

APPLICATION FOR PARTICIPATION IN SEWER SYSTEM REPAIRS COST SHARING PROGRAM

Please answer all questions. The information is necessary to determine eligibility for the program and for required statistical records.

1. Address of House _____, Phone: _____
Independence, Kansas 67301

2. Whose name is on record with the City Water department for this Address?

3. List all person (s) (including yourself) who are residing in the household, whether related or not related:

Name	Date of Birth	Soc. Sec. #	Relationship
_____	_____	_____	<i>SELF</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Annual Household Income for previous 12 month period \$ _____ ***Proper verification of this income must be furnished. Include all household income.***

5. List **all sources** of income for the household (include both employment and benefits received).

Source (Name of Employer/Agency)	Name of Recipient	Monthly Amount Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Do you own or Rent this Home: Own Rent

7. How long have you owned your Home? _____

8. How long have you lived at this residence? _____ (If less than 12 months, what was your previous address _____)

9. If you rent, who is your landlord: _____

Address: _____ Phone: _____

Signature of Applicant

Date

Signature of Spouse/Co-Tenant

Date

