FIGHTING FOR GOOD
COMMUNITY ACTION LEHIGH VALLEY

Facade Improvements Application
Residential & Commercial

Slate Belt RISING

Thank you for your interest in Slate Belt Rising's Facade Improvements Program! Please complete the information on this form so we may review your eligibility and determine the programs that best meet your specific needs. **Please fill in ALL boxes on ALL pages for faster review.** All information gathered will be kept strictly confidential. If you have questions or need assistance to complete this form, please call Brian Fenstermaker at (484) 523-0900 or email bfenstermaker@caclv.org.

PROPERTY INFORMATION

Address			
Mailing Address *(if different from street address)*			
Municipality		County	☐ Northampton ☐ Lehigh
Legal Owner		Ownership Status *(check all that apply)*	☐ Owner-Occupied Residential ☐ Rental/Commercial

Improvements You Would Like to See Completed *(check all that apply)*

- ☐ Roof/Gutter/Downspout Repair
- ☐ Facade Beautification
- ☐ Window/Door Repair or Replacement
- ☐ Siding
- ☐ Paint
- ☐ Concrete, Brick, Stucco, or Stone Repair
- ☐ Porch/Awning Repair or Replacement
- ☐ Lighting/House Numbers/Mailbox Upgrade
- ☐ Sidewalk ($2:$1 match required)
- ☐ Other:
- ☐ Other:
- ☐ Other: _____

Home Type *(check one)*

☐ Row Home ☐ Twin Home ☐ Ranch ☐ Split-Level ☐ Colonial ☐ Cape Cod
☐ Mobile Home ☐ Other: _____

Are there any outstanding loans or mortgages on your home?	☐ Yes ☐ No	Are your real estate taxes, water/ sewer bills current?	☐ Yes ☐ No	Do you have homeowner's insurance?	☐ Yes ☐ No

CONTACT INFORMATION

Primary Application Contact		Preferred Name		Does this contact live at the property?	☐ Yes ☐ No
Preferred Phone		Preferred Email			

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EMPLOYMENT/SELF-EMPLOYMENT & INCOME

INCOME INFORMATION REQUIRED FOR ALL ADULT HOUSEHOLD MEMBERS

☐ ***Does not apply***

Name of Household Member:_____

Employer or Business Name _____ Phone (___) ___ - ____

Street _____ Unit # _____

City _____ State ____ ZIP _____ Country _____

Position or Title _____

Start Date ___ / ___ / _____ *(mm/dd/yyyy)*

How long in this line of work? ___ Years ___ Months

☐ **Check if you are the Business Owner or Self-Employed**

◯ I have an ownership share of less than 25%. **Monthly Income (or Loss)**

◯ I have an ownership share of 25% or more. $ _____

Gross Monthly Income

Base $ _____ /month

Overtime $ _____ /month

Bonus $ _____ /month

Commission $ _____ /month

Military Entitlements $ _____ /month

Other $ _____ /month

TOTAL $ _____ **/month**

ADDITIONAL EMPLOYMENT (if applicable)

☐ ***Does not apply***

Name of Household Member:_____

Employer or Business Name _____ Phone (___) ___ - ____

Street _____ Unit # _____

City _____ State ____ ZIP _____ Country _____

Position or Title _____

Start Date ___ / ___ / _____ *(mm/dd/yyyy)*

How long in this line of work? ___ Years ___ Months

☐ **Check if you are the Business Owner or Self-Employed**

◯ I have an ownership share of less than 25%. **Monthly Income (or Loss)**

◯ I have an ownership share of 25% or more. $ _____

Gross Monthly Income

Base $ _____ /month

Overtime $ _____ /month

Bonus $ _____ /month

Commission $ _____ /month

Military Entitlements $ _____ /month

Other $ _____ /month

TOTAL $ _____ **/month**

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PLEASE LIST ANY ADDITIONAL EMPLOYMENT INFO BELOW

☐ ***Does not apply***

Name of Household Member	Name of Employer	Monthly Income
		$
		$
		$
		$
		$
		$

INCOME FROM OTHER SOURCES

Include income from other sources below. Under Income Source, choose from the sources listed here:

