
Curb Appeal Program

The Curb Appeal Program aims to beautify City of Jackson blocks and neighborhoods by supporting eligible homeowner-initiated projects. Assistance will be provided for eligible home improvements to the **FRONT** of homes. Eligible properties include owner-occupied single-family homes, and two-unit properties where at least one unit is occupied by the property owner. Larger multi-unit structures, non owner-occupied structures, vacant, and/or commercial structures are *not* eligible for Curb Appeal funding. All projects must be pre-approved by Community Development Department staff. All participating properties must be located within the City of Jackson. Projects will be reviewed on a rolling basis, and payments will be issued for approved projects until annual program funds are exhausted. Payments will be made to the applying contractor, at the conclusion of the project, and only upon written homeowner request and approval using the approved City Payment Form. A household can request payment for approved projects **ONCE** every twelve (12) months. **Projects can be supported for 80% of eligible costs, up to \$2,500.**

The following projects are **ELIGIBLE** for the Curb Appeal Program, provided they are within the front portion (street-facing side) of the home:

- Landscaping: Tree, flower, shrub, bush, vegetation + landscaping materials (mulch, stone, pavers, etc.)
- Tree, Stump, or Shrub: Removal, trim
- Power Washing: Exterior only
- House: Siding repair, replacement, painting, staining
- Fencing: Removal only
- Deck, Porch, Step, Railing: Installation, repair, replacement, painting, staining
- Windows, Doors, Trim: Installation, repair, replacement
- Gutter, Soffit, Fascia: Installation, repair, replacement (all sides of home **ARE** eligible)
- Outdoor Lighting: Installation, repair, replacement
- Tuck-pointing, Masonry: Reconstruction of the building / existing masonry
- Private Walk, Driveway, or Driveway Apron: Installation, repair, replacement

The following projects are **INELIGIBLE** for the Curb Appeal Program. Please note, this is not an exhaustive list, and other items may be deemed ineligible at the discretion of City of Jackson staff:

- Any/all back or side-yard projects
- Purchase / planting of annuals
- Accessibility features (ramps, grab bars, etc.)
- Roof repair/replacement
- Routine lawn/landscaping maintenance (mowing, leaf/snow removal, seasonal maintenance, etc.)
- Fertilizer/pesticides (purchase or application)
- Installation of fruit/vegetable/flower raised beds (materials and/or plantings)
- Tool purchase/rental
- Permit/application fees

Detached garages, accessory buildings, and projects in the side-yard on the street side of a corner lot will be reviewed on a **case-by-case basis**. Curb Appeal will only pay for professional, licensed labor. **You CANNOT be reimbursed for work that you do yourself, OR for work that you pay someone else to do IF that person is NOT a licensed professional** in the field that they are working for your project. Financial assistance will **NOT** be provided for projects undertaken (started or completed) prior to Curb Appeal Program approval.

BASIC ELIGIBILITY REQUIREMENTS

- Own a residential, occupied property in the City of Jackson with a clear and marketable title and use it as your primary residence. Properties under Land Contract are not eligible for the HRA Program.
- As of May 1, 2025 combined household income cannot exceed 80% of the Area Median Income (AMI):

Number of Persons in Household							
1: \$47,200	2: \$54,000	3: \$60,750	4: \$67,450	5: \$72,850	6: \$78,250	7: \$83,650	8: \$89,050

- Be current on all property taxes, special assessments, water utility billings, etc.
- Be current on mortgage, if any, and homeowners insurance

CHECKLIST OF ITEMS TO SUBMIT WITH YOUR APPLICATION

- Completed Application** – all questions on the application must be answered.
- Identification** – Copies of Driver License / State ID for each household member over 18 years
- Authorization for Release of Information** – signed by all adult household members
- Proof of Homeowner’s Insurance** – a copy of your current Homeowner’s Insurance Policy Declarations Page
- Proof of Property Ownership** – deed, property tax statement, etc.
- Proof of Mortgage Payments** – statement showing up-to-date mortgage payments
- Proof of Income** – current federal & state income tax filing (1040) for each household member 18+ years old
 - Check this box if you are not required to submit income tax returns annually
- Property Taxes** – paid receipts for most recent summer and winter property taxes
- Utilities** – most recent gas, electric, and water utility billings
- Government Assistance** – proof of government assistance, if any
- Bank Statements** – most recent bank statements indicating savings and checking balances
- Other Documentation** – copies of all other income or payment statements noted on your application
- Pictures of Area(s) to be Improved** – BEFORE photos

PLEASE MAIL OR DROP-OFF COMPLETED APPLICATION TO:

City of Jackson Community Development Department: 161 W Michigan Ave, 3rd Floor Jackson, MI 49201

FOR QUESTIONS/ASSISTANCE, PLEASE CONTACT Samantha Wagner: 517-768-6431; swagner@cityofjackson.org

