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**Sewer Connection Program**

**GENERAL QUALIFICATIONS AND CONDITIONS FOR PROGRAM ELIGIBILITY**

1. The purpose of the Sewer Connection Program is to provide grants to low- and moderate-income owner-occupants of single family dwellings with an existing septic sewer system to connect to the City's sewer system. All properties to be assisted must be an eligible property located within the limits of the City of Fontana.
2. The City's Sewer Connection Program offers one time grant to income eligible applicants in the amount of up to \$15,000 provided that the applicant has not previously received a program grant.
3. In order to participate, household income may not exceed HUD's federal income limits listed in the attached table labeled "Table A" at the back of this application form. Household income includes all income from all 18 years or older persons living in the property to be repaired.
4. The City, as part of its role as project manager, will prepare the description of work to be completed and will provide all necessary documentation to the applicant to assist the applicant in the procurement and contracting process to retain a solicited qualified construction contractor to complete the required repairs. Contracts shall be awarded to the lowest most responsible of the bids from qualified contractors that are obtained by the applicant (minimum of three bids are required).
5. Subsequent to all required program approvals and the execution of a Grant Acceptance Agreement or an Improvement Agreement and other documents as applicable, the applicant will be authorized to contract directly with appropriately licensed (usually a specialty contractor [also referred to herein as a "A-licensed" or C-36 contractor]) contractors who maintain a current license in good standing with the Contractors State License Board, who have the required general liability and workmen's compensation insurance coverage, and who will obtain, or already have, a City business license.
6. Work may not commence until all permits are issued and a Notice to Proceed is issued by the City of Fontana.
7. The City of Fontana will not be responsible for any personal funds advanced to the Contractor or any expenses incurred on your own. **Side agreements entered into with the Contractor are prohibited.**
8. All funds will be disbursed through the City upon receipt of an invoice and proper documentation source from the contractor, as well as written consent form signed by the applicant and the City. All funds disbursed are payable to the contractor/vendor for work performed.
9. Program grant proceeds may only be used for the costs of services and materials necessary to carry out the repair work. No direct payments shall be made to the applicant.
10. Previously contracted or commenced work, and or materials purchased prior to approval are not eligible for reimbursement, or for the continuation of work underway. **Do not sign any contractor provided agreements or contracts to perform work.**
11. The City will establish the priority of repairs included in the grant-funded work scope. Eligible items include, but are not limited to the following:
  - Improvements include the installation costs of connecting the dwellings sewer system to the City's main sewer line(s);
  - The removal costs of the septic system; and
  - other related costs such as, but not limited to, the costs of inspections, sewer permits and design/engineering costs.
12. Applicants must provide proof of ownership of the property to be repaired.
13. Applicants shall be eligible for only one (1) grant under this program.
14. Applicants shall permit City of Fontana staff and/or its agents to conduct necessary property and repair work inspections.
15. The City of Fontana reserves the right to deny requests in specific instances where the repairs to be completed do not conform to these or other program guidelines.

16. The City of Fontana determines the eligibility of the applicant to the program.

I/WE have read and understand the foregoing general qualifications and conditions for program eligibility. I/WE further understand that any misstatements, omissions, misrepresentations, deletions, falsifications, or other actions which result in MY/OUR not conforming to the requirements listed above in other contract documentation will subject MY/OUR application to immediate cancellation and cause any disbursed funds to become immediately due and payable and may cause further legal action if warranted.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature

I understand that after begin connected to the City's sewer system, a monlthy sewer bill will be implemented that can range between \$ 28 and \$ 44 dollars. I also understand that there will be an increase in my property tax bill between \$ 350 and \$530 dollars annually.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owners's Signature



PROGRAM APPLICATION FORM

Please provide information for all owner(s) and occupant(s) of the property listed on title:

Form with fields: Address of Property, Phone Number (Day), Phone Number (Night), email address:

Table with columns: APPLICANT, SPOUSE/CO-APPLICANT. Rows include: Name, SSN, Date of Birth, Current Employer, Employer Address, Business Phone, Position, Length of Time Currently Employed.

Please complete the following demographic information, which will be strictly confidential and is requested for statistical reporting purposes only. Select the most appropriate category.

Ethnic Background:

- Hispanic, Non-Hispanic

Racial Background:

- White, Black/African American, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, Black/African American & White, American Indian/Alaskan Native & White, Asian & White, American Indian/Alaskan Native & African American, Other, Asian

Head of household:

- Male, Female

Please answer the following questions:

- Do you own the property? YES NO
Are you a permanent full-time resident of this property? YES NO
Are the property taxes current on the above-listed property? YES NO
Are all financial obligations current for which the property is collateral? YES NO
Are there any current or pending liens against the above-listed property? YES NO

**HOUSEHOLD INCOME INFORMATION**

Complete the following for all persons residing at the address of the property to be repaired (attach additional sheets if necessary).

