

**JEFFERSON COUNTY**

**ECONOMIC DEVELOPMENT  
CORPORATION**

**SEWER TAP-ON FEE PROGRAM**

**APPLICATION**

**Last Revision: May 2023**

**ECONOMIC DEVELOPMENT CORPORATION OF JEFFERSON COUNTY  
SEWER TAP-ON FEE PROGRAM APPLICATION**

**I. APPLICANT CHECKLIST**

*The following items must be submitted with your application for ALL persons residing in or associated with the applicant household/address:*

- 1. **SIGNED** copy of the most recent 2 years' income tax returns for ALL members of the household (IRS verification of all income is required for program participation)
    - 1. Federal and State income tax returns with all attached schedules & W-2's
    - 2. If self-employed, include a current profit and loss statement as filed with your tax return
    - 3. If Corporation, gross revenue/receipts will be used for income determination purposes
  - 2. Provide a copy of ALL current income documentation for ALL members of the household: (these include but are not limited to: interest, rental income, retirement, social security, alimony unemployment, child support, disability, any other source of income not listed here)
  - 3. A copy of last two months bank statements for all members of household.
  - 4. Copy of the court documents regarding discharge of Chapter 7 bankruptcy or completion of workout plan of Chapter 13 bankruptcy, if applicable.
  - 5. Copy of recorded property Deed(s) of Trust – documentation of mortgages/liens on property.
  - 6. Copy of recorded General Warranty Deed – proof of ownership of property.( If additional names are on the deed to your home, notarized letters will be required from all persons having an interest in your home, example: children, separated spouses, etc.)
  - 7. Copy of current Mortgage Statement indicating current payment amount and principal balance for each outstanding mortgage. Mortgage payments must be current to apply/no late fees (Applicant must be able to prove equity in the home/property to qualify for the program. This is accomplished by submitting a recent appraisal - conducted by a licensed real estate appraiser of your property. If no appraisal exists, we will use the current value of your property as shown by the Jefferson County Assessor's Office.)
  - 8. A list of all outstanding debts (written list of monthly bills)
  - 9. Copy of current "Paid" real estate tax bill.
  - 10. Copy of Current Homeowners insurance (address, name, and dates of policy coverage).
  - 11. Authorization to obtain and review credit reports (form attached).
  - 12. Authorization to verify the status of any liens recorded against the property (form attached).
  - 13. Confirmation of Receipt of Lead Pamphlet (form attached)
  - 14. Copy of current driver's license or state I.D. for all members of household.
- *All information and materials contained in your loan application, including the evaluation of the applicant's credit worthiness, shall be held in confidence and not as public record.*

**II. ADDITIONAL INFORMATION**

After the submission of all required documents along with the completed application, EDC (Economic Development Corporation) will review the application to evaluate whether or not the applicant(s) qualifies for the program. The applicant will be notified if their application is either accepted or denied.

**What if I have purchased a foreclosed or "as is" home?** There is a program-wide one (1) year occupancy requirement on any home that has been purchased in an "as is" condition. This includes but is not limited to foreclosed and repossessed homes. If the home has been purchased under these circumstances, documentation may be required to prove occupancy and condition of home (items requested for rehabilitation) at time of purchase.

**SUBMIT THIS APPLICATION AND ALL REQUIRED DOCUMENTS TO:  
Economic Development Corporation  
PO Box 623 -5217 Highway B  
Hillsboro, MO 63050**

# Economic Development Corporation of Jefferson County

## Sewer Tap-On Program Application

Applicant Name:  Mr.  Mrs.  Ms. \_\_\_\_\_

Address, City & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

HOUSEHOLD MEMBERS (list all members)	RELATIONSHIP	SOC. SEC. NO.	ANNUAL INCOME*	AGE	SEX (M/F)	HANDICAPPED OR DISABLED (Yes/No)
1.	SELF		\$			
2.			\$			
3.			\$			
4.			\$			
Total:			\$			

\*List all income for every member of the household, include income from wages, pensions, social security, disability, public assistance, interest/rental income or any other income whether taxable or not. \*Eligibility is based on the total income of all persons living in the home for the most recent two years. If you are on social security, receive retirement/pension or have additional income, you must count the total income made available to you, not just the taxable amount. \*Members listing zero income will be required to fill out additional information.

Is the City, County, or Sewer District submitting the application as part of the project? \_\_\_\_\_

If so, what is the name of the project? \_\_\_\_\_ Is the home rented? \_\_\_\_\_

Do you have an existing septic system? \_\_\_\_\_ Is the existing septic in disrepair? \_\_\_\_\_

Is the home already physically hooked onto public sewer? \_\_\_\_\_

Has the Sewer District/Municipality of the residence required this tap? \_\_\_\_\_

Sewer District: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Amount required by Sewer District for tap: \$ \_\_\_\_\_

Amount already paid to Sewer District towards tap? \_\_\_\_\_

***I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program(s), and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.***

I declare under penalty of perjury that the information provided above is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

# Economic Development Corporation of Jefferson County Sewer Tap-On Fee Program

## CREDIT REPORT AUTHORIZATION AND RELEASE

Authorization is hereby granted to the Economic Development Corporation of Jefferson County, program administrator, to obtain a standard factual data credit report through a credit-reporting agency chosen by the Economic Development Corporation of Jefferson County.

