

Please review the scoring rubric system below (DO NOT FILL OUT):

Points	Topics	Requirements	Score																						
10 -	Target Locations	<p>Mark below the minimum 2 provided proofs of address.</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Property Deeds</td> <td><input type="checkbox"/> Driver License/State ID</td> </tr> <tr> <td><input type="checkbox"/> Mortgage Statements</td> <td><input type="checkbox"/> Mail within 90 days</td> </tr> <tr> <td><input type="checkbox"/> Affidavit of Domicile</td> <td><input type="checkbox"/> Others</td> </tr> </table> <p>If others are marked, list out proofs/documentation provided. 1. _____ 2. _____</p> <hr/> <p>Mark below the priority location where business operates from.</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Haddon Ave</td> <td><input type="checkbox"/> Mt. Ephraim Ave</td> <td><input type="checkbox"/> Cooper St</td> <td><input type="checkbox"/> Ferry Ave</td> </tr> <tr> <td><input type="checkbox"/> Kaighn Ave</td> <td><input type="checkbox"/> River Ave</td> <td><input type="checkbox"/> Collings Rd</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td><input type="checkbox"/> Federal St</td> <td><input type="checkbox"/> State St</td> <td><input type="checkbox"/> Westfield Ave</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Broadway</td> <td><input type="checkbox"/> Market St</td> <td><input type="checkbox"/> Yorkship Square</td> <td></td> </tr> </table>	<input type="checkbox"/> Property Deeds	<input type="checkbox"/> Driver License/State ID	<input type="checkbox"/> Mortgage Statements	<input type="checkbox"/> Mail within 90 days	<input type="checkbox"/> Affidavit of Domicile	<input type="checkbox"/> Others	<input type="checkbox"/> Haddon Ave	<input type="checkbox"/> Mt. Ephraim Ave	<input type="checkbox"/> Cooper St	<input type="checkbox"/> Ferry Ave	<input type="checkbox"/> Kaighn Ave	<input type="checkbox"/> River Ave	<input type="checkbox"/> Collings Rd	<input type="checkbox"/> N/A	<input type="checkbox"/> Federal St	<input type="checkbox"/> State St	<input type="checkbox"/> Westfield Ave		<input type="checkbox"/> Broadway	<input type="checkbox"/> Market St	<input type="checkbox"/> Yorkship Square		
<input type="checkbox"/> Property Deeds	<input type="checkbox"/> Driver License/State ID																								
<input type="checkbox"/> Mortgage Statements	<input type="checkbox"/> Mail within 90 days																								
<input type="checkbox"/> Affidavit of Domicile	<input type="checkbox"/> Others																								
<input type="checkbox"/> Haddon Ave	<input type="checkbox"/> Mt. Ephraim Ave	<input type="checkbox"/> Cooper St	<input type="checkbox"/> Ferry Ave																						
<input type="checkbox"/> Kaighn Ave	<input type="checkbox"/> River Ave	<input type="checkbox"/> Collings Rd	<input type="checkbox"/> N/A																						
<input type="checkbox"/> Federal St	<input type="checkbox"/> State St	<input type="checkbox"/> Westfield Ave																							
<input type="checkbox"/> Broadway	<input type="checkbox"/> Market St	<input type="checkbox"/> Yorkship Square																							
30 -	City Aligned Designs	<p>Mark below the requested scope of work mentioned in this application.</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Windows</td> <td><input type="checkbox"/> Awnings/Overhangs</td> <td><input type="checkbox"/> Storefronts</td> </tr> <tr> <td><input type="checkbox"/> Security</td> <td><input type="checkbox"/> Entranceways/ADA</td> <td><input type="checkbox"/> Signs</td> </tr> <tr> <td><input type="checkbox"/> Building Caps/Cornices</td> <td><input type="checkbox"/> Lighting</td> <td></td> </tr> </table>	<input type="checkbox"/> Windows	<input type="checkbox"/> Awnings/Overhangs	<input type="checkbox"/> Storefronts	<input type="checkbox"/> Security	<input type="checkbox"/> Entranceways/ADA	<input type="checkbox"/> Signs	<input type="checkbox"/> Building Caps/Cornices	<input type="checkbox"/> Lighting															
<input type="checkbox"/> Windows	<input type="checkbox"/> Awnings/Overhangs	<input type="checkbox"/> Storefronts																							
<input type="checkbox"/> Security	<input type="checkbox"/> Entranceways/ADA	<input type="checkbox"/> Signs																							
<input type="checkbox"/> Building Caps/Cornices	<input type="checkbox"/> Lighting																								