Applicant Name (Head of Household)	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
Name	Age	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to Applicant	Annual Income
List and Explain any Additional Sources of Income within the Household				
Enter Household Size: _____ persons		Enter Total Annual Household Income: \$ _____		

**Please list All Other Asset Accounts and their respective values**

Account Category	Current Cash Value
Stocks/Bond/Other Investment Accounts	\$
Life Insurance Net Cash Value	\$
Net Worth of Business	\$
Other Assets (list) _____	\$
Other Assets (list) _____	\$

**Please list All Applicable Savings and Checking Account Information for Each Account Held**

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:	Savings or Checking:
Address:		Current Account Balance:
Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:	Savings or Checking:
Address:		Current Account Balance:
Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:	Savings or Checking:
Address:		Current Account Balance:

**I hereby certify that the aforementioned statements are true and correct. If at any time this information is found to be false or incorrect and it is then determined that I do not qualify for the Sewer Connection Program, I understand that I am liable for all costs incurred through the program.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



## APPLICATION SUBMITTAL CHECKLIST

*In order to evaluate your application for eligibility in our program, our office requires the submission of the following documents:*

- 1. GENERAL QUALIFICATIONS AND CONDITIONS FORM**  
*Included in this packet. Please read, sign, and return this document.*
- 2. PROGRAM APPLICATION**  
*Included in this packet. Please fill out all information requested.*
- 3. COPY OF PHOTO IDENTIFICATION AND SOCIAL SECURITY CARD**  
*Provide photo identification (i.e., driver's license or CA I.D.) for every person who is on title to the property.*
- 4. COPY OF GRANT DEED**  
*This document will verify that you are the owner of the property and confirm how title is held.*
- 5. COPY OF A RECENT UTILITY BILL**  
*Submit a copy of an electrical, gas, and/or cable television utility bill for the prior month. Note that water or trash utility bills are not acceptable. This document is needed to verify residency. Submission must reflect owner name and address.*
- 6. COPY OF INSURANCE DOCUMENTATION**  
*Please provide photocopies of your current property insurance documentation.*
- 7. COPY OF RECENT PROPERTY TAX BILL**
- 8. COPY OF INCOME TAX FORM FOR PRIOR YEAR**  
*Submit a complete copy, inclusive of all attachments, forms and schedules of the most recent federal income tax return for all income producing household members. Please ensure that the submission is signed by all taxpayers. If self-employed, please provide the last two years of your complete federal tax returns. Or signed affidavit of non-filing*
- 9. COPY OF INCOME VERIFICATION DOCUMENTATION**  
*This includes three of the most recent consecutive payroll stubs, social security checks, SSI checks, AFDC checks, pension and retirement checks, alimony and child support payments, or other income documentation from all other income sources, for all members of the household. Provide copy of school transcripts for any full time students over 18 years or older.*
- 10. COPY OF ASSET VERIFICATION DOCUMENTATION**  
*This includes the most recent three months of statements for all bank accounts, investment accounts, or other asset holdings for all members of the household.*

**PLEASE REMEMBER TO ATTACH ALL INFORMATION REQUESTED ON THE APPLICATION SUBMITTAL CHECKLIST. PLEASE DO NOT SEND ORIGINALS.**

**TABLE A  
2019 ELIGIBILITY INCOME LIMITS**

<b>Household Size</b>	<b>Equal to or less than 30% of Area Median</b>	<b>31% to 50% of Area Median</b>	<b>51% to 80% of Area Median</b>
<b>1</b>	\$15,100	\$25,150	\$40,250
<b>2</b>	\$17,250	\$28,750	\$46,000
<b>3</b>	\$21,330	\$32,350	\$51,750
<b>4</b>	\$25,750	\$35,900	\$57,450
<b>5</b>	\$30,170	\$38,800	\$62,050
<b>6</b>	\$34,590	\$41,650	\$66,650
<b>7</b>	\$39,010	\$44,550	\$71,250
<b>8</b>	\$43,430	\$47,400	\$75,850

*(Federal-CDBG: Effective April 24<sup>th</sup>, 2019)*

Any questions please contact :

Valerie Gonzales – Program Specialist

**Email: [vgonzales@fontana.org](mailto:vgonzales@fontana.org)**