



**APPLICATION PERIOD: MARCH 28 THROUGH APRIL 22, 2022**  
*Only 100 Qualified Applications will be Accepted.*

**Program Background:** Project Shine is a housing rehabilitation program through the City of Huntington Development Department designed to provide assistance at no cost to the homeowner.

*You may be eligible to apply if you meet the following requirements:*

- ✓ **Your home is located within the Huntington city limits**
- ✓ **You are the owner and live in your home**
- ✓ **Your mortgage payment, taxes, municipal and refuse fees are current.**  
*Applicants must be in good financial standing with the City to be considered for Project SHINE (See last page of SHINE application on Municipal Fees)*
- ✓ **You meet specific income eligibility limits**

---

**Instructions:**



**STEP 1**

Please complete the attached application. Make sure to sign and date on page 4.



**STEP 2**

Please provide the following documentation:

Income verification for ANY household member who receives any yearly income. Income Verification means you must provide copies of the last three (3) months of consecutive check stubs/documentation for **EACH** household member who is working or receives any income such as a paycheck, self employment income, SSI, Social Security, retirement pensions, Workers Compensation, child support, housing voucher, nutrition assistance, interest on savings, rent from property owned, etc.

**OR** a signed copy of your most recent Federal Income Tax return for **ALL** members of the household who must file.

Copy of your Certificate of Insurance (property/fire). We may also request a copy of your deed if deemed necessary to verify ownership.



**STEP 3**

Submit the **completed application and all documentation** to the City of Huntington, Development Department, PO Box 1659, Huntington, WV 25717

**OR** email to [projectshine@huntingtonwv.gov](mailto:projectshine@huntingtonwv.gov). For assistance, please call the City of Huntington at (304) 696-4418 or email [projectshine@huntingtonwv.gov](mailto:projectshine@huntingtonwv.gov).



## GENERAL INFORMATION

NAME		DATE	
ADDRESS			
CITY		STATE	ZIP
PRIMARY PHONE/CELL PHONE		E-MAIL ADDRESS	
Have you received home renovations as part of a City sponsored program? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DATE AND THE DESCRIPTION OF WORK: _____ _____			
Are you willing to let the City share this application with other home repair agencies? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## INCOME INFORMATION

### 2020-21 HUD INCOME LIMITS HUNTINGTON-ASHLAND, WV-KY-OH HUD METRO FMR

HOUSEHOLD SIZE	1	2	3	4	5	6	7	8
MAXIMUM HOUSEHOLD INCOME	\$34750	\$39700	\$44650	\$49600	\$53600	\$ 57550	\$61550	\$65500

**INSTRUCTIONS:**

Please mark the selection that best describes the number in your family and the income for all family members.

NUMBER IN YOUR HOUSEHOLD:  1  2  3  4  5  6  7  8

**TOTAL HOUSEHOLD INCOME:** \$ \_\_\_\_\_ **PER MONTH.** (Include all sources of income, including Social Security, SSI, alimony, and other benefits.)

## HOUSEHOLD MEMBERS

**INSTRUCTIONS:**

Please list everyone who lives in your home and provide the requested information in each column.

	HOUSEHOLD MEMBER NAME	BIRTH YEAR	GENDER	PERSON W/ A DISABILITY?	VETERAN?
1			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
7			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
8			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

## EQUAL OPPORTUNITY REPORT FORM

The City of Huntington does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. *The following information is being requested to satisfy equal opportunity in housing.*

INSTRUCTIONS:

PLEASE MARK CATEGORIES THAT BEST DESCRIBES EACH HOUSEHOLD MEMBER.

RACIAL CATEGORIES	TOTAL NUMBER OF RACE RESPONSES	TOTAL NUMBER OF HISPANIC OR LATINO RESPONSES
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native and White		
Black or African American and White		
American Indian or Alaska Native and Black or African American		
Asian and White		
Other multi racial		
<b>Total:</b>		

## PROPERTY INFORMATION

INSTRUCTIONS:

PLEASE PROVIDE INFORMATION ABOUT YOUR PROPERTY BELOW.