LEAD-BASED PAINT DISCLOSURE AND ACKNOWLEDGMENT

Participation in the City of Jackson’s Curb Appeal Program (“Program”) does **not** include any inspection, testing, evaluation, or remediation of lead-based paint or lead hazards. The City of Jackson (“City”) makes no representation or warranty, express or implied, regarding the presence or absence of lead-based paint, lead dust, or lead hazards at the property receiving Program assistance. The Applicant understands that the City is **not responsible or liable** for any existing, potential, or future conditions involving lead-based paint, including but not limited to: lead presence, lead hazards, or lead contamination; lead exposure to occupants, workers, neighbors, or visitors; disturbance of lead-based paint during or after the Applicant’s project; lead abatement, control, remediation, or encapsulation; and/or any health, safety, environmental, or structural conditions associated with lead-based paint. The City does not undertake any duty to detect, evaluate, warn of, or correct lead-based paint conditions as part of the Program. The Applicant is solely responsible for ensuring that all work performed at the property complies with applicable federal, state, and local laws and regulations related to lead-based paint, including but not limited to the EPA Renovation, Repair and Painting (RRP) Rule, HUD lead safety guidelines, and any Michigan lead hazard requirements. To the fullest extent permitted by law, the Applicant agrees to **defend, indemnify, and hold harmless** the City and its officials, employees, departments, and agents from and against any and all claims, damages, losses, liabilities, injuries, penalties, costs, or expenses (including reasonable attorney fees) arising out of or related to: any lead-based paint or lead-related condition at the property; any exposure to lead or alleged exposure to lead by any person; any work, renovation, repair, or disturbance associated with the Applicant’s Program project; or any failure of the Applicant or contractor to comply with lead-related laws or safety requirements.

Curb Appeal Application

HOUSEHOLD INFORMATION

HOMEOWNER NAME _____ **DATE OF REQUEST** _____
ADDRESS _____ **PHONE #** _____
ZIP CODE _____ **EMAIL ADDRESS** _____
CO-OWNER NAME (if applicable) _____
ALT. PHONE # _____ **ALT. EMAIL ADDRESS** _____

Complete the chart below for all persons who live in the household. Also include children who are subject to shared custody agreements and reside in the household at least 50% of the time.

Name	Relationship to Head	Gender M / F	Birth Date (mm/dd/yr)	Race (see table below)	Hispanic or Latino? Y / N
	Head of Household		/ /		
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

Race Table – enter the corresponding number of each person listed above under the Race column to complete the chart

Single Race Persons	Multi-Race Persons
1 White	6 American Indian/Alaska Native <i>and</i> White
2 Black/African American	7 Asian <i>and</i> White
3 American Indian/Alaska Native	8 Black/African American <i>and</i> White
4 Asian	9 American Indian/Alaska Native <i>and</i> Black/African American
5 Native Hawaiian/Other Pacific Islander	10 Other Multi-Racial

Marital Status: Head of Household is Married Single Widowed Divorced Separated

My total household income (total income of all persons over 18 living in home) is at or below (please ✓):

\$47,200 \$60,750 \$78,250 \$89,050
 \$54,000 \$67,450 \$83,650 Exceeds \$89,050

	Yes	No
1. Have you filed for bankruptcy within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been served with a foreclosure notice within the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you received assistance as part of the Curb Appeal Program in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you or an immediate family member or business associate now, or have been within the past 12 months, an employee, agent, consultant, or elected/appointed official for the City?	<input type="checkbox"/>	<input type="checkbox"/>

INCOME VERIFICATION

Applicant Information	Yes	No
I am employed (gross earnings = before taxes) <input type="checkbox"/> <input type="checkbox"/> Gross Annual Earnings: \$ _____ Employer: _____ Email Address: _____ Phone: _____		
I receive tips Annual Earnings \$ _____ <input type="checkbox"/> <input type="checkbox"/>		
I am self-employed Annual Earnings \$ _____ <input type="checkbox"/> <input type="checkbox"/>		
I am unemployed and have been since _____ <input type="checkbox"/> <input type="checkbox"/>		
I receive unemployment benefits of \$ _____ per week <input type="checkbox"/> <input type="checkbox"/>		
I receive payments from (check all that apply): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Social Security and/or SSI <input type="checkbox"/> Alimony and/or Child Support <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Military Active Duty OR Veteran's Admin. <input type="checkbox"/> Retirement/Pension Funds <input type="checkbox"/> Disability/Death Benefits (other than SS) Annual Earnings: \$ _____		
I earn income from other sources (insurance or trust payments, gambling winnings, awards, etc.). <input type="checkbox"/> <input type="checkbox"/> _____		
I currently have the following assets: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stocks Amount \$ _____ <input type="checkbox"/> Bonds Amount \$ _____ <input type="checkbox"/> Other Amount \$ _____		
I receive benefits (other than Medicaid) from the Dept. of Human Services (DHS) <input type="checkbox"/> <input type="checkbox"/> Check all DHS Benefits Received that apply: <input type="checkbox"/> SNAP Amount \$ _____ <input type="checkbox"/> Cash Assistance Amount \$ _____ Bills and amounts paid for you directly to providers by DHS or others: _____ _____		
I own additional real estate – list address(es): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____		