- Alimony
- Automobile Allowance
- Boarder Income
- Capital Gains
- Child Support
- Disability
- Foster Care
- Housing or Parsonage
- Interest and Dividends
- Mortgage Credit Certificate
- Mortgage Differential Payments
- Notes Receivable
- Public Assistance
- Retirement *(e.g., Pension, IRA)*
- Royalty Payments
- Separate Maintenance
- Social Security
- Trust
- Unemployment Benefits
- VA Compensation
- Other

Income Source – *use list above*	**Monthly Income**
	$
	$
	$
Provide TOTAL Amount Here	**$**

If no income documentation has been provided for a household member, please explain why:

Please use multiple copies of this page to document additional household members

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DEMOGRAPHICS

Name / Preferred Name	DOB	Age	Disabled?	Veteran?
			☐ Yes ☐ No	☐ Yes ☐ No

Employment Status *(if over 18; select all that apply)*	Insurance *(select all that apply)*	Ethnicity *(select one)*	Sex *(select one)*	Race *(select one)*	Highest Level of Education Completed
☐ Employed Full Time ☐ Employed Part Time ☐ Retired ☐ Unemployed (less than 6mo) ☐ Unemployed (more than 6mo) ☐ Not in Workforce	☐ Employer-Based ☐ Medicaid ☐ Medicare ☐ CHIP ☐ SHIP ☐ Military ☐ Direct Purchase	☐ Hispanic/ Spanish Origin ☐ Not Hispanic/ Spanish Origin	☐ Male ☐ Female	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African-American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other ☐ Multi-Racial	☐ Grade 0 – 8 ☐ Grade 9 – 12 (non-grad.) ☐ HS Grad/GED ☐ Some Post-Secondary ☐ 2 Yr. College Degree ☐ 4 Yr. College Degree ☐ Masters Degree ☐ Doctorate Degree

Name / Preferred Name	DOB	Age	Disabled?	Veteran?
			☐ Yes ☐ No	☐ Yes ☐ No

Employment Status *(if over 18; select all that apply)*	Insurance *(select all that apply)*	Ethnicity *(select one)*	Sex *(select one)*	Race *(select one)*	Highest Level of Education Completed
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ALL ARE EQUAL – ALL ARE WELCOME!

EQUAL HOUSING OPPORTUNITY

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative marketing and application program in which there are no barriers to obtaining housing or services because of race, ethnicity, color, religion, sex, sexual orientation, gender identity, handicap, familial status, military service, or national origin. We hold ourselves to a high standard, and pledge to treat all individuals served by CALV programs with dignity, respect, and common decency.

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government. I agree to provide any additional documentation required by the program administer to document my/our household income.

HEAD OF HOUSEHOLD		
Signature	**Printed Name**	**Date**
OTHER ADULT HOUSEHOLD MEMBERS		
Signature	**Printed Name**	**Date**
Signature	**Printed Name**	**Date**
Signature	**Printed Name**	**Date**
Signature	**Printed Name**	**Date**
Signature	**Printed Name**	**Date**

PROGRAM OF COMMUNITY ACTION LEHIGH VALLEY

Photo Release Authorization

By signing below, I hereby grant permission to Community Action Lehigh Valley (CALV), its program Slate Belt Rising (SBR), and their representatives to enter and photograph the exterior of my property as part of documentation related to the façade improvement program. I understand that these photographs may be used by CALV and SBR for promotional, educational, and reporting purposes, including but not limited to:

- Social media posts
- Press releases
- Website content
- Printed materials and reports
- Presentations and other public communications

I acknowledge that these images may be shared with funders, stakeholders, and the general public to highlight the impact of Slate Belt Rising's programs.

I understand that I will not receive any compensation for the use of these photographs and that CALV/SBR will not use the images for commercial sale or purposes outside of those listed above.

Property Address: _____

Legal Owner (Print): _____

Signature: _____

Date: _____