WHAT YEAR WAS THE HOME BUILT?		HOW LONG HAVE YOU LIVED IN THIS HOME?	
SQUARE FOOTAGE OF HOME	NUMBER OF BEDROOMS	NUMBER OF BATHROOMS	NUMBER OF FLOORS
Do you own the home? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you own the land? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have homeowner's insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is there a basement? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your home have electricity? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does your home have running water? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has your home recently been damaged by any of the following? <input type="checkbox"/> FIRE <input type="checkbox"/> FLOOD <input type="checkbox"/> STORM			
Could our workers use your restroom, electric and water during work? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## EXTERIOR REPAIRS REQUESTED

**INSTRUCTIONS:**

PLEASE MARK WHICH ITEM(S) IN YOUR HOME ARE IN NEED OF REPAIR? PLEASE BRIEFLY DESCRIBE THE NEED FOR EACH REPAIR.

(X)	EXTERIOR REPAIR TYPE	DESCRIPTION OF REPAIR
<input type="checkbox"/>	Siding / Exterior Walls	
<input type="checkbox"/>	Porches/Floors /Handrails	
<input type="checkbox"/>	Weatherization/Window and Door Sealing	
<input type="checkbox"/>	Roof	
<input type="checkbox"/>	Windows / Doors	
<input type="checkbox"/>	Eaves (fascia,soffits, gutters, downspouts)	
<input type="checkbox"/>	Paint/Stain	
<input type="checkbox"/>	Wheelchair Ramp	
<input type="checkbox"/>	Exterior Lighting	

## VERIFICATION

To the best of my knowledge, I certify that the information in this application is true and correct, and that the home listed is my primary residence. I understand that if selected I may be asked to show documents that verify this information. I also understand that the City is a governmental entity that is only able to assist a small percentage of those who apply and that I may not be selected.

I acknowledge that not all work may be completed by the City as listed on this application. I understand that the workers completing the home repairs for this program are being completed by volunteer labor and/or contractors.

I agree to hold harmless the volunteer labor and/or contractors and the City.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**COVID-19 Disclaimer:** The City of Huntington is monitoring the Covid-19 pandemic closely, and reserves the right to modify, reduce or eliminate any portion of the Project SHINE program in order to be compliant with orders of the State of West Virginia issued in response to COVID-19 or if such changes are deemed necessary to protect homeowners, volunteers and/or staff.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. TITLE 18, SEC. 1001 PROVIDES:**

WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES...OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, MORE MAKES OR USES ANY FALSE WRITINGS OR DOCUMENT, KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS FOR FRAUDULENT STATEMENT OR ENTRY SHALL BE FINED NOT MORE THAN \$10,000.00 OR IMPRISONED NOT MORE THAN FIVE (5) YEARS, OR BOTH.

FOR OFFICE USE ONLY		
DATE OF INITIAL HOME VISIT:	VISITED BY:	<i>(If not visited, write N/A and send letter)</i>
SELECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHY?	
FUNDING SOURCE		
CALL NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	LETTER NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF CALL OR LETTER:
ERR? <input type="checkbox"/> YES <input type="checkbox"/> NO	BUILDING INSPECTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## CITY MUNICIPAL SERVICE FEE

The Municipal Service Fee is primarily based on the square footage of property that you own. There is an annual base fee of \$108 that is divided into four quarterly billings. In addition to the base fee, property owners pay .0662 cents per square foot of property. For example, someone who owns a 2,500-square-foot home will pay \$273.50 per year, or \$68.38 per quarter. The Municipal Service Fee is due January 31, April 31, July 31 and October 31 each year (dates may vary depending on weekends and holidays). The fee pays for fire protection services and maintenance of fire equipment. Refer to **Article 773 - Municipal Service Fee** of the City of Huntington Codified Ordinances for more information.

## CITY MUNICIPAL REFUSE FEE

The Refuse Fee covers the cost of weekly garbage pickup. The fee is \$20 per month, but it is billed quarterly. The fee is due March 15, June 15, September 15 and December 15 each year (dates may vary depending on weekends and holidays). Refer to **Article 951 - Refuse Collection** for more information.

## CITY CONTACT INFORMATION

All City fees (Municipal and Refuse) must be current or have an established plan to resolve past due fees prior to obtaining assistance from Project Shine. For more information or to resolve UNPAID fees to the City, please contact the City's Finance Department at **304-696-5540, extension 2399**.

**If all municipal services fees are up to date, please sign below and return this sheet with the SHINE Application:**

---

RESIDENT'S SIGNATURE

---

DATE

---

RESIDENT'S ADDRESS

---

PRIMARY PHONE NUMBER

---

CELL PHONE NUMBER