

CITY OF KINGSTON
OFFICE OF ECONOMIC AND COMMUNITY DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT
RESIDENTIAL REHABILITATION PROGRAM
City Hall, 420 Broadway, Kingston, NY 12401, (845) 334-3928

Date Received _____
By _____

(DO NOT TAKE APPLICATION APART)

Dear Applicant:

Thank you for your interest in the City of Kingston's Residential Rehabilitation Program.

If you feel you have an emergency situation, please describe it here: _____

Enclosed are the following documents:

- Owner-Occupied Housing Rehabilitation Application
- CDBG Housing Rehabilitation Program Guidelines
- Copy of EPA "Protect Your Family from Lead in Your Home"
- Copy of NFPA "Hear the Beep Where you Sleep" smoke alarm information page
- Copy of NFPA "Carbon Monoxide Safety" information page

HOME IMPROVEMENTS NEEDED (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Roof | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Exterior siding/painting | <input type="checkbox"/> Interior walls/ceilings/floors |
| <input type="checkbox"/> Furnace/Boiler | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> Water Heater | <input type="checkbox"/> Windows - storms/permanent |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Doors - storms/exterior |
| <input type="checkbox"/> Wiring/Electrical Service | <input type="checkbox"/> Chimney |
| <input type="checkbox"/> Other Describe: _____ | |

Number of bedrooms in the home _____ Number of bathrooms _____

Fuel types: Heating _____ Hot Water _____ Cooking _____

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We will only consider complete applications. Your application will be considered complete when all application questions are answered and all required signatures and requested documents are submitted.

Please hand in the application with all the required signatures, as well as all the requested documents **at the same time.**

Please complete and sign all forms and return them to our office with all of the supporting documents listed below.

- Photo ID for all household members 18 and over
- Copy of social security cards for all household members
- Completed and signed Owner-Occupied Housing Rehabilitation Application which includes:
 - Completed Income questionnaire (page 4)
 - Signed Conflict of Interest (page 12)
 - Signed Lead Hazards Advisory Acknowledgement Form (page 13)
 - Signed General Release of Information — a signature from each household member 18 or older (page 14)
 - Signed Photo Release (page 15)
 - Signed Agreement (page 16)
- Signed and dated copy of the most recent federal income tax return for each household member 18 or older. Include any and all schedules.
- Copies of the last 3 months' worth of paycheck stubs for each employed household member 18 or older
- Copy of the last 3 months bank statements for all accounts
- Copy or proof of your homeowner's insurance
- Copy of the most recent property and school tax bills. Taxes must be paid current.
- Copy of the most recent water bill. Water bill must be paid current.
- Last two (2) gas and electric bills. Bills must be paid current.
- Copy of the deed to the property
- Most recent mortgage statement showing balance remaining and mortgage is paid current
- Copy of your satisfaction of mortgage letter if mortgage has been paid off
- The following additional documents must be submitted if applicable
 - Social Security Verification** a copy of your most recent benefits award letter
 - Veterans Verification** a copy of your most recent award letter
 - Public Assistance** a copy of your most recent awards letter
 - Pension** a copy of your last 3 pension checks
 - Business Owner/Self Employment** Latest balance sheet/operating statement
 - Rental Income** latest tax return showing profit/loss and current leases or rental statements
 - Alimony and or Child Support** copy of court order or signed and dated agreement
 - Assets** most recent bank statements for all accounts, cash value life insurance policies, money market accounts, trust funds, IRA`s, other real estate

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HOUSING REHABILITATION APPLICATION

All information provided on this form is strictly confidential and is used solely for the purpose of determining the applicant's eligibility for assistance under the CDBG Program.

