



ARCADE MAIN STREET APPLICATION



1. NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Address: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_

2. Mailing address (if different): \_\_\_\_\_

3. Owner name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_

4. Mortgage holder:

Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_

5. Real property tax ID. #: \_\_\_\_\_

6. Electric Account #: \_\_\_\_\_ Water Account #: \_\_\_\_\_

7. Are you current on all property taxes? \_\_\_\_\_  
If no, explain:

8. Do you have property and liability insurance? \_\_\_\_\_  
If no, explain:

9. Are you current on all utility payments? \_\_\_\_\_  
If no, explain:

10. How many residential units are in your building? \_\_\_\_\_ How many currently occupied? \_\_\_\_\_

11. Do you wish to participate in the local Village Grant Program as well as Main Street? \_\_\_\_\_

Applicant Certification: I (we) certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I (we) understand that any false statement could be cause for denial of participation in this program. I (we) understand that participation in the Main Street Program will result in a lien being taken on the property included in the program.

Signature of owners: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

This Program is made available through: Office of Community Renewal, Village of Arcade and Wyoming County Community Action.