



SEWER LATERAL ASSISTANCE PROGRAM APPLICATION

DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT

401 Main Street
Johnstown PA, 15901
814-539-2504 ext. 118

SEWER LATERAL ASSISTANCE PROGRAM
APPLICATION

Received Date: _____

COJ Initials: _____

1. Applicant Name: _____ Age: _____ Social Security: _____

Co-Borrower Name: _____ Age: _____ Social Security: _____

Current Address: _____

Phone Number: _____ Alternate Phone Number: _____

2. Are you the owner of the above property? Yes or No

3. Do you occupy this property as your primary residence? Yes or No

4. Is this a single or duplex structure? Single ____ Duplex ____

5. Have you ever received assistance through the City Rehabilitation Loan Program? Yes, ____ or No ____

6. Household Composition:

***If more than 6, please include requested information on a separate sheet of paper.**

Full Name	Relationship	Birth Date	Age	Sex	Social Security #
1.					
2.					
3.					
4.					
5.					
6.					

The race of head of household is information collected in compliance with fair housing and equal opportunity rules. Your cooperation in completing this section is appreciated, however, is optional.

	White		Native Hawaiian/Other Pacific Islander
	Black/African American		Native American/Alaskan Native
	Asian American		American Indian/Alaskan Native and White
	American Indian/Alaskan Native and Black/African American		Black/African American and White
	Hispanic and Latino American		Other Multi-racial

Applicant Initials: _____

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7. The following documentation must be submitted with your application. Failure to include all required information will result in the delay of processing your loan request. Please do not submit original documents with your application.
- Property Deed (recorded full copy)
 - City, County School property tax receipts for the previous (2) years
 - Income verification, (1040 income tax form, social security award letter, pension award letter, etc.)
 - Homeowner Insurance and Flood insurance. (Note: Only those properties within the flood zone require flood insurance)
 - Additional information may be requested.

Household Income Limits Summary for FY 2025

Household Members:	1	2	3	4	5	6	7	8
Maximum Income	\$47,250	\$54,000	\$60,750	\$67,500	\$72,900	\$78,300	\$83,700	\$89,100

If your household income exceeds the maximum allowance indicated on the chart, you are not qualified to receive assistance under this program. Household members 18 years and older must report income.

8. Income Verification: Disclose all income for every household member over 18 years old. Include earned income, taxable interest, dividends, taxable refunds, alimony, business income or loss, taxable IRA amounts, taxable pension and annuity, taxable social security benefits, prizes and awards such as gambling, lottery raffle winnings. Proof of income shall be attached:

Source of Income	Amount of Income
Salary and Wages: Include name/address of employer:	\$
Social Security:	\$
Pension Benefit	\$
Interest Income:	\$
Dividends:	\$
Rental Income:	\$
Business Income or Loss	\$
Other:	\$
Other:	\$

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The applicant certifies that the above information is true and correct to the best of his/her knowledge. Verification of any of the information contained in this application may be obtained from any source named herein.

Penalty for false or fraudulent statement; U.S.C. Title 18, Section 1001, provides; "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsified or make any false writing or document the same to contain false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both".

X _____ Date: _____

X _____ Date: _____

If you have any questions or require assistance in completing this application, please contact the City of Johnstown, Department of Community and Economic Development at 814-539-2504. Our office mailing address is as follows:

City of Johnstown Department of Community and Economic
Development City Hall, 2nd Floor
401 Main Street
Johnstown, PA 15901
(814) 539-2504 Ext. 118

For Official Use Only

Income Verification: Monthly: _____ Yearly: _____

Income Category: 80% limits: _____ / VLI: _____ / LI: _____

Application Received on: _____ By: _____

Verification on File Documentation By: _____

Guidelines subject to change at any time without notice.