10 -	Same Property/ Business Owner	<p>Mark below the minimum 1 provided proof of ownership for each the business and property.</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Property Deeds</td> <td><input type="checkbox"/> Business Tax Documents</td> </tr> <tr> <td><input type="checkbox"/> Mortgage Statements</td> <td><input type="checkbox"/> EIN Confirmation Letter</td> </tr> <tr> <td><input type="checkbox"/> Business Certificate/Registration</td> <td><input type="checkbox"/> Schedule K-1 File</td> </tr> <tr> <td><input type="checkbox"/> Others</td> <td></td> </tr> </table> <p>If others are marked, list out proofs/documentation provided. 1. _____ 2. _____</p>	<input type="checkbox"/> Property Deeds	<input type="checkbox"/> Business Tax Documents	<input type="checkbox"/> Mortgage Statements	<input type="checkbox"/> EIN Confirmation Letter	<input type="checkbox"/> Business Certificate/Registration	<input type="checkbox"/> Schedule K-1 File	<input type="checkbox"/> Others																
<input type="checkbox"/> Property Deeds	<input type="checkbox"/> Business Tax Documents																								
<input type="checkbox"/> Mortgage Statements	<input type="checkbox"/> EIN Confirmation Letter																								
<input type="checkbox"/> Business Certificate/Registration	<input type="checkbox"/> Schedule K-1 File																								
<input type="checkbox"/> Others																									

20 -	Proof of Funds	<p>Mark below provided proof of funds.</p> <p><input type="checkbox"/> Bank Statements <input type="checkbox"/> Others</p> <p><input type="checkbox"/> Letter of Custody/Commitment</p> <p><input type="checkbox"/> Security Statement Letter</p> <p>If others are marked, list out proofs/documentation provided.</p> <p>1. _____</p> <p>2. _____</p>															
30 -	Camden Residency	<p>Mark below the minimum 2 provided proofs of business/property owner and 1 proof for employee(s) residency.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Property Deeds</td> <td><input type="checkbox"/> Mail within 90 days</td> <td><input type="checkbox"/> W-2 Taxes</td> </tr> <tr> <td><input type="checkbox"/> Mortgage Statements</td> <td><input type="checkbox"/> Business Tax Documents</td> <td><input type="checkbox"/> Paystubs</td> </tr> <tr> <td><input type="checkbox"/> Business Registration</td> <td><input type="checkbox"/> County Tax Documents</td> <td><input type="checkbox"/> Lease</td> </tr> <tr> <td><input type="checkbox"/> DL/State ID (current)</td> <td><input type="checkbox"/> Affidavit of Domicile</td> <td><input type="checkbox"/> Others</td> </tr> </table> <p>If others are marked, list out proofs/documentation provided.</p> <p>1. _____</p> <p>2. _____</p>	<input type="checkbox"/> Property Deeds	<input type="checkbox"/> Mail within 90 days	<input type="checkbox"/> W-2 Taxes	<input type="checkbox"/> Mortgage Statements	<input type="checkbox"/> Business Tax Documents	<input type="checkbox"/> Paystubs	<input type="checkbox"/> Business Registration	<input type="checkbox"/> County Tax Documents	<input type="checkbox"/> Lease	<input type="checkbox"/> DL/State ID (current)	<input type="checkbox"/> Affidavit of Domicile	<input type="checkbox"/> Others			
	<input type="checkbox"/> Property Deeds	<input type="checkbox"/> Mail within 90 days	<input type="checkbox"/> W-2 Taxes														
	<input type="checkbox"/> Mortgage Statements	<input type="checkbox"/> Business Tax Documents	<input type="checkbox"/> Paystubs														
	<input type="checkbox"/> Business Registration	<input type="checkbox"/> County Tax Documents	<input type="checkbox"/> Lease														
	<input type="checkbox"/> DL/State ID (current)	<input type="checkbox"/> Affidavit of Domicile	<input type="checkbox"/> Others														
10 pts: Business Owner	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Property Deeds</td> <td><input type="checkbox"/> Mail within 90 days</td> <td><input type="checkbox"/> W-2 Taxes</td> </tr> <tr> <td><input type="checkbox"/> Mortgage Statements</td> <td><input type="checkbox"/> Business Tax Documents</td> <td><input type="checkbox"/> Paystubs</td> </tr> <tr> <td><input type="checkbox"/> Business Registration</td> <td><input type="checkbox"/> County Tax Documents</td> <td><input type="checkbox"/> Lease</td> </tr> <tr> <td><input type="checkbox"/> DL/State ID (current)</td> <td><input type="checkbox"/> Affidavit of Domicile</td> <td><input type="checkbox"/> Others</td> </tr> </table> <p>If others are marked, list out proofs/documentation provided.</p> <p>1. _____</p> <p>2. _____</p>	<input type="checkbox"/> Property Deeds	<input type="checkbox"/> Mail within 90 days	<input type="checkbox"/> W-2 Taxes	<input type="checkbox"/> Mortgage Statements	<input type="checkbox"/> Business Tax Documents	<input type="checkbox"/> Paystubs	<input type="checkbox"/> Business Registration	<input type="checkbox"/> County Tax Documents	<input type="checkbox"/> Lease	<input type="checkbox"/> DL/State ID (current)	<input type="checkbox"/> Affidavit of Domicile	<input type="checkbox"/> Others				
<input type="checkbox"/> Property Deeds	<input type="checkbox"/> Mail within 90 days	<input type="checkbox"/> W-2 Taxes															
<input type="checkbox"/> Mortgage Statements	<input type="checkbox"/> Business Tax Documents	<input type="checkbox"/> Paystubs															
