CITY OF WATERTOWN
HOUSING REHAB GRANT PROGRAM APPLICATION FORM

Please provide information on the proposed project. Your signature below indicates your intent to apply for grant funding and that you have received a copy of the program guidelines. **Please return to Watertown Redevelopment Authority, 106 Jones Street, Watertown, WI 53094.** Note: Thrive ED conducts the initial review and assessment of applications.

Applicant name: _Lisa Cutsforth_

Address: _410 Baxter Street Watertown 53094_

Cell Phone: _920 918 0416_   Work Phone: _920 262 6300_

Property Owner(s): _Roger & Lisa Cutsforth_

Project Address: _408 Baxter Street Watertown WI 53094_

Project description (work to be done): _Replace (9) windows, enclose screen porch: walls, 7 windows, siding and insulation. Sealing north side of house near concrete._

How will this project benefit the preservation of the property? _Windows are from the sixties, enclose screen porch structure and foundation all will make the home more energy efficient._

Is this project addressing an issue that you have received a notice or citation from the Watertown Building Safety and Zoning Department? _No issues._

Estimated Timeframe for Project Completion: _Summer (availability of materials)_

Person/contractor performing work: _Owner_

Grant amount requested: _$10,000_

Property Mortgage Holder(s): _N/A_

INCLUDE WITH APPLICATION (please check each box):

_✓_ Three years of personal income tax returns/financials OR last 45 days of paystubs and proof of source of income, along with any other pertinent financial statements.

_✓_ Copies of a minimum of two project estimates for work to be completed.

_✓_ *For landlords:* Available business financial reports such as profit/loss statement, balance sheet, receivables.

By signing, I certify that the information in this application is correct and accurate to the best of my knowledge:

Lisa Cutsforth   _1/26/2024_
Applicant   Date