



300 E Maple St
Columbus, KS 66725
Phone: (620) 429-2159
Fax: (620) 429-1159

EXTERIOR HOME IMPROVEMENTS MICROGRANT PROGRAM APPLICATION

Address: _____

Please attach "before" pictures and a valid copy of home insurance with this application. If you are renting, please attach a copy of owner's permission to make requested improvements. Please ensure that you keep all receipts for work completed on this project.

Applicant Information:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Description of property improvements:

Applicant/Representative: I hereby certify the foregoing statements and answers herein made all data, information, and evidence herewith submitted are in all respects, to the best of my knowledge and belief, true and correct. I understand that the submittal of incorrect or false information is grounds for invalidation of application completeness, determination or approval. I understand that the City of Columbus might not approve what I am applying for or may set conditions upon approval.

Signature: _____ Date: _____

Signature: _____ Date: _____