My (our) signature below authorizes the release to the credit-reporting agency of my credit history, and authorizes the credit-reporting agency to obtain information regarding my employment, savings account, and outstanding accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc.) Authorization further granted to the reporting agency to use reproduction of this authorization if necessary, to obtain any information regarding the credit report.

Any reproduction of this authorization and release made by reliable means (for example, photocopy or facsimile) is considered original.

This must be signed by each homeowner:

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Applicant Signature

Date

Co Applicant's Signature

Date

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Social Security Number

Social Security Number

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# Economic Development Corporation of Jefferson County Sewer Tap-on Fee Program

## LOAN REVIEW AND AUTHORIZATION AND RELEASE

Authorization is hereby granted to the Economic Development Corporation of Jefferson County as the program administration to receive and be provided access, now or in the future, to information regarding any monetary liens recorded against the residence located at \_\_\_\_\_  
Missouri.

My (our) signature below authorizes the release to the lender(s) of information regarding the current and past status of any monetary liens (for example, mortgage loans) and its monthly payments recorded against the above mentioned property. Authorization is further granted to the lender to use a reproduction of this authorization if necessary, to obtain any information related to my (our) application.

Any reproduction of this authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

This must be signed by each homeowner:

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Applicant Signature

Date

Co-Applicant's Signature

Date

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Social Security Number

Social Security Number

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**Economic Development Corporation of Jefferson Count  
Sewer Tap-on Fee Program**

**Confirmation of Receipt of Lead Pamphlet**

I (we) have received a copy of the pamphlet, *Protect Your Family From Lead in Your Home*, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

This must be signed by each homeowner:

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Applicant Signature

Date

Co-Applicant's Signature

Date

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Social Security Number

Social Security Number

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**FAMILY INCOME INFORMATION**  
 INFORMATION FOR GOVERNMENT MONITORING PURPOSES

This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. The Jefferson County Sewer Tap-On Fee Program has been established using Federal Community Development Block Grant funding. Any information given will be beneficial to Jefferson County in monitoring for future funding.

Name: \_\_\_\_\_

Soc. Sec. #. \_\_\_\_\_

<p>Family Size: _____          (number of persons living in home)</p> <p>Below \$-\$10,150 <input type="checkbox"/>      \$26,101-\$27,050 <input type="checkbox"/>          \$10,151-\$11,600 <input type="checkbox"/>      \$27,051-\$28,000 <input type="checkbox"/>          \$11,601-\$13,050 <input type="checkbox"/>      \$28,001-\$29,950 <input type="checkbox"/>          \$13,051-\$14,500 <input type="checkbox"/>      \$29,951-\$30,900 <input type="checkbox"/>          \$14,501-\$15,650 <input type="checkbox"/>      \$30,901-\$31,900 <input type="checkbox"/>          \$15,651-\$16,800 <input type="checkbox"/>      \$31,901-\$34,800 <input type="checkbox"/>          \$16,801-\$16,900 <input type="checkbox"/>      \$34,801-\$38,650 <input type="checkbox"/>          \$16,901-\$17,950 <input type="checkbox"/>      \$38,651-\$41,750 <input type="checkbox"/>          \$17,951-\$19,150 <input type="checkbox"/>      \$41,751-\$44,800 <input type="checkbox"/>          \$19,151-\$19,300 <input type="checkbox"/>      \$44,801-\$47,900 <input type="checkbox"/>          \$19,301-\$24,150 <input type="checkbox"/>      \$47,901-\$51,000 <input type="checkbox"/>          \$24,151-\$26,100 <input type="checkbox"/>      \$ Over \$51,000 <input type="checkbox"/></p> <p>Check if you are a female head of household <input type="checkbox"/></p> <p>Check if you are a disabled individual <input type="checkbox"/></p> <p>Check if you are at least 65 years old <input type="checkbox"/></p>	<p>Ethnic Origin (Please Check One)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander</p> <p><input type="checkbox"/> American Indian/Alaskan Native and White</p> <p><input type="checkbox"/> Asian and White</p> <p><input type="checkbox"/> Black/African American and White</p> <p><input type="checkbox"/> American Indian/Alaskan Native and Black/African American</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Also check the following box if applicable          Hispanic/Latino Ethnicity  <input type="checkbox"/> Yes      <input type="checkbox"/> No          (If yes, answer below)</p> <p><input type="checkbox"/> Mexican/Chicano</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic/Latino</p>
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The information provided herein will be confidential and will only be used to provide statistical data required under the Community Development Block Grant Program. It is subject to verification pursuant to the rules and regulations of the U.S. Department of Housing and Urban Development.

I CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT(S)

\_\_\_\_\_  
 DATE