

**City of Altoona Footing Drain Disconnection Program
Income Assistance Application**

OWNER/APPLICANT _____

ADDRESS _____

PROPERTY ADDRESS (if different) _____

HOME PHONE _____ OTHER PHONE: _____

The following information must be submitted for consideration of financial assistance:

1. Social Security numbers for all household members.

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

2. Proof of household's gross income for the past calendar year (ex. Federal and state income tax return and any accompanying schedules).

3. Two itemized cost estimates for the disconnection of the footing drains, installation of sump pump and connection to the city storm sewer system for the home listed above from Altoona licensed plumbers.

The above information is to be used in determining eligibility for income assistance for the footing drain program. The plumber chosen to perform the work will be at the city's discretion. **All applications for income assistance must be approved by the Altoona City Council PRIOR to any work being started. Any costs incurred prior to City Council approval will not be covered.**

Persons in family	125% of HHS Poverty Guideline
1	\$18,225.00
2	\$24,650.00
3	\$31,075.00
4	\$37,500.00
5	\$43,925.00
6	\$50,350.00
7	\$56,775.00
8	\$63,200.00

I HEREBY STATE THAT I AM HEAD OF THE HOUSEHOLD LISTED ABOVE AND HAVE AN ANNUAL INCOME OF LESS THAN 125% OF THE HHS POVERTY GUIDELINES FOR POLK COUNTY.

SIGNATURE _____ DATE _____

(OVER)

If you are eligible and approved for the low income assistance program, you will be notified by the City of Altoona. All payments will be made directly to the contractor upon acceptance of the work by the homeowner. City does not guarantee the performance of the contractor or offer any warranty on the work performed.

The property owner assumes all the risk of damages, loss, costs, liability and expense, and agrees to indemnify and hold harmless the City, its officers, agents, or authorized representatives from and against any and all liability, damage, loss, cost, and expense which may accrue to or be sustained by the City, its officer, agents, or authorized representatives on account of any claim, suit, or action made or brought against the City, its officers, agents, or authorized representatives arising out of this agreement.

I have read and understand the terms above for the footing drain financial assistance program.

SIGNATURE

DATE

PRINT NAME

SIGNATURE

DATE

PRINT NAME