



CITY OF LA CAÑADA FLINTRIDGE

1327 Foothill Boulevard
La Cañada Flintridge, California 91011

SEWER CONNECTION GRANT PROGRAM

GENERAL QUALIFICATIONS AND CONDITIONS FOR GRANT ELIGIBILITY

1. The intent of the Sewer Connection Grant Program is to provide grants to eligible homeowners of owner-occupied single family detached dwellings; for connection to the City's newly constructed sewer lines. The program was created to assist moderate-income households which are currently served by a septic system. All property to be repaired must be a single-family owner-occupied residential property, located within the corporate City Limits of the City of La Cañada Flintridge.
2. Sewer Connection Grant Program grants are up to a maximum of \$12,000 per household.
3. To participate, household income may not exceed those listed in Table "A" below. Household income includes all income from all family members living in the property to be assisted, and is subject to the verification requirements of the City of La Cañada Flintridge.
4. In order to receive assistance, properties must be in current compliance with the City's: Building Codes, Zoning Ordinance, and Residential Property Standards.
5. The homeowner will contract only with the appropriate contractors who maintain a current license in good standing with the California Contractors State License Board. Additionally, the contractor must also maintain the required general liability and workmen's compensation insurance coverage, and also obtain a City business license.
6. Repair work must not commence until all permits are issued and a Proceed Order is issued by the City of La Cañada Flintridge.
7. Do not advance any personal funds to the Contractor. Do not incur any expenses on your own. The City of La Cañada Flintridge will not be responsible for funds advanced. Do not enter into side agreements with the Contractor.
8. All funds disbursed are payable to both the owner(s) and contractor for repair work performed.
9. Grant proceeds may only be used for the costs of services and materials necessary to carry out City approved repair work.
10. Previously contracted or commenced work, materials purchased, and the continuation of work already underway, are not eligible for reimbursement.

11. Eligible repairs may include work to be performed in conjunction with the plumbing retrofit and hardscape construction costs associated with the connection of the residence to the City's sewer system, and with the proper abandonment of the existing septic tank system.
12. Applicants must provide acceptable proof of ownership and residency for the property to be repaired.
13. Applicants shall be eligible for only one grant under this program.
14. Applicants will permit City of La Cañada Flintridge staff or its agents to conduct necessary property and repair work inspections.
15. The City of La Cañada Flintridge reserves the right to deny requests in specific instances where the repairs to be completed and/or the application does not conform to these or other program guidelines.
16. The City of La Cañada Flintridge determines the eligibility of the applicant to the program.
17. Grant funding is available to approved eligible applicants on a first-come, first-served basis, and is subject to funding availability.

The following acknowledgement must be signed by all property owners:

I/WE have read and understand the foregoing general qualifications and conditions for program eligibility. I/WE further understand that any misstatements, omissions, misrepresentations, deletions, falsifications, or other actions which result in MY/OUR not conforming to the requirements listed above and in other contract documentation will subject MY/OUR application to immediate cancellation and cause any disbursed funds to become immediately due and payable, and may cause further legal action if warranted.

Date

Applicant's Signature

Co-Applicant's Signature

TABLE "A"

**City of La Cañada Flintridge
Sewer Connection Grant Program**

2010 ELIGIBILITY INCOME LIMITS FOR CDBG FUNDED PROJECTS

Effective May 14, 2010

HOUSEHOLD SIZE	MEDIAN- INCOME (80% of Area Median)
1	\$46,400
2	\$53,000
3	\$59,650
4	\$66,250
5	\$71,550
6	\$76,850
7	\$85,150
8	\$87,450

Based on 2010 Family Median Income for the Los Angeles ~ Long Beach Metropolitan Area of \$63,000

ITEMS NEEDED TO DETERMINE ELIGIBILITY

To evaluate your application for a Sewer Connection Grant Program Grant, our office requires submission of the following:

