

# Water and Sewer Assessment Assistance

Economic & Community Development Department

Applicant Information				
Full Name:			Date of Birth:	
Property Address:				
Phone:		Email:		Race:
Co-Applicant:			Relationship:	
Household Size:	Household Annual Income:		Are you the Homeowner:	
Current Employer:			Years Employed:	
Date of Assessment:	Have you ever had prior connections:		Type of Assistance:	Assessment <input type="checkbox"/> Plumbing <input type="checkbox"/>
<p><b>Acknowledgement of Authenticity and Certification:</b> I/We, the applicant(s), certify that all information provided in this application and any supporting documentation submitted for the purpose of obtaining assistance through the Water and Sewer Assessment Assistance Program is true, complete, and accurate to the best of our knowledge and belief. I/We understand that information provided may be verified through sources identified in this application or other documentation necessary to determine eligibility and program compliance.</p> <p>I/We further understand that knowingly and willfully making false, fictitious, or fraudulent statements or representations in connection with this application may constitute a violation of federal law, including 18 U.S.C. § 1001, and may result in denial of assistance, repayment of funds, fines, imprisonment, or other applicable penalties.</p> <p><b>Acknowledgement of Limited Availability of Funding:</b> I/We understand that assistance under the Program is subject to available funding. Eligibility or application approval does not create an entitlement to assistance or guarantee the availability of Program funds.</p>				
Signature of applicant:			Date:	
Signature of Co-applicant:			Date:	
Internal Review				
Annexed area:	Ownership:	Tax Standing:	Plumber: N/A <input type="checkbox"/>	AMI %
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Paid <input type="checkbox"/>	3 Quotes <input type="checkbox"/>	
No <input type="checkbox"/>	No <input type="checkbox"/>	Unpaid <input type="checkbox"/>	Cert. Licensed <input type="checkbox"/>	
Verifying Staff:			Date:	

