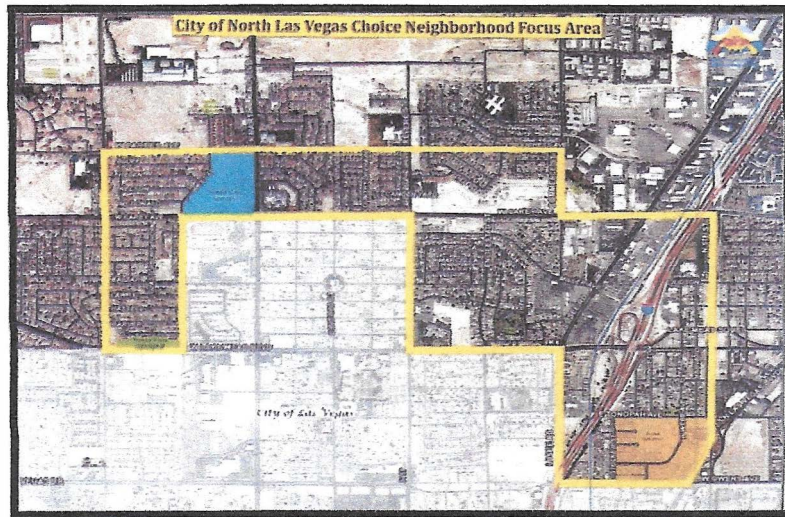


NEIGHBORHOOD BEAUTIFICATION NOMINATION FORM

Dear Community Member, thank you for allowing us to share some information regarding this new community initiative “BEAUTIFY THE BLOCK”, that incorporates the selection of a homeowner whose home is in disrepair and is deserving of this program. In partnership with the CPLC Nevada and the City of North Las Vegas, the Choice Neighborhood Revitalization Strategic Area (N.R.S.A.) By completing this form you agree to nominate a minimum of three homeowners you believe should be considered and are deserving of this gift.

PROGRAM GUIDELINES AND RECIPIENT QUALIFICATIONS:

<ul style="list-style-type: none"> • Home must be owner occupied and have been living in the property a minimum of 3 years 	<ul style="list-style-type: none"> • Home must be in disrepair (façade & landscaping)
<ul style="list-style-type: none"> • Home must be within the NRSA Area(see map) – to be verified by CHOIC Housing Assistance Corp. team 	<ul style="list-style-type: none"> • Home must pass an Environmental Review(if older than 50 years)
<ul style="list-style-type: none"> • Household combined income must be below 80% median income determined by providing household income documentation 	<ul style="list-style-type: none"> • Household assets must not exceed \$10,000
<ul style="list-style-type: none"> • Rental properties do not qualify 	<ul style="list-style-type: none"> • Interior repairs not allowed; a Property Inspection may be conducted for homeowner benefit and safety



NOMINATING MEMBER CONTACT INFO:

Your Name (please print) _____ Sign: _____

Address/City/State/Zip: _____ City _____ ST _____ Zip _____

Telephone: _____ E-mail: _____ Date: _____

If you have questions regarding the nomination process, please contact Dontae Scott @ 702-764-3277 or email : info@housingassistance.com

Thank you for your participation...

NOMINATION NO. 1

Homeowner Name(s): (1) _____ (2) _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone#(if available): _____ Email: _____

Reason for Nomination(*Please provide a reason why you think they are deserving of this assistance*):

NOMINATION NO. 2

Homeowner Name(s): (1) _____ (2) _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone#(if available): _____ Email: _____

Reason for Nomination(*Please provide a reason why you think they are deserving of this assistance*):

NOMINATION NO. 3

Homeowner Name(s): (1) _____ (2) _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone#(if available): _____ Email: _____

Reason for Nomination(*Please provide a reason why you think they are deserving of this assistance*):

For Questions of Concerns about the Program, Contact CPLC NEVADA at

4070 N. Martin L. King Blvd, North Las Vegas, NV. 89032

Office: 702.207.1614

Email: lasvegasinfo@cplc.org