2. Email:		
3. Mailing Address:		
4. Cell Phone:		
5. Annual Income:		

## PROJECT INFORMATION

6. Project Address:	Square Feet of Project Location:
7. Do you rent or own the project location? <input type="checkbox"/> Own <input type="checkbox"/> Rent	
8. Proposed Improvements/ Assistance needed: (select all that apply)	<input type="checkbox"/> Roof <input type="checkbox"/> Paint <input type="checkbox"/> Other: _____



## CERTIFICATION

**Please read the section below carefully. After you have read the program guidelines for the requested funding assistance program, sign the form below and submit your completed application to the Development Services office.**

*I understand that this application is not a guarantee of assistance. Should my application be approved, I understand that I am committing to completing the project.*

*I understand that because Florida has a very broad public records law, some or all of the information contained within this application may be subject to public disclosure in accordance with state statutes.*

*I have read the program guidelines in their entirety and by signing below accept the terms of the program. I understand that if this application is incomplete, contains false information or is not accompanied by the necessary documents, it will not be processed.*

<b>Applicant's Signature</b>	<b>Date</b>
<b>Printed Name</b>	<b>Title</b>

FOR OFFICE USE ONLY		
<b>RECEIVED BY:</b>	<b>DATE:</b>	
<input type="checkbox"/> COMPLETE	<input type="checkbox"/> INCOMPLETE	<input type="checkbox"/> PACKET ATTACHED