- ❑ **COPY OF YOUR GRANT DEED OR DEED OF TRUST**
This document will verify that you are the owner of the property and confirm how title is held.
- ❑ **COPY OF A RECENT UTILITY BILL**
This document is needed to verify residence.
- ❑ **COPY OF INSURANCE DOCUMENTATION FOR YOUR PROPERTY**
Please provide photocopies of property insurance documentation.
- ❑ **PRELIMINARY APPLICATION**
Included in this packet. Please fill out as completely as possible.
- ❑ **COPY OF YOUR INCOME TAX FORMS FOR THE PRIOR YEAR (Most Recent) for all income producing Household Members**
- ❑ **COPY OF YOUR CURRENT PROPERTY TAX BILL**
- ❑ **COPY OF RECENT PAYROLL CHECK STUBS (3 sequential pay stubs) for all income producing Household Members**
This includes payroll stubs, social security checks, SSI checks, AFDC checks or pension and retirement checks for all members in household.
- ❑ **SIGNED COPY OF LEAD-BASED PAINT NOTICE**
- ❑ **GENERAL QUALIFICATIONS AND CONDITIONS FORMS**
Included above. Please read and sign this document.
- ❑ **PHOTO IDENTIFICATION**
Provide a photocopy of driver's license, passport, or CA identification for every person who is on the title of the subject property.

When submitting the grant deed, utility bills, property tax bill, photo identification, and insurance documentation – **DO NOT SEND ORIGINALS** – *please provide photocopies.*

Thank you for your interest in our program.



**THE CITY OF LA CANADA FLINTRIDGE
SEWER CONNECTION GRANT PROGRAM**

APPLICATION

Applicant Name(s)	Social Security No(s).
Address of the Property to be Repaired	Day Telephone No.
Mailing Address	Evening Telephone No.

APPLICANT		CO-APPLICANT	
Name		Name	
SSN	Date of Birth	SSN	Date of Birth
Current Employer		Current Employer	
Employer Address		Employer Address	
Business Phone		Business Phone	
Position		Position	
Length of Time Currently Employed		Length of Time Currently Employed	
Current Annual Gross Income		Current Annual Gross Income	
List and Explain any Additional Sources of Income within the Household			

Household – Please enter the requested information for all property residents (attach additional sheets, if necessary)

Applicant Name	Age	Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Annual Income
Name	Age	Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Annual Income
Name	Age	Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Annual Income
Name	Age	Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Annual Income
Name	Age	Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship	Annual Income
Enter Household Size: _____ persons		Enter Total Annual Household Income: \$ _____		

Property Information

Do you own the above listed property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you owned this property?	_____ years
Are you a permanent full-time resident of this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the property taxes current on the above listed property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all financial obligations current for which the property is used as collateral?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any outstanding or pending liens against the above listed property?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate the names of all persons listed on title to this property:

Ethnicity/Head of Household (For Statistical Purposes Only) - Demographic information will be held strictly confidential, and is not considered as a factor in the review of your grant application. However, in accordance with Department of Housing and Urban Development (HUD) requirements, this information must be collected for your participation in this program. Please complete the following:

HEAD OF HOUSEHOLD	
Female Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No	

RACIAL BACKGROUND	
SINGLE CATEGORIES	DOUBLE CATEGORIES
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other – For individuals that do not identify with any of the above	<input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American and White <input type="checkbox"/> American Indian or Alaska Native and Black or African American

ETHNIC BACKGROUND
<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino Ethnicity <ul style="list-style-type: none"> <input type="checkbox"/> Mexican-American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic/Latino _____

I hereby certify that the aforementioned statements are true. If at any time this information is found to be false or incorrect, and it is then determined that I do not qualify for the Sewer Connection Grant Program, I understand that I am liable for all costs incurred through the program.

Applicant Signature:	Date:
Co-Applicant Signature:	Date:

PLEASE REMEMBER TO ATTACH ALL INFORMATION REQUESTED IN THE GENERAL QUALIFICATIONS SHEET. DO NOT SEND ORIGINALS.

For further information regarding the program please contact:

Raul Gomez
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La Cañada Flintridge, California 91011

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