

# Slate Belt Rising • Façade Application



Office Use Only: Funding Source: \_\_\_\_\_

Status: Residential 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 CACLV is inclusive of all people in our community. Only CACLV Staff will have access to this information.*

DATE OF APPLICATION: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## DEMOGRAPHIC INFORMATION

## CONTACT INFORMATION

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

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

Is head of household disabled? Yes No

Do you have health insurance? Yes No

- If yes, check all that apply:
- Adult Basic
  - CHIP  Medicare  Private
  - Medical Assistance  Other

Check the best way for us to reach you. ▲

## HOUSEHOLD INFORMATION

Gender	First/Last Name	Age	Relationship to Head of Household
			Self

Household Type  Single Person  Single Parent  
 Two-Parent  Adults Only  Other \_\_\_\_\_

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## FINANCIAL INFORMATION

LAST MONTH	Your Income (monthly)	Income from other Household Members	<b>Current Employment Status</b> (Please check all that apply)	
Salary from a job (s)	\$	\$	FT Self-Employed (at least 35 hrs/wk)	<input type="checkbox"/>
Self-employment income	\$	\$	PT Self-Employed (less than 35 hrs/wk)	<input type="checkbox"/>
Social Security	\$	\$	FT Employed (at least 35 hrs/wk)	<input type="checkbox"/>
SSI	\$	\$	PT Employed (less than 35 hrs/wk)	<input type="checkbox"/>
Unemployment Insurance	\$	\$	Unemployed since _____	<input type="checkbox"/>
Pension	\$	\$	Not working due to an injury	<input type="checkbox"/>
TANF	\$	\$	Not working by choice (incl. retired)	<input type="checkbox"/>
Other Income _____	\$	\$	Never Employed	<input type="checkbox"/>
<b>Total Income Last Month</b>	<b>\$</b>	<b>\$</b>	<b>Do you have a personal checking or savings account?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
LAST YEAR	Your Income (yearly)	Income from other Household Members	<b>Has your income changed since last year, or do you expect it to change soon?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Salary from a job (s)	\$	\$	<b>Is a female the head of your household?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Self-employment income	\$	\$	<b>Are you the primary income earner in your family?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Security	\$	\$	<b>Do you currently receive any public assistance?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
SSI	\$	\$	If yes, please specify:	
Unemployment Insurance	\$	\$	<input type="checkbox"/> TANF	<input type="checkbox"/> Unemployment
Pension	\$	\$	<input type="checkbox"/> Social Security	<input type="checkbox"/> State Welfare
TANF	\$	\$	<input type="checkbox"/> SNAP	<input type="checkbox"/> Medical
Other Income _____	\$	\$	<input type="checkbox"/> Housing	
<b>Total Income Last Year</b>	<b>\$</b>	<b>\$</b>		

Please select the number of people in your household under the Household Size column **and** the appropriate gross income (total income before taxes) category from one of the three columns immediately to the right.

Household Size	0-30% AMI	31-50% AMI	51-80% AMI
_____ 1 person	_____ \$0 – \$15,400	_____ \$15,401 – \$25,700	_____ \$25,701 – \$41,100
_____ 2 people	_____ \$0 – \$17,600	_____ \$17,601 – \$29,400	_____ \$29,401 – \$47,000
_____ 3 people	_____ \$0 – \$20,420	_____ \$20,421 – \$33,050	_____ \$33,051 – \$52,850
_____ 4 people	_____ \$0 – \$24,600	_____ \$24,601 – \$36,700	_____ \$36,701 – \$58,700
_____ 5 people	_____ \$0 – \$28,780	_____ \$28,781 – \$39,650	_____ \$39,651 – \$63,400
_____ 6 people	_____ \$0 – \$32,960	_____ \$32,961 – \$42,600	_____ \$42,601 – \$68,100
_____ 7 people	_____ \$0 – \$37,140	_____ \$37,141 – \$45,550	_____ \$45,551 – \$72,800
_____ 8 people	_____ \$0 – \$41,320	_____ \$41,321 – \$48,450	_____ \$48,451 – \$77,500

## Slate Belt Rising • Façade Application



## PROPERTY INFORMATION

<b>Property owner(s)</b> <i>Please print the name(s) exactly as they appear on the deed</i>	<b>Lien Information</b>			
<b>Social Security number(s)</b>	Do you have any overdue or past due taxes, water/sewer bills, or other amount to the Borough of Bangor/Pen Argyl/Portland/Wind-	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			
<b>Address of property to be rehabilitated</b>	<i>If yes, what is owed?</i>			
<b>Owner's mailing address</b> <i>if different</i>	<i>How much is owed?</i>			
<b>Home Phone</b>	To your knowledge, has this property ever been rehabilitated by funding through any other government funding programs?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No			
<b>Cell Phone</b>	<i>If yes, please provide information including source of funds, dates, and amounts of such funding.</i>			
<b>Email Address</b>	<i>Have the requirements of these programs been completely satisfied?</i>			
<b>Do you currently live at this address?</b>	Do you have any judgments against you?			
<b>Is there a mortgage on the property?</b>	Do you have any overdue taxes on this property?			
<b>How long have you owned the building?</b>	Do you know of any municipal liens on the property? <i>Please explain.</i>			
<b>Additional information</b>				
Do you have any tenants living or working at this property?				
<i>Please provide their names and contact information below.</i>				
<b>Unit</b>	<b>Name</b>	<b>Phone</b>		
<b>Property Insurance Company</b>				
Policy #				
Agent name				
Agent phone number				



# Service Agreement

All of the application information is complete and accurate to the best of my knowledge. 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, SBR, and/or Lehigh Valley Community Land Trust (LVCLT) 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.*