



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.