



APPLICATION CHECKLIST

Water Assistance Program

TOWN OF MALTA

This checklist will help ensure that your application will be processed in a timely manner. Please place a in the appropriate box once you have ensured that all Application Sections are complete and the required documentation is provided. Applications are processed on a first come, first serve basis.

General Applicant Information (Sections A, B & C) – Verify that all required fields are completed.

Water Information (Section D):

- Type of expenditure for which reimbursement is requested
- Include a copy of paid invoice
- Include a copy of cancelled check

OWNERS ONLY:

Include ONE of the following as Proof of Ownership:

- Current Property/School Tax Bill
- Deed
- Bill of Sale for mobile/manufactured homes
- Mortgage Statement

Applicant Affirmation (Section E)

- Read and sign

Send completed application to Town of Malta, Attention Town Clerk, 2540 Route 9, Malta, New York 12020. Properly completed application will be reviewed for eligibility and submitted to Town Board for final approval within 60 days of receipt.

APPLICATION

Water Assistance Program



The following information will help determine your eligibility for the program.
Please print clearly and provide as much information as possible.

SECTION A: APPLICANT INFORMATION

Name

Address

Apt #

City

State

Zip

County

Primary Phone (include area code)

Secondary Phone (include area code)

Email

Mailing Address (if different from above)

Additional Contact Person

Relationship to Applicant

Phone Number (include area code)

Subject to the availability of funds, applicant will be reimbursed 50% of eligible costs or \$2,500, whichever is less. Expenditures must be incurred after January 1, 2020 to be eligible for reimbursement. Properties Identified in Appendix E of the Stewarts Planned Development Grant will be reimbursed up to a maximum of \$2,500 through this program.

SECTION B: DWELLING INFORMATION

I own I rent I have lived here _____ years Approximate age of the home _____

Single-Family Multifamily _____ # of units Manufactured/mobile home Group home/shelter

Who pays for the water at the dwelling? I pay Owner Renter

Do you own a water purification system? Yes If Yes, about how old is it? _____ years No

Do you own a well? Yes If Yes, about how old is it? _____ years No

Have you had your water tested? Yes If Yes, when was it tested? _____ No

SECTION D: WATER INFORMATION

Property Address: _____

The purpose of this grant application is to provide reimbursement for the following type of expenditure

- Well Drilling Cost (Attach paid invoice and proof of payment)
- Water Supply Equipment (Attach paid invoice and proof of payment)
- Water Storage Equipment (Attach paid invoice and proof of payment)
- Water Purification Equipment (Attach paid invoice and proof of payment)
- Water Testing (Attach paid invoice, proof of payment, and testing results)
- Water Purification Supplies (including but not limited to filters., filter media, chemicals, etc) (Attached paid invoices and proof of payment)
- Water Hook-up Fees (Attach paid invoice and proof of payment)



TOWN OF MALTA

SECTION E: APPLICANT AFFIRMATION

I authorize release of my contact information, dwelling information, and other information to representatives of the Town of Malta, and/or its designated representatives. I understand that the information provided by me will be used only for the purposes of determining eligibility for the program and financial incentives. I understand that all information will be kept confidential, to the extent permitted by law.

I understand that this application does not guarantee that assistance will be granted to me. Whether or not services are provided will depend on the number of applications received and the availability of funds and priorities established for the program.

I agree to provide the Town representatives at times that are mutually acceptable, to perform program activities including inspections and Quality Assurance activities. I understand that the Town will not guarantee or warranty any work performed or services rendered by independent contractors that are hired by the applicant.

I understand that I am responsible for obtaining the necessary permits and approvals relating to any water improvement performed and the Town does not certify any water improvement for which reimbursement sought is acceptable per applicable health department regulations relating to potable water.

I subscribe and affirm, under the penalties of law, that the statements made on all parts of this application, including statements made on any accompanying documents, have been examined by me and are to the best of my knowledge true and complete.

I understand that my signature on this form gives permission for Town representatives of the Town of Malta, and their designees, to assure my eligibility for the programs. I consent to any inquiry to verify or confirm the information that I have given. I understand that if I give false information or withhold information in order to receive benefits that I am not entitled to, I can be prosecuted to the fullest extent of the law.

X

Applicant Signature

Date

X

Applicant Representative Signature

Date

COMMITTEE USE ONLY

Applicant Property Address identified in Appendix E of Stewarts Planned Development District

Eligible for Program NOT Eligible for Program

Reimbursement Amount \$ _____

Additional Comments: _____

Committee Representative Signature: _____ Title: _____

Date: _____