Name(s) on the Title/Deed to the Property: _____

Name of Applicant (if different from above): _____

Name of Co-Applicant (if different from above): _____

Residence Street Address: _____

Mailing Address (if different): _____

Email Address: _____

Applicant Phone: Home: _____ Cell: _____ Work: _____

Co-Applicant Phone: Home: _____ Cell: _____ Work: _____

Total Number of People Living in the Home: _____ Veteran: yes ____ no ____

Do any household members have documented disabilities? _____ List Disabilities: _____

List all household occupants below (including applicant and co-applicant):

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship to Applicant</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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We need to know about the income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Check Yes for a particular type of income if any household member gets it. We'll get the details from you later. Check No only if no member of your household gets the particular type of income.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully make false statements, or misrepresentations, of any material fact involving the use or obtaining of federal funds.

Employment Income: *this does not include income of children younger than 18 or live-in aides.*

	<u>Yes</u>	<u>No</u>
Wages	<input type="checkbox"/>	<input type="checkbox"/>
Salaries	<input type="checkbox"/>	<input type="checkbox"/>
Overtime pay	<input type="checkbox"/>	<input type="checkbox"/>
Commissions	<input type="checkbox"/>	<input type="checkbox"/>
Fees	<input type="checkbox"/>	<input type="checkbox"/>
Tips	<input type="checkbox"/>	<input type="checkbox"/>
Bonuses	<input type="checkbox"/>	<input type="checkbox"/>
Any other amounts adult household members earn from working for other people or from their own business	<input type="checkbox"/>	<input type="checkbox"/>

Benefits payments: *this includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Security or Supplemental Social Security Income.*

	<u>Yes</u>	<u>No</u>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>
Disability pay or benefits	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment benefits	<input type="checkbox"/>	<input type="checkbox"/>
Severance pay	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>
Insurance policy payments to you	<input type="checkbox"/>	<input type="checkbox"/>
Pensions	<input type="checkbox"/>	<input type="checkbox"/>
Retirement fund benefits	<input type="checkbox"/>	<input type="checkbox"/>
Death benefits	<input type="checkbox"/>	<input type="checkbox"/>
Any other benefit payments: veteran's disability, black lung sick benefits, dependent indemnity compensation	<input type="checkbox"/>	<input type="checkbox"/>

Welfare assistance: *this includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.*

<u>Yes</u>	<u>No</u>
<input type="checkbox"/>	<input type="checkbox"/>

Alimony or Child Support: *this includes adoption assistance payments.*

<u>Yes</u>	<u>No</u>
<input type="checkbox"/>	<input type="checkbox"/>

Interest, dividends, and other income from household assets:

	<u>Yes</u>	<u>No</u>
Interest from bank accounts or bonds	<input type="checkbox"/>	<input type="checkbox"/>
Dividends from stocks or mutual funds	<input type="checkbox"/>	<input type="checkbox"/>
Income distributed from trust funds	<input type="checkbox"/>	<input type="checkbox"/>
Money from renting household assets	<input type="checkbox"/>	<input type="checkbox"/>
Any other interest, dividends, or rent	<input type="checkbox"/>	<input type="checkbox"/>
Lottery winnings paid in periodic Payments	<input type="checkbox"/>	<input type="checkbox"/>

Money or gifts regularly given by persons not living in the unit: *this includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include recurring amounts paid directly to a child care provider, gifts of groceries, utility rebates paid to sr. citizens, payments received for the care of foster children, or gifts received on a non-recurring basis.*

<u>Yes</u>	<u>No</u>
<input type="checkbox"/>	<input type="checkbox"/>

Any other sources of income?

If yes, please specify:

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EMPLOYMENT AND INCOME

List all employed household residents over 18 years of age.

PROVIDE COMPLETE EMPLOYER NAME AND ADDRESS INFORMATION FOR EVERY EMPLOYER

<u>Household Resident Name</u>	<u>Employer Name and Address</u>	<u>Gross Monthly Wages</u>
_____	_____	\$ _____

<hr/>		
_____	_____	\$ _____

<hr/>		
_____	_____	\$ _____

<hr/>		
_____	_____	\$ _____

<hr/>		
_____	_____	\$ _____

<hr/>		
_____	_____	\$ _____

<hr/>		

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OTHER INCOME SOURCES

List all monthly income (other than employment) from each household members including

- The applicant and co-applicant,
- each additional person over the age of 18 who is sharing your household, and
- each additional person over the age of 18 who is sharing your household that may not have been included on your most recent income tax return.

