

# Community Action Committee of the Lehigh Valley (CACLV) • Façade Application

Program: \_\_\_\_\_ Funding Source: \_\_\_\_\_ Status: Residential \_\_\_\_\_ Commercial \_\_\_\_\_

**CACLV is a private, nonprofit organization that provides services to the public. To offer these services, CACLV must adhere to regulations and requirements, some of which include the collection of personal and financial information from applicants. All applicants are asked to supply this information, which is used to determine eligibility and compliance. Only CACLV staff will have access to this data.**

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

## DEMOGRAPHIC INFORMATION

## APPLICANT INFORMATION

<b>Name</b> <small>(Please Print)</small>	
<b>Primary Language</b>	
<b>Home Address</b>	
<b>County</b>	
<b>Mailing Address</b> <small>(If Different)</small>	
<b>Social Security/ EIN Number</b>	
<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 one or more 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 consider yourself the head of the household?**    Yes    No

### 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

*Check the best way and time for us to reach you. ▲*

### Current Employment Status *(Please check all that apply)*

- FT Self-Employed (at least 35 hrs/wk)
- PT Self-Employed (less than 35 hrs/wk)
- FT Employed (at least 35 hrs/wk)
- PT Employed (less than 35 hrs/wk)
- Unemployed since \_\_\_\_\_
- Not working due to an injury
- Not working by choice (incl. retired)
- Never Employed

**Are you the primary income earner in your family?**    Yes    No

**Are you or any of your family members employed by CACLV or any of CACLV's subsidiaries?**    Yes    No

**Do you or any family members serve on committees of Upside Allentown, Southside Vision, Slate Belt Rising?**    Yes    No

**Did you ever provide gifts or services to CACLV?**    Yes    No

**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:*
- CHIP     Medicare     Adult Basic
  - Private
  - Medical Assistance     Other

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Gender  Male  Female

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<b>Mailing Address</b> <small>(If Different)</small>	
<b>Social Security Number</b>	
<b>Home Phone</b>	<input type="checkbox"/>
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**Do you have Latino ethnicity?**      **Yes**      **No**

**Do you consider yourself head of the household?**      **Yes**      **No**

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*If yes, check all that apply:*      Adult Basic

CHIP       Medicare       Private

Medical Assistance       Other

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## FINANCIAL INFORMATION

## HOUSEHOLD INFORMATION

LAST MONTH	Applicant Income	Income from other Household Members	Gender	First/Last Name	Age	Relationship to Head of Household
Salary from a job (s)	\$	\$				
Self-employment income	\$	\$				
Social Security	\$	\$				
SSI	\$	\$				
Unemployment Insurance	\$	\$				
Pension	\$	\$				
TANF	\$	\$				
Other Income _____	\$	\$				
<b>Total Income Last Month</b>	<b>\$</b>	<b>\$</b>				
LAST YEAR	Applicant Income (yearly)	Income from other Household Members				
Salary from a job (s)	\$	\$				
Self-employment income	\$	\$				
Social Security	\$	\$				
SSI	\$	\$				
Unemployment Insurance	\$	\$				
Pension	\$	\$				
TANF	\$	\$				
Other Income _____	\$	\$				
<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 five columns immediately to the right.

Household Size	0-30% AMI	31-50% AMI	51-80% AMI	80% -120% AMI	Other
___ 1 person	___\$0 – \$16,450	___\$16,451 – \$27,450	___\$27,451 – \$43,900	___ \$43,901 - \$65,850	
___2 persons	___\$0 – \$18,800	___\$18,801 – \$31,400	___\$31,401 – \$50,200	___\$50,201 - \$75,250	
___3 persons	___\$0 – \$21,330	___\$21,331 – \$35,300	___\$35,301 – \$56,450	___\$56,451 - \$84,650	
___4 persons	___\$0 – \$25,750	___\$25,750 – \$39,200	___\$39,201 – \$62,700	___\$62,701 - \$94,100	
___5 persons	___\$0 – \$30,170	___\$30,171 – \$42,350	___\$42,351 – \$67,750	___\$67,751 - \$101,600	
___6 persons	___\$0 – \$34,590	___\$34,591 – \$45,500	___\$45,501 – \$72,750	___\$72,751 - \$109,150	
___7 persons	___\$0 – \$39,010	___\$39,011 – \$48,650	___\$48,651 – \$77,750	___\$77,751 - \$116,650	
___8 persons	___\$0 – \$43,430	___\$43,431 – \$51,750	___\$51,751 – \$82,800	___\$82,801 - \$124,200	

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## PROPERTY INFORMATION

<p><b>Property owner(s)</b> <i>Please print the name(s) exactly as they appear on the deed</i></p>	<p><b>Financial Information</b></p>		
<p><b>Leaseholder (if applicable)</b></p>	<p>Do you have any overdue municipal taxes, water/sewer bills, or other amount due?</p>	<p>Yes</p>	<p>No</p>
<p><b>Address of property to be rehabilitated</b></p>	<p style="text-align: center;"><i>If yes, what is owed?</i></p>		
<p><b>Owner's mailing address</b> <i>if different</i></p>	<p style="text-align: center;"><i>How much is owed?</i></p>		
<p><b>Home Phone</b></p>	<p>To your knowledge, has this property ever been rehabilitated by funding through any other funding programs?</p>	<p>Yes</p>	<p>No</p>
<p><b>Cell Phone</b></p>	<p>Do you know of municipal liens on the property?</p>	<p>Yes</p>	<p>No</p>
<p><b>Email Address</b></p>	<p>Do you have any judgments against you?</p>	<p>Yes</p>	<p>No</p>
<p><b>Do you currently live at this address?</b></p>	<p>Did household income change since last year?</p>	<p>Yes</p>	<p>No</p>
<p><b>Is there a mortgage on the property?</b></p>	<p>Do you expect household income to change soon?</p>	<p>Yes</p>	<p>No</p>
<p><b>How long have you owned the building?</b></p>	<p>Is the property currently vacant?</p>	<p>Yes</p>	<p>No</p>
<p><b>Repairs Requested</b></p>			
<p style="text-align: right;">Roof/Gutter Repair <input type="checkbox"/></p>			
<p style="text-align: right;">Increased Insulation <input type="checkbox"/></p>			
<p style="text-align: right;">Façade Beautification <input type="checkbox"/></p>			
<p style="text-align: right;">Heating System Repair <input type="checkbox"/></p>			
<p style="text-align: right;">Interior Water Damage <input type="checkbox"/></p>			
<p style="text-align: right;">Window/Door Repair <input type="checkbox"/></p>			
<p style="text-align: right;">Accessibility Modification <input type="checkbox"/></p>			
<p style="text-align: right;">Other <input type="checkbox"/></p>			
<p><b>Additional information</b></p>			
<p>Do you have any tenants living or working at this property?</p>			
<p><i>Please provide their names and contact information below.</i></p>			
<p><b>Unit</b></p>	<p><b>Name</b></p>	<p><b>Phone</b></p>	
<p><b>Lease Terms (if applicable)</b></p>			
<p><b>Property Insurance Company</b></p>			
<p>Policy #</p>			
<p>Agent name</p>			
<p>Agent phone number</p>			

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## FOLLOW-UP SURVEYS

From time to time, Community Action Committee of the Lehigh Valley (CACLV) collects follow-up information from its participants to learn more about the benefit and impact of community development activities. As an active participant or beneficiary of services, I agree to provide requested information to CACLV on a timely basis. If I am asked to provide confidential data, I understand that my name will not be attached to the data. I further understand that data will be shared in a professional and trustworthy manner.

Initial \_\_\_\_\_

YES, I consent

NO, I do not consent

## PUBLICITY PERMISSION

I give permission to Community Action Committee of Lehigh Valley (CACLV) and its subsidiary organizations 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. I agree that CACLV will 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 for the use of such pictures, and hereby release CACLV and its agents and assigns from any and all claims connected with such use.

Initial \_\_\_\_\_

YES, I consent

NO, I do not consent

## PRIVACY POLICY

Community Action Committee of the Lehigh Valley (CACLV) 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 your formal relationship with CACLV has ended. By signing below, you acknowledge that you have read 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 limits staff members' 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*

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.

**I confirm that all the information in this application is true and correct to the best of my knowledge. I understand that if I knowingly or willfully make any false statements in this application, I may be required to reimburse the full amount of any assistance provided.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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