

APPLICATION FOR DDA FAÇADE PROGRAM

NAME & ADDRESS OF APPLICANT(S)
(Hereinafter jointly called "Owner")

OWNER INFORMATION

Name

Legal form of ownership

- Person Profit Corporation
 Partnership Cooperative

Address

City

Zip Code

Telephone Number

ADDRESS OF PROPERTY TO BE IMPROVED
(Hereinafter called the "Project")

PROJECT NAME (Does the project have a name other than the address?)

Address

Name

City

Zip Code

PROJECT INFORMATION

1. Structure Type: Low rise, 1-3 Floors Mid-rise, 4-6 Floors High rise, 7 + Floors

2. Present Value:

As is _____

Assessed _____

Is the property used for residential? rental purposes only? Yes no

Land Contract Free title ownership

Conventional Mortgage

Name of Financial Institution

Address

3. Age of structure: _____ Years

4. Are all property taxes paid to date? Yes No

5. Are all utilities paid to date? Yes No

PLEASE ATTACH COPY OF PROOF OF INSURANCE ON BUILDING.

**DATA PRIVACY STATEMENT
(TO BE READ BEFORE SIGNING THE APPLICATION FORM)**

All information you provide about you and your business is considered private data.

The information collected from you or from other agencies or individuals (authorized by you) is used to determine your eligibility for the DDA façade program.

We will use your private data only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

1. The local DDA board members who approve all applications.
2. Staff who are involved in the program administration.
3. Auditors who perform required audits of our City programs.
4. Law enforcement personnel in the case of suspected fraud.

Under Michigan’s Freedom of Information Act, individuals or organizations have the right to receive the names, addresses and amount of assistance provided to individuals under this program. However, they are not entitled to see private information about you.

Please sign below:

To the best of my knowledge, the information on this application is accurate and true.

I give my permission to this agency to verify my eligibility and share necessary private data with the local DDA board members, auditors and program staff. I understand that I will be prosecuted for fraud and perjury if I knowingly provided false information.

Applicant’s Signature: _____ Date: _____

Co-Applicant’s Signature: _____ Date: _____

Return Application To:

Gladstone Public Safety
Attn: Community Development Department
144 4th Avenue, NE
Gladstone, MI. 49837