



Lenexa Exterior Grant Program Application

To be completed by the applicant:

Owner of Record: _____

Phone & Email: _____

Mailing Address: _____ Property Address: _____

Proposed/Existing Use of Property:

____ Commercial ____ Single-Family Residential ____ Multi-Family Residential

Description of Property Improvements:

Project Completion Date: ____/____/____ Total Cost of Improvements: _____

____ Pictures of project area attached ____ Property Tax Statement attached

____ List of total expenses and receipts verifying the improvements attached

____ Copy of current homeowners insurance policy attached

Owner of Record Signature: _____ Date: _____

Note: Any refund granted through this program will be reported to the Internal Revenue Service on a 1099-G Form at the end of the year.

To be completed by the City of Lenexa

____ Property located in the NRD ____ Real Estates Taxes are current

____ Home insurance is valid ____ Improvements meet City Code and Building Code Requirements

____ Improvements are eligible

Community Standards Supervisor Date: _____

Neighborhood Revitalization District Administrator Date: _____