

**Sewer Lateral Assistance Program**  
**City of Johnstown, Department of Community & Economic Development**

1. Applicant Name: \_\_\_\_\_ /Age \_\_\_\_\_ /SS# \_\_\_\_\_
2. Co-Applicant Name: \_\_\_\_\_ /Age \_\_\_\_\_ /SS# \_\_\_\_\_
- Address: \_\_\_\_\_ Johnstown, PA Zip: \_\_\_\_\_
- Phone Contact: (home) \_\_\_\_\_ / (alternate#) \_\_\_\_\_

3. Are you the owner of the above property? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you occupy this property as your primary residence?  
 Yes \_\_\_\_\_ NO \_\_\_\_\_
- Is this single or duplex structure? Single \_\_\_\_\_ Duplex \_\_\_\_\_

4. Household Composition:  
 \* If more than 6, please include requested information on a separate sheet of paper

Full Name	Relationship	Birth Date	Age	Sex	Social Security No.
1.					
2.					
3.					
4.					
5.					
6.					

5. Race of Head of Household:  
 The race of head of household is information collected in compliance with Fair Housing and Equal Opportunity rules. Your cooperation in completing this section is appreciated, however, is not required.

White		Native Hawaiian/Other Pacific Islander
Black/African American		Native American/Alaskan Native
Asian		American Indian/Alaskan Native and White
Asian and White		Black/African American and White
American Indian/Alaskan Native and Black/African American		Other Multi-racial

6. The following documentation must be submitted with your application:
- Property Deed (**recorded full copy**)
  - City, County, and School property tax receipts for the **previous (2) years**
  - Income verification, (1040 income tax form, social security award letter, pension award letter, etc). Household members 18 years and older must report income.
  - (3) bids (for lateral installation) from certified contractors.

**HOUSEHOLD INCOME LIMITS FOR FY 2018**

Household Members:	1	2	3	4	5	6	7	8
	Low (80%) Income	\$35,750	\$40,850	\$45,950	\$51,050	\$55,150	\$59,250	\$63,350

**If your household income exceeds the maximum allowance indicated on the chart, you are not qualified to receive assistance under this program.**

7. **Income Verification: Disclose all income on the following page for every household member over 18 years old.** Include earned income, taxable interest, dividends, taxable refunds, alimony, business income or loss, taxable IRA amounts, taxable pension and annuity, taxable social security benefits, prizes and awards such as gambling, lottery raffle winnings.

**SOURCE OF INCOME**

**AMOUNT OF INCOME**

Include name/address of employer: \_\_\_\_\_ \$ \_\_\_\_\_  
Social Security: \_\_\_\_\_ \$ \_\_\_\_\_  
Pension Benefit \_\_\_\_\_ \$ \_\_\_\_\_  
Interest Income: \_\_\_\_\_ \$ \_\_\_\_\_  
Dividends: \_\_\_\_\_ \$ \_\_\_\_\_  
Rental Income: \_\_\_\_\_ \$ \_\_\_\_\_  
Business Income or Loss \_\_\_\_\_ \$ \_\_\_\_\_

**The applicant certifies that the above information is true and correct to the best of his/her knowledge. Verification of any of the information contained in this application may be obtained from any source named herein.**

**Penalty for false or fraudulent statement; U.S.C. Title 18, Section 1001, provides; "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsified or make any false writing or document the same to contain false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."**

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

If any questions or require assistance in completing this application, please contact the City of Johnstown, Department of Community and Economic Development at 814-533-2047. Our office mailing address is as follows:

City of Johnstown  
Department of Community and Economic Development  
City Hall, 2<sup>nd</sup> Floor  
401 Main Street  
Johnstown, PA 15901

**For Official Use Only**

Income Verification: Monthly: \_\_\_\_\_ Yearly: \_\_\_\_\_

Income Eligible: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Application received on: \_\_\_\_\_ /by \_\_\_\_\_  
Verification of File Documentation by \_\_\_\_\_

Approved: Yes: \_\_\_\_\_ No: \_\_\_\_\_