Household Member 1

Name of Person Receiving Income: _____

Source of Income:

- | | | | |
|--|--------------------|--|--------------------|
| <input type="checkbox"/> Social Security | Per Month \$ _____ | <input type="checkbox"/> Public Assistance | Per Month \$ _____ |
| <input type="checkbox"/> Disability | Per Month \$ _____ | <input type="checkbox"/> Unemployment | Per Month \$ _____ |
| <input type="checkbox"/> Child Support | Per Month \$ _____ | <input type="checkbox"/> Alimony | Per Month \$ _____ |
| <input type="checkbox"/> Maintenance | Per Month \$ _____ | <input type="checkbox"/> Worker's Comp | Per Month \$ _____ |

Pension Per Month \$ _____ Account No.: _____

Name of Fund: _____

Address: _____

Interest/Dividends Per Month \$ _____ Account No.: _____

Name of Bank: _____

Address: _____

Rental Income Per Month \$ _____

Name of Tenant: _____

Address: _____

ANY other Income Per Month \$ _____

Description: _____

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Household Member 2

Name of Person Receiving Income: _____

Source of Income:

- | | | | |
|--|--------------------|--|--------------------|
| <input type="checkbox"/> Social Security | Per Month \$ _____ | <input type="checkbox"/> Public Assistance | Per Month \$ _____ |
| <input type="checkbox"/> Disability | Per Month \$ _____ | <input type="checkbox"/> Unemployment | Per Month \$ _____ |
| <input type="checkbox"/> Child Support | Per Month \$ _____ | <input type="checkbox"/> Alimony | Per Month \$ _____ |
| <input type="checkbox"/> Maintenance | Per Month \$ _____ | <input type="checkbox"/> Worker's Comp | Per Month \$ _____ |

Pension Per Month \$ _____ Account No.: _____

Name of Fund: _____

Address: _____

Interest/Dividends Per Month \$ _____ Account No.: _____

Name of Bank: _____

Address: _____

Rental Income Per Month \$ _____

Name of Tenant: _____

Address: _____

ANY other Income Per Month \$ _____

Description: _____

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Household Member 3

Name of Person Receiving Income: _____

Source of Income:

- | | | | |
|--|--------------------|--|--------------------|
| <input type="checkbox"/> Social Security | Per Month \$ _____ | <input type="checkbox"/> Public Assistance | Per Month \$ _____ |
| <input type="checkbox"/> Disability | Per Month \$ _____ | <input type="checkbox"/> Unemployment | Per Month \$ _____ |
| <input type="checkbox"/> Child Support | Per Month \$ _____ | <input type="checkbox"/> Alimony | Per Month \$ _____ |
| <input type="checkbox"/> Maintenance | Per Month \$ _____ | <input type="checkbox"/> Worker's Comp | Per Month \$ _____ |

Pension Per Month \$ _____ Account No.: _____

Name of Fund: _____

Address: _____

Interest/Dividends Per Month \$ _____ Account No.: _____

Name of Bank: _____

Address: _____

Rental Income Per Month \$ _____

Name of Tenant: _____

Address: _____

ANY other Income Per Month \$ _____

Description: _____

Important: If you need additional pages for other household members contact the Office of Economic and Community Development.

Do not leave out any household income.

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EQUITY INFORMATION

Property Status: Paid For Mortgaged Lien

If the home is mortgaged and/or has a lien, list the mortgage and/or lien holder information below. Each loan against the property must be listed separately.

