



Residential Revitalization Grant Application

Address of property: _____

Owner(s) of property: _____

Owner mailing address: _____

Phone number: _____ Email: _____

County Tract Description: _____

Current county assessed value: \$ _____

Is this property currently:

- | | |
|-------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Occupied by owner all year | <input type="checkbox"/> Vacant, or not used as a residence |
| <input type="checkbox"/> Occupied by owner part of the year | <input type="checkbox"/> Occupied by renter |

Describe the revitalization of the property. Explain what will be done with the property following revitalization and how this work will increase the appraised property value.

What is the expected date of completion for revitalization? _____

Projected valuation of the property after the project is completed: \$ _____

Name of all contractors or individuals doing the work, including mailing address, email, and phone number:

Describe how liability issues will be handled, if necessary:

Project Budget:

Materials & supplies	
Equipment	
Labor	
Other (please specify):	
Total:	

Grant amount requested: \$ _____

Owner(s) Signature(s): _____

Printed Name(s): _____

Date: _____

For SCED Office Use Only

____ Completed application

____ Property tax receipt

Received: _____

____ Inspection Date: _____

____ Before photos

____ Bid(s)