



Facade Grant/Loan Pre-Qualification Application



Instructions: Complete this application in its entirety. Each person who owns 20% or more of the business or property must complete Section 3 and pay a \$25 non-refundable credit analysis fee. Submit completed applications & fee to MetroAction, PO Box 431, Scranton, PA 18501, or fax to (570) 347-6262.

1. PROJECT SITE INFORMATION

Business Name _____ Is your building registered or located in a historic district?
 Yes No Don't Know

Mailing Address _____ Number of Business or Property Owners
 (20% or more)

City _____ State _____ Zip _____ How long have you owned this
 business/property? ___ yrs ___ mos

Street Address of Façade Project Building _____ Scranton, PA 18503

Business Phone _____ Cell Phone _____ E-Mail Address _____
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Do you own or rent/lease this location?
 Own Rent/Lease owner for this project? Yes No Are you current with all federal taxes, state taxes, local taxes
 and municipal utility bills? Yes No

Does your business, or any tenants at the project site, deal with any of the following: gambling, adult-oriented products/services or multi-level marketing? Yes No

Is your business, or any tenants at the project site, one of the following: political organization, faith-based organization or government organization? Yes No

2. PROJECT DESCRIPTION & LOAN REQUEST

The total funding from the Façade program can range between \$1,000 and \$5,000, not to exceed 50% of the total project cost. The award will be a 50/50 split between a loan and a grant. Prior to funding, the business and/or property owner must verify the availability of the dollar for dollar matching funds for the program.

Total Project Cost:

Façade Loan Request: \$ _____ Cannot exceed \$2,500, unless located on a corner lot. Corner lots are eligible for \$5,000
 Façade Grant Request: \$ _____ Cannot exceed the Façade Loan Request amount
 Applicant Match: \$ _____ Must be at least the amount of the Façade Loan Request and Grant Request combined
 TOTAL PROJECT COST: \$ _____ Sum of lines above

How will you be providing the matching component? Loan from MetroAction (you do not need to complete a separate application)

Loan from another lender Cash

What exterior improvements will you be making with this project (check all that apply)? Brick/Stone Masonry Architectural Elements Doors/Windows

Exterior Woodwork Storefronts Signage Painting Awnings Lighting

Has the work for this project already started? Yes No

COLLATERAL AVAILABLE: In most cases, collateral is required as security for each loan request. Include values for ALL available sources of collateral. Providing incomplete information will delay processing.

Real Estate Address	Date Purch	Purchase Price	Market Value	Amount Owed	# Mortgages
	/ /	\$	\$	\$	
Vehicle/Equip (Make, Model, Year)	Mileage	Condition	Market Value	Amount Owed	Pledged for another loan?
			\$	\$	
Whole Life Insurance (Insurer's Name)	Face Value	Cash Value	Pledged for another loan?		
	\$	\$	Do not include term life insurance policies		
Business Assets Description	Market Value	Valuation Date	Pledged for another loan?	Amount Owed	
	\$			\$	

3. PERSONAL INFORMATION (anyone owning 20% or more of the business or property must complete this section)

Last Name _____ First Name _____ Date of Birth _____ Social Security Number _____ % Owned _____

Home Address _____ City _____ State _____ Zip _____ Title _____

Home Phone _____ Cell Phone _____ Email _____

Are you a veteran of the armed forces? Yes No Are you a U.S. citizen or legal resident? Yes No

Have you ever been convicted of a felony? Yes No

AUTHORIZATION & CERTIFICATION: I authorize MetroAction to make necessary inquiries verifying the accuracy of the statements made to determine credit worthiness through a personal credit check. I certify that neither I nor any of the business principals/property owners are presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. I certify that all information provided above and in any attachments is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

PAYMENT INFORMATION: Only completed applications, with correct non-refundable credit fee will be considered.

Total Amount Due: (\$25 per owner) _____ Payment Type Check Credit Card _____ Credit Card Number _____ Expiration Date _____ V Code _____

Name on Card: _____ Address: _____

Make Checks Payable to "METROACTION"