<input type="checkbox"/> Business Registration	<input type="checkbox"/> County Tax Documents	<input type="checkbox"/> Lease															
<input type="checkbox"/> DL/State ID (current)	<input type="checkbox"/> Affidavit of Domicile	<input type="checkbox"/> Others															
10 pts: Property Owner	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Property Deeds</td> <td><input type="checkbox"/> Mail within 90 days</td> <td><input type="checkbox"/> W-2 Taxes</td> </tr> <tr> <td><input type="checkbox"/> Mortgage Statements</td> <td><input type="checkbox"/> Business Tax Documents</td> <td><input type="checkbox"/> Paystubs</td> </tr> <tr> <td><input type="checkbox"/> Business Registration</td> <td><input type="checkbox"/> County Tax Documents</td> <td><input type="checkbox"/> Lease</td> </tr> <tr> <td><input type="checkbox"/> DL/State ID (current)</td> <td><input type="checkbox"/> Affidavit of Domicile</td> <td><input type="checkbox"/> Others</td> </tr> </table> <p>If others are marked, list out proofs/documentation provided.</p> <p>1. _____</p> <p>2. _____</p>	<input type="checkbox"/> Property Deeds	<input type="checkbox"/> Mail within 90 days	<input type="checkbox"/> W-2 Taxes	<input type="checkbox"/> Mortgage Statements	<input type="checkbox"/> Business Tax Documents	<input type="checkbox"/> Paystubs	<input type="checkbox"/> Business Registration	<input type="checkbox"/> County Tax Documents	<input type="checkbox"/> Lease	<input type="checkbox"/> DL/State ID (current)	<input type="checkbox"/> Affidavit of Domicile	<input type="checkbox"/> Others				
<input type="checkbox"/> Property Deeds	<input type="checkbox"/> Mail within 90 days	<input type="checkbox"/> W-2 Taxes															
<input type="checkbox"/> Mortgage Statements	<input type="checkbox"/> Business Tax Documents	<input type="checkbox"/> Paystubs															
<input type="checkbox"/> Business Registration	<input type="checkbox"/> County Tax Documents	<input type="checkbox"/> Lease															
<input type="checkbox"/> DL/State ID (current)	<input type="checkbox"/> Affidavit of Domicile	<input type="checkbox"/> Others															
10 pts: Employee(s)	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Property Deeds</td> <td><input type="checkbox"/> Mail within 90 days</td> <td><input type="checkbox"/> W-2 Taxes</td> </tr> <tr> <td><input type="checkbox"/> Mortgage Statements</td> <td><input type="checkbox"/> Business Tax Documents</td> <td><input type="checkbox"/> Paystubs</td> </tr> <tr> <td><input type="checkbox"/> Business Registration</td> <td><input type="checkbox"/> County Tax Documents</td> <td><input type="checkbox"/> Lease</td> </tr> <tr> <td><input type="checkbox"/> DL/State ID (current)</td> <td><input type="checkbox"/> Affidavit of Domicile</td> <td><input type="checkbox"/> Employee Contract</td> </tr> <tr> <td><input type="checkbox"/> UEZ Employment Report</td> <td><input type="checkbox"/> Employment Letter</td> <td><input type="checkbox"/> Others</td> </tr> </table> <p>If others are marked, list out proofs/documentation provided.</p> <p>1. _____</p> <p>2. _____</p>	<input type="checkbox"/> Property Deeds	<input type="checkbox"/> Mail within 90 days	<input type="checkbox"/> W-2 Taxes	<input type="checkbox"/> Mortgage Statements	<input type="checkbox"/> Business Tax Documents	<input type="checkbox"/> Paystubs	<input type="checkbox"/> Business Registration	<input type="checkbox"/> County Tax Documents	<input type="checkbox"/> Lease	<input type="checkbox"/> DL/State ID (current)	<input type="checkbox"/> Affidavit of Domicile	<input type="checkbox"/> Employee Contract	<input type="checkbox"/> UEZ Employment Report	<input type="checkbox"/> Employment Letter	<input type="checkbox"/> Others	
<input type="checkbox"/> Property Deeds	<input type="checkbox"/> Mail within 90 days	<input type="checkbox"/> W-2 Taxes															
<input type="checkbox"/> Mortgage Statements	<input type="checkbox"/> Business Tax Documents	<input type="checkbox"/> Paystubs															
<input type="checkbox"/> Business Registration	<input type="checkbox"/> County Tax Documents	<input type="checkbox"/> Lease															
<input type="checkbox"/> DL/State ID (current)	<input type="checkbox"/> Affidavit of Domicile	<input type="checkbox"/> Employee Contract															
<input type="checkbox"/> UEZ Employment Report	<input type="checkbox"/> Employment Letter	<input type="checkbox"/> Others															
5 pts: 75%	10 pts: 75%																
3 pts: 50%	5 pts: 50%																
1 pt: 25%	3 pts: 25%																
1 pt: 1 Resident	0 pts: 0%																
10 pts: Sole Proprietor	10 pts: Sole Proprietor	<p>If claiming sole proprietorship, schedule-c taxes are required as proof.</p> <p><input type="checkbox"/> Schedule-C</p>															

Total Points:	/100
----------------------	-------------