1. Name of Mortgage/Lien Holder: _____

Address: _____

Phone: _____

Original Loan Amount: \$ _____ Current Balance: \$ _____

2. Name of Mortgage/Lien Holder: _____

Address: _____

Phone: _____

Original Loan Amount: \$ _____ Current Balance: \$ _____

3. Name of Mortgage/Lien Holder: _____

Address: _____

Phone: _____

Original Loan Amount: \$ _____ Current Balance: \$ _____

List any other liens against the property, such as judgments or liens for income or property taxes:

1. _____ Amount: \$ _____

2. _____ Amount: \$ _____

3. _____ Amount: \$ _____

4. _____ Amount: \$ _____

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ASSETS

All Bank Accounts/Stocks/Bonds/Real Estate (other than owner occupied residence)

<u>Name on Account</u>	<u>Account #</u>	<u>Type of Account</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

<u>Stocks/Bonds</u>	<u>Account #</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

<u>Real Estate Address</u>	<u>Estimated Value</u>
_____	\$ _____
_____	\$ _____

ADJUSTMENTS TO INCOME CALCULATION

Child Support Payments: Per Month \$ _____ Person Making Payment: _____

Regularly Recurring Medical Per Month \$ _____ Household member: _____
 Description of Expense: _____

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HOUSEHOLD EXPENSES

Mortgage Payment	Per Month	\$ _____	Utility Costs (heat, water, gas, electric)	Per Month	\$ _____
Homeowner's Insurance	Per Month	\$ _____	Phones/Cell Phones	Per Month	\$ _____
Property Taxes	Per Month	\$ _____	Cable/Internet	Per Month	\$ _____
School Taxes	Per Month	\$ _____	Other	Per Month	\$ _____

Are property and school taxes included in the monthly mortgage payment? Yes ____ No ____

Is the homeowner's insurance included in the mortgage payment? Yes ____ No ____

Auto Loan/s: Creditor

Balance

_____	\$	_____	Per month	\$	_____
_____	\$	_____	Per month	\$	_____
_____	\$	_____	Per month	\$	_____

Credit Card Debt: Creditor

Balance

_____	\$	_____	Per month	\$	_____
_____	\$	_____	Per month	\$	_____
_____	\$	_____	Per month	\$	_____

Other Debt: Creditor

Balance

_____	\$	_____	Per month	\$	_____
_____	\$	_____	Per month	\$	_____
_____	\$	_____	Per month	\$	_____

HOMEOWNERS INSURANCE

Name of Insurance Company/Agent: _____

Address: _____

Phone: _____

Policy Number: _____ Expiration Date: _____

Do you have flood insurance: Yes ____ No ____

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SIGNATURES

Check all that apply:

_____ **I AM** related to a staff member of the City of Kingston Office of Community Development

_____ **I AM NOT** related to a staff member of the City of Kingston Office of Community Development

List staff member and relationship _____

I/We hereby state that no employee, agent, consultant, officer, or appointed official of the City of Kingston, and any person with whom such an individual has family or business ties shall have benefit, personal or financial interest, or any interest in any contracts or subcontracts or agreements with regard to the rehabilitation of my/our property. This shall continue during the term of office or employment and for a period of one year thereafter.

I have received, read, understand and agree to abide by the City of Kingston Office of Economic and Community Development, CDBG Housing Rehabilitation Program Guidelines.

I/we, certify that the statements in this application are true, complete and accurate to the best of my/our knowledge. I/we understand that if I/we willfully falsify or make false, fictitious or fraudulent statements or representations, I/we shall be compelled to repay to the City of Kingston all loan or grant monies from the Community Development Block Grant funds. I/we fully understand that it is a federal, state and local crime, punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the facts in this application. I/we hereby authorize the City of Kingston Office of Community Development staff to obtain verification of any information contained in this application from any source whatsoever.

_____ Date: _____
Signature of Applicant

_____ Date: _____
Signature of Co-Applicant

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LEAD HAZARDS ADVISORY
AND ACKNOWLEDGEMENT FORM

Housing built prior to 1978 has a high probability of containing components with- lead based paint. Lead from paint chips and dust may pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Lead poisoning in young children may produce permanent neurological damage including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. A lead risk assessment may be required if your property was built prior to 1978.

