

The purpose of this application is to determine if a home should be considered a high priority for lead service line replacement. In order to be considered a high priority for lead service line replacement, the occupant of the home must be considered Low to Moderate Income, see income guidelines listed below, AND have children 6 and under living at this address.

LEAD SERVICE LINE REPLACEMENT GRANT PROGRAM APPLICATION

APPLICANT INFORMATION

Name:	Address:	City:
Phone Number:	Email Address:	
How long have you lived at this address?		

- Do you own your home? _____ Or rent? _____ , if you rent your home please have the property owner sign application as well.
- What is the number of people residing at the residence? _____
- What is the 2015 annual gross income of the occupants at the residence? _____

Provide a copy of your most recent income tax return, Form 1040, for documenting household size (dependents) as well as income.

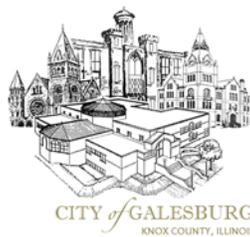
PROGRAM ELIGIBILITY

Number of Persons in Residence	Annual Income Limit 80% of Median Income
1	32,500
2	37,150
3	41,800
4	46,400
5	50,150
6	53,850
7	57,550
8	61,250

*FY 2016 HUD Low Income Limits Documentation System – Summary for Knox County, Illinois

One of the goals of the Lead Service Line Grant Replacement Program is to target homes with children, especially those under age six (6). **Please provide information regarding the number of children who reside at this address and their age at the time of completing this application:**

Number of children residing at the residence: _____	
Name of Each Child	Age of Each Child
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.



DECLARATION

In order for your application to be reviewed, all information must be completed. In addition, City staff may inspect your property to verify water service line material; by submission of this application you grant permission for City staff to enter onto your property for inspection/verification by appointment. If you move prior to water service line being replaced please notify City staff at 309-345-3623.

I acknowledge that all information provided in this application is accurate.

Owner Signature Print Name Date (mm-dd-yyyy)

Renter Signature Print Name Date (mm-dd-yyyy)

If not owner occupied, please provide owner's mailing address, phone number and email (if available).

Address Phone Number Email

APPLICATION DUE DATE IS DECEMBER 20, 2016

Please forward the completed application and all supporting documentation to:

Mail or Deliver to: City of Galesburg
Lead Service Line Replacement Grant Program
Attn: Wayne Carl , Director of Public Works
2nd Floor City Hall
P.O Box 1387
Galesburg, IL 61402-1387

FOR AGENCY USE ONLY

Service Line Verification:
Income/Dependent Documentation:
Date Received:
Checked By: