

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

Name <small>(Please Print)</small>	
Primary Language	
Home Address	
County	
Mailing Address <small>(If Different)</small>	
Social Security/ EIN Number	
Home Phone	<input type="checkbox"/>
Cell Phone	<input type="checkbox"/>
Work Phone	<input type="checkbox"/>
Email Address	<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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DATE OF APPLICATION: ___ / ___ / ___

DEMOGRAPHIC INFORMATION

CO - APPLICANT INFORMATION

Gender Male Female

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Primary Language	
Home Address	
County	
Mailing Address <small>(If Different)</small>	
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<input type="checkbox"/> Medical Assistance	<input type="checkbox"/> Adult Basic	<input type="checkbox"/> 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 _____	\$	\$				
Total Income Last Month	\$	\$				
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 _____	\$	\$				
Total Income Last Year	\$	\$				

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 – \$27,400	___\$27,401 – \$43,800	___ \$43,801 - \$61,321	
___ 2 persons	___\$0 – \$18,800	___\$18,801 – \$31,300	___\$31,301 – \$50,050	___\$50,051 - \$70,071	
___ 3 persons	___\$0 – \$21,720	___\$21,721 – \$35,200	___\$35,201 – \$56,300	___\$56,301 - \$78,821	
___ 4 persons	___\$0 – \$26,200	___\$26,201 – \$39,100	___\$39,101 – \$62,550	___\$62,551 - \$87,571	
___ 5 persons	___\$0 – \$30,680	___\$30,681 – \$42,250	___\$42,251 – \$67,600	___\$67,601 - \$94,641	
___ 6 persons	___\$0 – \$35,160	___\$35,161 – \$45,400	___\$45,401 – \$72,600	___\$72,601 - \$101,641	
___ 7 persons	___\$0 – \$39,640	___\$39,641 – \$48,500	___\$48,501 – \$77,600	___\$77,601 - \$108,641	
___ 8 persons	___\$0 – \$44,120	___\$44,121 – \$51,650	___\$51,651 – \$82,600	___\$82,601 - \$115,641	

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PROPERTY INFORMATION

<p>Property owner(s) <i>Please print the name(s) exactly as they appear on the deed</i></p>	<p>Financial Information</p>																												
<p>Leaseholder (if applicable)</p>	<p>Do you have any overdue municipal taxes, water/sewer bills, or other amount due?</p>	<p style="text-align: center;">Yes No</p>																											
<p>Address of property to be rehabilitated</p>	<p style="text-align: center;"><i>If yes, what is owed?</i></p>																												
<p>Owner's mailing address <i>if different</i></p>	<p style="text-align: center;"><i>How much is owed?</i></p>																												
<p>Phone Number</p>	<p>To your knowledge, has this property ever been rehabilitated by funding through any other funding programs?</p>	<p style="text-align: center;">Yes No</p>																											
<p>Email Address</p>	<p>Do you know of municipal liens on the property?</p>	<p style="text-align: center;">Yes No</p>																											
<p>Do you currently live at this address?</p>	<p>Do you have any judgments against you?</p>	<p style="text-align: center;">Yes No</p>																											
<p>Is there a mortgage on the property?</p>	<p>Did household income change since last year?</p>	<p style="text-align: center;">Yes No</p>																											
<p>How long have you owned the building?</p>	<p>Do you expect household income to change soon?</p>	<p style="text-align: center;">Yes No</p>																											
<p>Do you own other properties in the Slate Belt?</p>	<p>Is the property currently vacant?</p>	<p style="text-align: center;">Yes No</p>																											
<p>Additional information</p>	<p>Repairs Requested</p>																												
<p>Do you have any tenants living or working at this property? If so, please list information below.</p>	<p style="text-align: right;">Roof/Gutter Repair <input type="checkbox"/></p>																												
<p><i>For owners of multiple properties, list addresses below.</i></p>	<p style="text-align: right;">Increased Insulation <input type="checkbox"/></p>																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Unit/Address</th> <th style="width: 45%;">Occupant Name</th> <th style="width: 30%;">Phone</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Unit/Address	Occupant Name	Phone																									<p style="text-align: right;">Façade Beautification <input type="checkbox"/></p>	
Unit/Address	Occupant Name	Phone																											
	<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>Lease Terms (if applicable)</p>																												
	<p>Property Insurance Company</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.