I/we have received a copy of the EPA publication entitled "Protect Your Family from Lead in Your Home", or you can read it online at:

https://www.epa.gov/sites/production/files/201706/documents/pyf_bw_landscape_format_2017_508.pdf

I/we also consent to having a lead risk assessment performed on our property if one is deemed necessary by the Office of Community Development staff.

I have received the National Fire Protection Association (NFPA) *Hear the Beep Where you Sleep* smoke alarm information page:

https://www.usfa.fema.gov/downloads/pdf/smoke_alarm_infographic.pdf

or read it online.

I have received NFPA's *Carbon Monoxide Safety* information page, or you can read it online at:

<https://www.nfpa.org/~media/files/public-education/resources/safety-tip-sheets/COsafety.pdf>

Signature of Applicant

Date:_____

Signature of Co-Applicant

Date:_____

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GENERAL RELEASE OF INFORMATION

To Whom It May Concern:

I/we hereby authorize you to release to the City of Kingston the following information:

1. Previous and past employment history, including employer, period employed, title of position, income and hours worked.
2. Income from all sources, including, but not limited to, wages, unemployment benefits, pension benefits, interest income, income from rental properties, social security, disability, child support, alimony, public assistance, and any other source.
3. Any information deemed necessary in connection with a consumer credit report or a real estate transaction.

This information will be for the confidential use of the City of Kingston in determining my/our eligibility for a loan from the City's CDBG, Residential Rehabilitation Program, or to confirm information that I/we have supplied. Please complete the attached verification request.

A photo or fax copy of this document may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed General Release of Information form will be kept on file with the City of Kingston.

Last, First, M.I. (PRINT)

Address

City, State, Zip

Signature - Date

Last, First, M.I. (PRINT)

Address

City, State, Zip

Signature - Date

Last, First, M.I. (PRINT)

Address

City, State, Zip

Signature - Date

Last, First, M.I. (PRINT)

Address

City, State, Zip

Signature - Date

Last, First, M.I. (PRINT)

Address

City, State, Zip

Signature - Date

Last, First, M.I. (PRINT)

Address

City, State, Zip

Signature - Date

All household members 18 years of age or older must sign this release form

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PHOTOGRAPH RELEASE AND LICENSE AGREEMENT

GRANT OF LICENSE AND RIGHT: The {Property Owner, Homeowner, Business Owner/Manager} hereby grants an exclusive license to and any and all rights and benefits, if any, to the photographs and/or video taken by the City of Kingston, NYS Housing Trust Fund Corp., HOME Program, CDBG Program, its agents/assigns at the job site for use in any advertising, promotion, web site, and marketing campaign that it may conduct in the future. Moreover, it is understood and acknowledged that this license and rights shall apply to any third parties or agents that the City of Kingston in its sole discretion deems necessary to properly and adequately market or promote its building materials and services.

CONSIDERATION: It is understood and agreed that other than the consideration previously received the {Property Owner, Homeowner, Business Owner/Manager} will not be entitled to receive any further consideration relative to the use of the photographs and/or video described herein, including monetary consideration.

RESTRICTIONS: It is understood and agreed that there will be no restrictions on the license and/or rights granted hereby.

PROMOTION/MARKETING: It is understood and agreed that the {Property Owner, Homeowner, Business Owner/Manager} shall have no control or input as to how the photographs and/or video are used or utilized in any marketing campaign or promotion and/or advertising unless the City of Kingston, its agents/assigns in its sole discretion deems that such input would be appropriate and useful. It is understood and agreed that the City of Kingston shall have sole authority to determine the mode and method of advertising, merchandising, promoting, selling and distributing that involves the use or utilization of the subject photographs and/or video. Moreover, it is understood and agreed that the City of Kingston will not be required to obtain any further approval or consent from the {Property Owner, Homeowner, Business Owner/Manager} prior to the use or utilization of any photographs and/or video for any promotion or marketing campaign and/or advertising.

_____ Date: _____
Signature of Applicant

_____ Date: _____
Signature of Co-Applicant

