



CITY OF ARCATA

PRIVATE SEWER LATERAL REHABILITATION PROGRAM APPLICATION FORM

PRIVATE SEWER LATERAL REHABILITATION LOAN

Owner Type

- Owner Occupant
- Owner Investor

Housing Unit Type

- SFR Detached
- Half-Plex
- Duplex
- Condominium

Assessor's Parcel # _____

Property Address _____

APPLICANT INFORMATION

Applicant Name _____

Street Address _____

City _____ State _____ Zip _____

Primary Phone _____ Work Phone _____ Email _____

Mailing Address (If Different) _____

Date of Birth _____ Place of Birth _____

SSN _____ Gender: Male Female

APPLICANT ETHNICITY (Select One)

Not Hispanic Hispanic

Race (Select One)

- | | |
|--|--|
| White | American Indian / Alaskan Native & White |
| Black / African American | Asian & White |
| Asian | Black / African American & White |
| American Indian / Alaskan Native | American Indian / Alaskan & Black / African American |
| Native Hawaiian / Other Pacific Islander | Other Multi-Racial |

Other Demographic Data (Select Each that Applies)

- | | |
|--------------------------|-------------------------|
| Female Head of Household | Single / Non-Elderly |
| Participant Disabled | Related / Single Parent |
| Veteran | Related / Two Parent |
| Elderly | Other: _____ |

CO-APPLICANT INFORMATION

Co-Applicant Name _____

Primary Phone _____ Work Phone _____ Email _____

Date of Birth _____ Place of Birth _____

SSN _____ Gender: Male Female

CO-APPLICANT ETHNICITY (Select One)

Not Hispanic

Hispanic

Race (Select One)

White

Black / African American

Asian

American Indian / Alaskan Native

Native Hawaiian / Other Pacific Islander

American Indian / Alaskan Native & White

Asian & White

Black / African American & White

American Indian / Alaskan & Black / African American

Other Multi-Racial

Other Demographic Data (Select Each that Applies)

Female Head of Household

Participant Disabled

Veteran

Elderly

Single / Non-Elderly

Related / Single Parent

Related / Two Parent

Other: _____

REPORT OF INCOME BENEFITS

Applicants for assistance under the City of Arcata Private Sewer Lateral Rehabilitation Program are required to provide verifiable evidence of annual household income. This includes related and unrelated household members and persons who will be living in the residence more than half time. Please list below the household members who are included in your application and submit copies of income verification. Acceptable documentation is a copy of the most recent income tax return submitted to the Internal Revenue Service. If income tax returns are not available, please use the space on Page 3 to provide information about why they are not available.

**CONFIDENTIAL INCOME CERTIFICATION / APPLICATION CERTIFICATION
AUTHORIZATION FOR RELEASE OF INFORMATION**

My total household size consists of _____ members, and the total gross annual income* for all adult members is \$ _____.

* Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aids, per 24 CFR 5.403).

I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for City funds, which may include immediate repayment of all City funds received and/or prosecution under the law. I authorize the City of Arcata or its Program Operator to make any and all inquiries necessary and appropriate to verify this information. I understand that the City of Arcata or its Program Operator will keep this application whether or not this loan is approved.

Applicant Signature

Date

Co-Applicant Signature

Date

Applicant Name (print)

Co-Applicant Name (prnt)

ATTACH THE FOLLOWING DOCUMENTATION

Photocopy of Recent Utility Bill

Photocopy of Driver's License or Other Government-Issued Identification

Proof of Failure of a Sewer Lateral Pressure Leak Test, or Inability to Perform the Test

Written estimate of repair costs from approved Contractor

PROVIDE ADDITIONAL INFORMATION OR COMMENTS HERE

PLEASE DO NOT WRITE BELOW THIS LINE (FOR CITY STAFF USE)

INCOME VERIFICATION BY STAFF

Annual Household Income _____ # Household Members _____ Date Verified _____

Assigned Loan Category _____

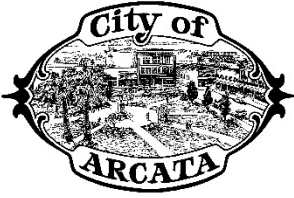
Project in City Limits? Yes No Project in Sewer Rehab Area? Yes No

APPROVAL

Approved Declined

Letter Sent _____ By _____

Building Sewer Certificate Issued: _____



PRIVATE SEWER LATERAL REHABILITATION PROGRAM ELIGIBILITY DETERMINATION CHECKLIST

This checklist includes information City Staff uses to determine whether your application is complete. While additional information may be required, this list includes the common steps that you must complete to receive an eligibility determination.

You should keep this form, and a copy of all materials you submit to the City, for your records. You can keep this form to track your progress.

Required Item

Date Complete

City of Arcata Private Sewer Lateral Rehabilitation Program Application Form,
Including Form 4506-T (Request for Transcript of Tax Return)

Most Recent Tax Return (If a Tax Return is Not Filed, Provide Explanation on Page 3 of
the Application Form)

Photocopy of Recent Utility Bill

Photocopy of Driver's License or Other Government-Issued Identification

Proof of failure of a Sewer Lateral Pressure Leak Test, or Inability to Perform the Test
