

# Paint Request Form

Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_

Residents can paint one accent wall per room in the Living Room, Family Room, and Bedrooms.  
 Additional painted surfaces may result in additional charges at move out to correct.

## Rooms/Area to be painted:

\_\_\_\_\_

## I have elected to paint according to guidelines in:

### ☐ Option A: Approved Color Palette

Residents will be allowed to paint the interior walls of their home in their choice of the following PPG semi-gloss latex paint:

COLOR OF PAINT TO BE USED	COLOR
<input type="checkbox"/>	Latte - 201378
<input type="checkbox"/>	Artistic Taupe - 201376
<input type="checkbox"/>	Functional Gray - 201377
<input type="checkbox"/>	Grassland - 201379

- Residents should not attempt to prime or repaint the accent wall upon their move out.
- There may be a charge assessed of \$120.00 per room, if there is paint on the trim, other walls, ceilings, etc.
- If the paint damage is excessive (covering light switches, trim pieces, etc.) the Resident may be responsible to pay for the replacement of the item.

### ☐ Option B: Colors and Finishes NOT in the Approved Palette

I understand and agree that painting will be completed following the guidelines of Hickam Communities Interior Paint Policy. If I have chosen to use a color or finish not included in the Approved Color Palette, it is my responsibility to prime the painted wall(s) prior to move out or pay a charge of \$25 per wall per coat, payable upon move out. This charge will cover the cost of supplies and labor to restore the wall(s) to their original condition. If I have chosen to paint using an Approved Color and Finish, and have followed the Interior Paint Policy, I may leave the painted wall(s) as-is at move out if appearance is acceptable. Community office must have the approved form on file. Any damage or paint on any fixture, such as carpet, doors, windows, tile, blinds or any other fixtures, would be considered damage. Please be advised that smoking in your home will result in the cost of odor-removing paint and labor at a cost of \$150.00 per room that will be assessed at the time of move-out.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval is granted to perform painting at this house \_\_\_\_\_

HC Representative

Your request is denied \_\_\_\_\_

HC Representative

Reason for denial \_\_\_\_\_