

Neighborhood Beautification

Neighborhood Beautification falls within the Home Repair program, however, does not require repayment for the repairs nor sweat equity on the part of the Homeowner or their household members.

Neighborhood Beautification projects include exterior painting of home, shed, and decks; minor landscaping tasks, junk removal from yard, and mowing for Homeowners not physically able to mow or who don't have access to a lawn mower.

The process starts with a submitted application. If you qualify, we will schedule a home assessment with you to discuss requested beautification projects and obtain measurements for materials. Final approval is contingent upon the household income falling within the required limit and the home being owner-occupied.

2024 Home Repair Income Limits

Family income is below 80% of the Area Median Income (AMI)

PENNINGTON COUNTY Median Income: \$86,800 # in family 1 2 3 4 5 6 7 8 80% \$50,350 \$57,550 \$64,750 \$71,900 \$77,700 \$83,450 \$89,200 \$94,950



Black Hills Area Habitat for Humanity 610 E. Omaha Street | Rapid City, SD 57701 (605) 348-9196 | www.blackhillshabitat.org

Application Neighborhood Beautification



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Dear Applicant: Black Hills Area Habitat for Humanity Inc. offers Neighborhood Beautification assistance to eligible applicants. Please fill out the application as completely and accurately as possible and submit the supporting documents listed in section 6.

1. APPLICANT INFORMATION					
Applicant		Co-Applicant			
Applicant's Legal Name		Co-Applicant's Legal Name			
Social Security Number	Birthdate	Social Security Number	Birthdate		
Gender	Cell Phone ()	Gender	Cell Phone ()		
Home Phone ()	Work Phone ()	Home Phone ()	Work Phone ()		
Email address		Email address			
Address (Street, City, State, Zi	p code)				

EHOLD RESIDENT INFORM	ATION		
Relationship to	Birthdate	Veteran	Disabled
Applicant	mm/dd/yyyy	Y/N	Y/N
	<u></u>		
	Relationship to		Relationship to Birthdate Veteran

Revised: 4-22-2024

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Do you	own your home? ☐ Yes ☐ No Please specify if yo	ME CON	COLUMN TO SERVICE STATE OF THE PARTY OF THE	The state of the s	nome or stick built	homo
					home built or mar	
	indicate Neighborhood Beautification desired.	villat yea		, you.	nome same or mar	Tuructur cu.
	Exterior Painting – Home		Junk	Remo	val	
	Exterior Painting – Shed		Lands	scapin	g	
	Exterior Painting – Deck/Stairs					meowners who are not not possess a lawnmower)
	4.	INCON	ΛE			
		INCON	IE		Co Anni	
Source:	Applicant Wages Benefits Child Support/Alimony	Sou	rce:	Wage	Co-Appl s Benefits	Child Support/Alimony
Jource.	Same Support, Aminon,	300	irce.	***ubc	3 Deficites	crina Support/Aiimony
	Monthly Gross Income \$			Mont \$	hly Gross Income	
				VEAL OF		CHORES CONTRACTOR OF THE CONTR
		NAL ST	the state of the last of the l			
Please v	vrite a brief explanation of how the beautification work	will positi	vely i	трас	t you & your neigh	borhood.
	6. APPLI	CATION	CHE	CKLIS	ST	
processi	nclude <u>ALL</u> of the following documents with your appli ng of your application & may result in denial based on					g information will slow the
⊒ Proof (of Household Income:					
□М	ost recent tax return					
□ Di	sability/Social Security/SSI income Benefit Letter					
□ Ch	nild Support/Alimony					
□ Ar	ny other income documentation, such as bank stateme	nts				
☐ Copy o	of Homeowner's Deed or Title					
☐ Copy o	of Homeowners Insurance (Declaration Page)					
	nd date application. Applications will be considered inc		·		İ	

☐ Copies of Identification:		
☐ Copy of a government issued photo ID showing name, address and date of birth		
☐ Copy of a government issued identification number, such	as a Social Socurity card	
Copy of a government issued identification number, such	as a social security card	
6. HOMEOW	NER'S AGREEMENT	
I certify that the information on this application, to the best of my know		
the next 2 years.		
	/ /	
Applicant Signature	Date	
Co - Applicant Signature	Date	
7. DEMOGRAPHIC IN	FORMATION (OPTIONAL)	
Applicant	Co-applicant Co-applicant	
\Box I do not wish to furnish this information	☐I do not wish to furnish this information	
	and not wish to furnish this information	
Race (applicant may select more than one racial designation)	Race (applicant may select more than one racial designation)	
American Indian or Alaskan Native	American Indian or Alaskan Native	
 □ Native Hawaiian or Other Pacific Islander □ Black/African-American 	Native Hawaiian or Other Pacific Islander	
□ White	☐ Black/African-American ☐ White	
☐ Asian	Asian	
	L Asiali	
Ethnicity:	Ethnicity:	
☐ Hispanic or Latino ☐ Non-Hispanic or Latino	☐ Hispanic or Latino ☐ Non-Hispanic or Latino	
Sex:	Sex:	
☐ Female ☐ Male	☐ Female ☐ Male	
	Tende L Male	
Birthdate: / /	Birthdate: / /	
Marital Status	Marital Status	
Married	☐ Married	
Separated	Separated	
☐ Unmarried (includes single, divorce, widowed)	Unmarried (includes single, divorce, widowed)	
Veteran Status:	Veteran Status:	
☐ Active ☐ Discharged ☐ Guard/Reserve ☐ Retired	☐ Active ☐ Discharged ☐ Guard/Reserve ☐ Retired	
Branch:	Branch:	
Final Rank:	Final Rank:	
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USE OF INFORMATION DISCLOSURE AND OPTIONS

Black Hills Area Habitat for Humanity Inc. (BHAHFH) is interested in collecting applicant information for the purpose of conducting a long term study regarding the benefits of homeownership. The study will be conducted by Hamilton Data Group. BHAHFH wishes to use the data trends revealed by the study for grant purposes, which will allow us to increase our capacity to provide affordable homeownership, and to impact public policy regarding affordable homeownership.

Information collected and utilized includes:

- Your name
- Your age or date of birth and those of your household members
- Your household members, including minor children
- Your address
- Your professional or employment-related information
- Your educational information
- Your veteran status
- Information which can be gained from social media, public records, or other search engines based on your name, address, employment, veteran status, and education.

You have a choice to allow BHAHFH to use your information in the above stated manner **OR** to opt out of your information being used in the above stated manner. Please select your choice below:

Yes , I give my permission for BHAHFH to use the above information for the purpose of conducting a long term study.
No, I would like to OPT OUT of my above information being used for the purpose of conducting a long term study.

*Please note your information may be used (depending on your response above) whether your application is approved OR denied.

Your response above will have **NO** bearing on whether your application is approved or denied. Your status as a BHAHFH Partner Family is based **SOLEY** on your **financial eligibility**.

Your information will **NOT** be sold or given to any advertisers or marketing companies. It will be provided only to Hamilton Data Group for the purpose of the study.

Date:
Printed Name of Applicant:
Signature of Applicant:
Printed Name of Co-Applicant:
Signature of Co-Applicant:

If you have any questions regarding this Disclosure, please contact the Homeowner Services Administrator at (605) 348-9196.