

Paint Creston Beautification Application
(Home must be owner-occupied and
located in Creston to qualify)

DATE: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: Creston, IA 50801

PHONE: _____

EMAIL: _____

How many people live in the home? Adults _____ **Children (18 and younger)** _____

What range is your household income? _____ **\$0-\$20,000** _____ **\$20,000-\$40,000** _____ **\$40,000-\$55,00** _____ **\$55,000- \$70,000**
_____ **over \$70,000**

How many years have you owned your home? _____

If your home is selected do you have the ability and/or resources to paint your home within the time frame (by October11, 2019)? _____

If your home is selected, will you be able to maintain the appearance? _____

Why are you applying: _____

Homeowners Signature: _____ **Date:** _____

If selected all work must be completed by October 11, 2019.

If work is not completed the homeowner will reimburse the Creston Chamber of Commerce for the full retail price of the paint.

Return completed application to the Creston Chamber of Commerce by **May 2, 2019**