Co-Applicant Information	Yes	No
I am employed (gross earnings = before taxes) <input type="checkbox"/> <input type="checkbox"/> Gross Annual Earnings: \$ _____ Employer: _____ Email Address: _____ Phone: _____		
I receive tips Annual Earnings \$ _____ <input type="checkbox"/> <input type="checkbox"/>		
I am self-employed Annual Earnings \$ _____ <input type="checkbox"/> <input type="checkbox"/>		
I am unemployed and have been since _____ <input type="checkbox"/> <input type="checkbox"/>		
I receive unemployment benefits of \$ _____ per week <input type="checkbox"/> <input type="checkbox"/>		
I receive payments from (check all that apply): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Social Security and/or SSI <input type="checkbox"/> Alimony and/or Child Support <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Military Active Duty OR Veteran's Admin. <input type="checkbox"/> Retirement/Pension Funds <input type="checkbox"/> Disability/Death Benefits (other than SS) Annual Earnings: \$ _____		
I earn income from other sources (insurance or trust payments, gambling winnings, awards, etc.). <input type="checkbox"/> <input type="checkbox"/> _____		
I currently have following assets: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stocks Amount \$ _____ <input type="checkbox"/> Bonds Amount \$ _____ <input type="checkbox"/> Other Amount \$ _____		
I receive benefits (other than Medicaid) from the Dept. of Human Services (DHS) <input type="checkbox"/> <input type="checkbox"/> Check all DHS Benefits Received that apply: <input type="checkbox"/> SNAP Amount \$ _____ <input type="checkbox"/> Cash Assistance Amount \$ _____ Bills and amounts paid for you directly to providers by DHS or others: _____ _____		
I own additional real estate – list address(es): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____		

Applicant Information		Yes	No
Savings/Checking		<input type="checkbox"/>	<input type="checkbox"/>
Bank _____			
Address _____			
Account # _____			
Savings Amount: _____ Checking Amount: _____			
Savings/Checking		<input type="checkbox"/>	<input type="checkbox"/>
Bank _____			
Address _____			
Account # _____			
Savings Amount: _____ Checking Amount: _____			

Co-Applicant Information		Yes	No
Savings/Checking		<input type="checkbox"/>	<input type="checkbox"/>
Bank _____			
Address _____			
Account # _____			
Savings Amount: _____ Checking Amount: _____			
Savings/Checking		<input type="checkbox"/>	<input type="checkbox"/>
Bank _____			
Address _____			
Account # _____			
Savings Amount: _____ Checking Amount: _____			

Please list employment and income of all other household members over the age of 18 years:

Name	Employer	Gross Annual Income

PLANNED PROJECTS

Please list the Curb Appeal projects you are planning to undertake. Please note, a before photo **MUST** be included for each project listed.

CERTIFICATION/SIGNATURES

I/we certify that the responses contained herein are accurate to the best of my/our information, knowledge, and belief. I/we agree to report any changes in circumstances immediately.

Date: _____

Signature – Owner

Printed Name: _____

Date: _____

Signature – Co-Owner

Printed Name: _____

The City of Jackson does not discriminate against any individual or group because of their actual or perceived race, color, religion, national origin, sex, age, height, weight, marital status, physical or mental disability, family status, sexual orientation, or gender identity.

**Authorization for Release of Information
 And Privacy Act Notice**

The undersigned authorizes the City of Jackson’s Curb Appeal Program, Community Development, and/or its contracted agent to contact any agencies, offices, groups, organizations, or employers to obtain, and for agencies to release, information that is pertinent to eligibility, level of benefits, or continued participation in the Curb Appeal Program, including authorization to obtain a consumers credit report. This includes the Social Security Administration (SSA), employer, banking establishment, and the State of Michigan Department of Human Services (DHS) programs. The Curb Appeal Program may use this Authorization and information obtained through it to administer and enforce program rules and policies. The undersigned certify(ies) that the information provided for the Curb Appeal Program on household members, income, and age is accurate. Providing false information is grounds for denial of assistance and/or termination from the City of Jackson Curb Appeal Program. Any false statement or representation made with the intent of fraudulently obtaining Curb Appeal Program assistance constitutes a felony punishable by fine and/or imprisonment.

Privacy Act Notice Statement:

The City of Jackson requires the collection of this information to determine and document an applicant’s eligibility and the amount of assistance necessary. This information will be used to establish level of benefit, protect the government’s financial interest, and verify the accuracy of the information furnished. It may be released to appropriate federal, state, and local agencies when relevant; to civil, criminal; or regulatory investigators and prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval.

I acknowledge that: 1) a photocopy of this form is as valid as the original; 2) I have the right to review the file and information received using this form (with a person of my choosing to accompany me); and 3) I have the right to copy information from this file and to request correction of information I believe is inaccurate.

All adult household members will sign this form and cooperate in this process. I agree that copies of this Authorization may be used for the purposes stated above. This consent will expire 12 months from the date signed.

 Signature – Head of Household

 Date

 Signature – Spouse

 Date

 Signature – Other Adult (if applicable)

 Date

 Signature – Other Adult (if applicable)

 Date