CITY OF PLYMOUTH WATER/SEWER LATERAL LOAN PROGRAM

Please complete the entire application and return it to the City Clerk-Treasurer's Office at City Hall along with all applicable documentation.

> ARE YOU A U.S. CITIZEN OR A QUALIFIED ALIEN? ____YES ____NO (you must check one)

NOTE:

The loan program will be repaid over 10 years through a special charge on your annual property tax bill. Payoff of the entire loan balance is accepted throughout the year.

The actual cost of each project will vary depending on the scope of work and the location of the water and/or sewer lateral. The program cannot reimburse for work that has already been done.

The homeowner is responsible for holding the contract or agreement with the plumber for service provided.

Pursuant to Municipal Ordinance 6-2-4(a): Frozen Ground. No opening in the streets, alleys, sidewalks or public ways shall be permitted between November 15th and May 1st except where it is determined by the Director of Public Works or its designee to be an emergency excavation.

Program funds are available to residential property owners with 4 units or less (single family, duplex, condos or apartments that are no more than 4 units on parcel) and licensed day care facilities.

Return application to:

City of Plymouth Water/Sewer Lateral Loan Program C/O City Clerk 128 Smith Street P.O. Box 107 Plymouth, WI 53073 Phone: 920-893-1271

<u>CITY OF PLYMOUTH</u> WATER/SEWER LOAN APPLICATION

<u>Office Use</u> <u>Only:</u>	Application Number		Date Received		
	Parcel Number			Plumbing Permit	
	n contained in this applic	-	confidential.		
Applicants Name:	all pages (front and back)).			
Co-Applicants Name:					
(Note: If you hav Current Street Address:	e a fiancé' or significant	other living wit	th you, please l	ist here.	
Mailing Address (if different)	Street Address	City	State	Zip	
(in unrerent)	Street Address	City	State	Zip	
Phone Number:					
Email Address:					
May we contact	you via email? (circle on	e) Yes	No		
May we contact	you at work? (<i>circle one</i>)	Yes	No		
IS THE APPLIC	ANT THE HOME OWN	IER? (circle one	e) Yes	No	
Is this your primar	ry residence? 🗌 Yes 🛛	No Are	the property ta	xes paid up to date?	Yes 🗌 No
Is this property wi	thin the corporate limits	of the City of P	lymouth? 🗌 Y	Yes No	
What type of prop	erty is this?				
Single Family Name(s) on Proper	Multi-Family (# of ty Title:	units)			
Address of Propert	y (where loan funds wou	ld be used):			

Water Lateral - Leaking
Water Lateral - Lead
Sewer Lateral - Clay
Sewer Lateral - Deficient
Road Opening Repairs (if
 required)

*Only work that is considered essential and necessary will be permitted. **

A cost estimate for the work to be done is required to be submitted as part of application materials.

The following projects or activities are ineligible for RLF funding:

- 1) Properties that are not current or are delinquent on property taxes, fees, or charges for service.
- 2) Funding for laterals for new homes or commercial/industrial businesses or expansion projects.
- 3) Funding for initial lateral installations where property has been annexed.
- 4) Funding for laterals for properties outside of the City of Plymouth.

COMPLETE THE FOLLOWING INCOME QUESTIONNAIRE COMPLETELY

Your household income from all sources is (check one)?

Below \$63,293 Above \$63,293 Unemployed. I have no current income.

Describe your source of income:

PLEASE ALSO INCLUDE A COPY OF THE FOLLOWING:

1) Copy of your most recent mortgage statement showing your current principal balance and showing you are current on your mortgage payments, if applicable.

<mark>REA</mark> ASK GIONING THE ADDI LOATION NOTINDEDOTAND

ASK FOR ASSISTANCE. Read and initial stat	ements below:
	loan payable through a special charge on the tax bill. The annual special 0 years unless the balance is paid off in full. I understand upon resale or lance is required to be paid in full.
I understand the City of Plymouth Building I in compliance with plumbing codes.	nspector will inspect the property to determine that the plumbing work is
I understand I must carry homeowner's insu loan.	rance on the property and keep the policy in force during the life of the
	an funds equal to the necessary cost of repairs and will pay the plumbing of the work, receiving adequate documentation, and upon receiving
I understand that the City of Plymouth must a	pprove the application prior to starting work.
I understand that the information about my in	come at time of application is required to be true and correct.
(Signature of applicant)	Date:
(Signature of applicant)	Date:
PROJECT APPROVAL	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Director of Public Works/City Engineer	Date:
LOAN APPROVAL	
City Administrator/Utilities Manager	Date:
City Clerk-Treasurer	Date:
,	
PROJECT COMPLETION/BUILDING IN	SPECTOR APPROVAL