

JEFFERSON COUNTY

**ECONOMIC DEVELOPMENT
CORPORATION**

**PRIVATE SANITARY SEWER SYSTEM
REPLACEMENT PROGRAM**

APPLICATION

Last Revision: April 2024

PRIVATE SANITARY SEWER SYSTEM REPLACEMENT 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 at least \$20,000 worth of 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 or in the case of septic, if the home was cited by the County as failing prior to purchase. If the home has been purchased under these circumstances, documentation may be required to prove occupancy and condition of home 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 Private Sanitary Sewer System Replacement Program Application

Name: Mr. Mrs. Ms. _____

Address, City & Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____ Circle your County Council District: 1 2 3 4 5 6 7

Employer Name and Address: _____

HOUSEHOLD MEMBERS (list all persons in the household)	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.

Estimated value of the home: \$ _____ Age of Home: _____

Is the home owner occupied (NO rental units): _____ YES _____ NO

Number of bedrooms: _____ Number of Baths: _____ Total number of persons residing in the home: _____.

Water Source (check one): _____ Public _____ Private Well

Is your home within 400 feet of public sewer: _____ YES _____ NO

Do you have a water softener in the home: _____ YES _____ NO

Has your septic system been cited as failing/received letter from building department: _____ YES _____ NO

Is your home currently on Pump and Haul: _____ YES _____ NO

Home Mortgages and other monetary liens recorded against the property:

	Lender	Phone No.	Account No.	Balance	Current
1 st Trust Deed	_____	_____	_____	_____	Y/N
2 nd Trust Deed	_____	_____	_____	_____	Y/N
Other Liens	_____	_____	_____	_____	Y/N

Please explain why you think your septic system is failing (inspection, visual leakage, etc.): _____

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 of Homeowner

Date

Signature of Homeowner

Date

**Economic Development Corporation
Of Jefferson County
Private Sanitary Sewer System Replacement Program**

CREDIT REPORT AUTHORIZATION AND RELEASE

Authorization is hereby granted to the Economic Development Corporation of Jefferson County as the Private Sanitary Sewer System Replacement 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:

Borrower's Signature	Date	Co-Borrower's Signature	Date
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Social Security Number	Social Security Number
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Borrower's Signature	Date	Co-Borrower's Signature	Date
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Social Security Number	Social Security Number
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**Economic Development Corporation
Of Jefferson County
Private Sanitary Sewer System Replacement Program**

LOAN REVIEW AND AUTHORIZATION AND RELEASE

Authorization is hereby granted to the Economic Development Corporation of Jefferson County as the Private Sanitary Sewer System Replacement Administrator 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:

Borrower's Signature	Date	Co-Borrower's Signature	Date
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Social Security Number	Social Security Number
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Borrower's Signature	Date	Co-Borrower's Signature	Date
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Social Security Number	Social Security Number
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**Economic Development Corporation
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Private Sanitary Sewer System Replacement 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:

Borrower's Signature	Date	Co-Borrower's Signature	Date
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Social Security Number	Social Security Number
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Borrower's Signature	Date	Co-Borrower's Signature	Date
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Social Security Number	Social Security Number
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HOUSEHOLD 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. Please note that self-identification of race/ethnicity is voluntary. The Jefferson County Private Sanitary Sewer System Replacement 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"/></p> <p>\$10,151-\$11,600 <input type="checkbox"/> \$27,051-\$28,000 <input type="checkbox"/></p> <p>\$11,601-\$13,050 <input type="checkbox"/> \$28,001-\$29,950 <input type="checkbox"/></p> <p>\$13,051-\$14,500 <input type="checkbox"/> \$29,951-\$30,900 <input type="checkbox"/></p> <p>\$14,501-\$15,650 <input type="checkbox"/> \$30,901-\$31,900 <input type="checkbox"/></p> <p>\$15,651-\$16,800 <input type="checkbox"/> \$31,901-\$34,800 <input type="checkbox"/></p> <p>\$16,801-\$16,900 <input type="checkbox"/> \$34,801-\$38,650 <input type="checkbox"/></p> <p>\$16,901-\$17,950 <input type="checkbox"/> \$38,651-\$41,750 <input type="checkbox"/></p> <p>\$17,951-\$19,150 <input type="checkbox"/> \$41,751-\$44,800 <input type="checkbox"/></p> <p>\$19,151-\$19,300 <input type="checkbox"/> \$44,801-\$47,900 <input type="checkbox"/></p> <p>\$19,301-\$24,150 <input type="checkbox"/> \$47,901-\$51,000 <input type="checkbox"/></p> <p>\$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</p> <p>Hispanic/Latino Ethnicity</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(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 HOMEOWNER(S)

 DATE