

## N. Hague Avenue Sanitary Sewer Connection Financial Assistance Application

**This application must be completed to verify eligibility.**

Refer to the [Fact Sheet](#) and [FAQ Sheet](#) for help completing this application and to review the eligibility requirements.

**This application and all supporting documents must be postmarked no later than August 1, 2025.**

<b>Service address (Home where connection will be made):</b>	<b>Date:</b>
<b>Is this property being purchased on “land contract”?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is the property the primary residence of the applicant?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Property owner’s name:</b>	<b>Co-owner’s name:</b>	
<b>Street address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip code:</b>
<b>Home phone:</b> (    )	<b>Work phone:</b> (    )	<b>Cell phone:</b> (    )

<b>1. Is the title to the property in your name?</b> (If No, who owns the property?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. How many people currently reside in the home?</b>	<b>Total number:</b>
<b>3. What is the household’s monthly gross (pre-tax) income?</b>	<b>Total amount*:</b>
<i>*All income received into your household <b>must</b> be reported. Please attach income verification information, including, but not limited to, your most recent (filed) income tax forms, your most recent W-2s, at least three recent (within the previous six months) payroll stubs, etc. If you did not complete an income tax return for 2024, please provide other documentation of your current household income, including copies of your most recent W-2 forms.</i>	

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**4. Please check all box(s) below, which describe your sources of income and include verification (copies) with the application:**

<input type="checkbox"/> <b>Employment</b>	<input type="checkbox"/> <b>Unemployment</b>	<input type="checkbox"/> <b>Rental income</b>	<input type="checkbox"/> <b>Public assistance</b>
<input type="checkbox"/> <b>Social Security</b>	<input type="checkbox"/> <b>Supplemental Security Income (SSI)</b>	<input type="checkbox"/> <b>Disability</b>	<input type="checkbox"/> <b>Assistance for Dependent Children (ADC)</b>
<input type="checkbox"/> <b>General assistance</b>	<input type="checkbox"/> <b>Child support</b>	<input type="checkbox"/> <b>Alimony</b>	<input type="checkbox"/> <b>Other</b> _____

**5. Please check all box(s) below, which describe any and all investments that a member of your household has under their control. Include copies of the two (2) most-recent statements or other verification of each source of income.**

<input type="checkbox"/> <b>Checking account(s):</b>	<input type="checkbox"/> <b>Savings account(s):</b>	<input type="checkbox"/> <b>CD(s):</b>
<input type="checkbox"/> <b>Stock(s):</b>	<input type="checkbox"/> <b>Bond(s):</b>	<input type="checkbox"/> <b>Other:</b>

**The following evidence of your household sources of income must accompany your application for assistance:**

- a. List of the names and addresses of all sources of employment of adult members of the household and at least three (3) recent (within six months) payroll stubs of all adult members of the household (adult members = over 18 years of age).
- b. Names and addresses of all other household income sources such as: Social Security, retirement, child support, alimony, etc. (Include documents for each source, such as the most recent award letter.)
- c. 2024 W-2 forms from each employer
- d. Federal income tax return for corporations (for self-employed applicants only).
- e. At least two (2) recent (within six months) statements for all checking and savings account(s).

**6. Do you have homeowner's insurance?**   ☐ **Yes**   ☐ **No**

(Include a copy of the Declaration Page of your homeowner's insurance, indicating that such coverage is currently in effect)

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Name of Residents of Household	Age	Student	Employed (Yes/No)
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____
8 _____	_____	_____	_____

Employer	Address	Person Employed
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____

Notes for the reviewer of this Application

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## N. Hague Avenue Sanitary Sewer Connection Financial Assistance Application

**This information is confidential and will only be reviewed by the Franklin County Department of Sanitary Engineering and Amick Municipal Consulting Group, LLC staff to determine eligibility for financial assistance.**

I certify that the information contained in this application and the attached forms are true and complete to the best of my knowledge, and that I have not knowingly withheld any information regarding my household income. I understand that this information is subject to verification. I understand that by signing this application, I authorize this agency or its representatives to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose. I understand that no information obtained through this application shall be made public in such a manner that the dwelling or occupants can be identified.

By signing this application, I understand that I may be held civilly and/or criminally liable by federal and state law for any knowingly false and fraudulent statements.

I hereby release and hold harmless the Franklin County Board of Commissioners, Amick Municipal Consulting Group, LLC, and their agents from any and all claims and actions based upon, arising out of, or relating in any way to any disclosure of records or information pursuant to this Financial Assistance Application.

<b>Property owner's signature:</b>	<b>Date:</b>
<b>Co-owner's signature (if applicable):</b>	<b>Date:</b>