

Slate Belt Rising • Façade Application



Office Use Only: Funding Source: _____

Status: Commercial Façade

Slate Belt Rising is a program of a private, nonprofit organization. All applicants are asked to supply information as required by our donors and evaluators. All information provided is voluntary and is used to determine our compliance with federal civil rights law to ensure that our program inclusive of all people in our community.

DATE OF APPLICATION: ___ / ___ / ___ Type of Applicant: Owner ___ Tenant ___

CONTACT INFORMATION

Name (Please Print)	
Home Address (No P.O. Boxes)	
County	
Mailing Address (If Different)	
Home Phone	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>
Work Phone	<input type="checkbox"/>
Email Address	<input type="checkbox"/>

Check the best way for us to reach you. ▲

Notes

DEMOGRAPHIC INFORMATION

Gender Male ___ Female ___

Date of Birth ___ / ___ / ___

Race (Please check all that apply):

American Indian/Native Alaskan

Native Hawaiian/Pacific Islander

Asian

Black/African-American

White

Multi-Racial/Other

Do you have Latino ethnicity? Yes No

Do you describe yourself as an immigrant to the U.S.? Yes No

If yes, # Years in U.S. _____

Country of Origin _____

Highest Level of Education Completed

Grade Level 0-8

Grade Level 9-12 (Non Graduate)

High School Graduate

GED

Associate Degree

Bachelor's Degree

Master's Degree

Post-Secondary

Are you a veteran? Yes No

Do you have a disability? Yes No

LEASE TERM _____



PROPERTY INFORMATION

Property owner(s) *Please print the name(s) exactly as they appear on the deed*

Social Security number(s)/FEIN Number

Address of property to be rehabilitated

Owner's mailing address *if different*

Home Phone

Cell Phone

Email Address

Do you currently live at this address?

Is there a mortgage on the property?

How long have you owned the building?

Additional information

Do you have any tenants living or working at this property?

Please provide their names and contact information below.

Unit	Name	Phone

Lien Information

Do you have any overdue or past due taxes, water/sewer bills, or other amount to the Borough of Bangor, Pen Argyl, Portland, Wind-Gap?

Yes No

If yes, what is owed?

How much is owed?

To your knowledge, has this property ever been rehabilitated by funding through any other government funding programs?

Yes No

If yes, please provide information including source of funds, dates, and amounts of such funding.

Have the requirements of these programs been completely satisfied?

Do you have any judgments against you?

Do you have any overdue taxes on this property?

Do you know of any municipal liens on the property? *Please explain.*

Property Insurance Company

Policy #

Agent name

Agent phone number



Service Agreement

All of the application information is complete and accurate to the best of my knowledge. I understand that services received through Community Action Committee of the Lehigh Valley (CACLV) and Slate Belt Rising (SBR) are advisory in nature and do not guarantee business success. I release CACLV and SBR from all liability related to the information presented in the programs.

Initial _____

FOLLOW-UP SURVEYS

From time to time, Community Action Committee of the Lehigh Valley collects follow-up information from its participants to learn more about the economic, business and employment experiences participants have experienced. I agree, as an active participant, to provide certain information to CACLV on a timely basis. If I am asked to provide confidential data, I am assured that my name will not be attached to the data and I can be confident that the information will be shared in a trustworthy manner.

Initial _____

PUBLICITY PERMISSION

I give permission to Community Action Committee of Lehigh Valley and Slate Belt Rising to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of CACLV or SBR. I agree that the CACLV and SBR have complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with either organization's mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release CACLV and its agents and assigns from any and all claims which arise out of or are in anyway connected with such use.

Initial _____

YES, I consent

NO, I do not consent

PRIVACY POLICY

Community Action Committee of the Lehigh Valley is committed to protecting the personal information of all participants. CACLV values its relationships with participants and assigns maintaining the trust and confidence of its participants the utmost importance. In efforts to preserve a strong relationship with clients, we have outlined below our privacy policy. This privacy policy will remain in effect even after the participant's formal relationship with CACLV has ended. By signing below, you accept this privacy Policy.

Organizational Security

To ensure that the personal information of clients remains confidential, our organization requires that every staff member sign a confidentiality agreement that details not-for-disclosure client information. In addition, we take appropriate measures in our use of technology and data management to limit access to client files. CACLV and/or Slate Belt Rising staff members have access to these files only on a need-to-know basis, i.e. to fulfill specific job-related functions.

Information Collection

Throughout the application process we collect and consider personal information about you. Included in this information is nonpublic data on demographic, household, and economic status. CACLV collects information from: (1) Information from applications and/or other organizational documentation, (2) Information about transactions or past experiences with partnering organizations, (3) Information that you provide us with from a consumer-reporting agency.

Information Disclosure and Use

The CACLV does not disclose non public personal information to anyone, except if it is permitted and/or required by law. This is also applicable to all former participants.

Signature _____

Date _____

This form must be signed in order to receive our services.