

Mon-E-Bak/Brown Road East Sewer Connection Financial Assistance Application

This application must be completed to verify eligibility. Refer to the [Financial Assistance Fact Sheet](#) for help completing this application and to review the eligibility requirements.

The property must be owner-occupied to qualify for financial assistance.

This application and all supporting documents must be postmarked by Feb. 16, 2018.

Service address (Home where connection will be made.):	Date:
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Property owner's name:	Co-owner's name:	
Street address:		
City:	State:	Zip code:
Home phone: ()	Work phone: ()	Cell phone: ()

1. Is the title to the property in your name? (If No, who owns the property?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many people currently reside in the home?	Total number:
3. What is the household's monthly gross income?	Total amount*:

**All income received into your household must be reported. Please attach a copy of your 2016 Income Tax Return with W-2 forms for each of your household members. If you did not complete an income tax return for 2016, please provide other documentation of your 2016 household income, including copies of W-2 forms for 2016.*

4. Please check all box(s) below, which describe your sources of income and include verification (copies) with the application:			
<input type="checkbox"/> Employment	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Rental income	<input type="checkbox"/> Public assistance
<input type="checkbox"/> Social Security	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Disability	<input type="checkbox"/> Assistance for Dependent Children (ADC)
<input type="checkbox"/> General assistance	<input type="checkbox"/> Child support	<input type="checkbox"/> Alimony	<input type="checkbox"/> Other

5. Please check all box(s) below, which describe any and all investments that provide income to your household. Include a copy of your two (2) most recent statements or other verification of each account.		
<input type="checkbox"/> Checking account(s):	<input type="checkbox"/> Savings account(s):	<input type="checkbox"/> CD(s):
<input type="checkbox"/> Stock(s):	<input type="checkbox"/> Bond(s):	<input type="checkbox"/> Other:

The following evidence of your household sources of income must accompany your application for assistance:

- a. List of the names and addresses of all sources of employment of adult members of the household and the three (3) most recent payroll stubs of all adult members of the household (adult members = over 18 years of age).
- b. Names and addresses of all other household income sources such as: Social Security, retirement, child support, alimony, etc.... (Include documents for each source, such as an award letter.)
- c. 2016 W-2 forms from employer and your 2016 tax return.
- d. Federal Income Tax Return for Corporations (for self-employed applicants only).
- e. Two (2) most recent statements for each checking and savings account(s).

<p>6. Do you have homeowner's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please include a current copy of the declaration page of your homeowner's insurance)</p>
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This information is confidential and will only be reviewed by the Franklin County Department of Sanitary Engineering and Amick Municipal Consulting Group, LLC staff to determine eligibility for financial assistance.

I certify that the information contained in this application and the attached forms are true and complete to the best of my knowledge, and that I have not knowingly withheld any information regarding my household income. I understand that this information is subject to verification. I understand that by signing this application, I authorize this agency or its representatives to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose. I understand that no information obtained through this application shall be made public in such a manner that the dwelling or occupants can be identified.

By signing this application, I understand that I may be held civilly and/or criminally liable by federal and state law for any knowingly false and fraudulent statements.

Property owner's signature:	Date:
Co-owner's signature (if applicable):	Date:

Submit application

By mail:
 Franklin County Department of Sanitary Engineering
 Attn: Benjamin Amick—Financial Assistance Application
 280 East Broad Street, 2nd Floor
 Columbus, Ohio 43215

By fax:
 614-525-5210
 Attn: Benjamin Amick—Financial Assistance Application