

ACON Community Grant Application - Program Funding (Maximum \$5,000)

Criteria for acceptance:

- At least 60 years old
- Shall be the homeowner
- Shall reside in City of Aken and pay taxes
- Contractor shall be licensed in the City of Aiken

Application information

Full name:	_____	Date:	_____
	<i>Last First M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	Email:	_____
	<i>City State Zip Code</i>		

Community Name	_____	Is your neighborhood a Member of ACoN	Yes	No	Repair or Improvement	_____
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Description of repair or improvement _____

Are you the property owner? Yes No
Do you live in the property? Yes No

If you are not a member of ACoN would you be willing to become a member? Yes No Community Name _____

Amount needed to complete project? Put amount here _____

Property Type Ex.
Single story home

How did you
hear about us?

Please provide any additional information or comments below:

Mail application to
ACON, PO Box 2003,
Aiken, SC 29802 or email to aikencouncilofneighborhoods@gmail.com

Please list any other contact for this project

First Name _____ Relationship: _____

Last Name _____ Phone: _____

Address: _____ Email: _____

May we contact your other contact person Yes No

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to project being accepted, I understand that false or misleading information in my application may result in project not being funded.

Signature: _____ Date: _____

ACoN will be held harmless for work performed by contractor

For Aiken Council of Neighborhoods Use only

Application approved _____

Application not approved _____

Amount Awarded _____

Why application was not approved _____

Signature of president _____

Signature of committee member _____

Signature of committee member _____