



**RE: Amsterdam Village Sewer Line Connections – Application for LMI Financial Assistance**

Dear Homeowner:

The Jefferson Co. Water and Sewer District has asked RCAP, a non-profit organization that helps rural communities improve their water and wastewater systems, to coordinate the Low-to-Moderate Income (LMI) Homeowner Financial Assistance applications for CDBG grant funds on the Amsterdam Sewer Connection Project. These grant funds are awarded to some counties to help income-eligible homeowners with all or part of the cost to connect to water or sewer systems.

We have enclosed an application for you. **Before completing, please review the income and other guidelines to determine if you are eligible to apply.**

Eligibility

- 1) You must own the home and your name be on the Deed, 2) You must carry Property insurance, 3) Your Household must meet income guidelines below:**

# Persons	1	2	3	4	5	6	7	8
<b>Carroll</b>	\$38,950	\$44,500	\$50,050	\$55,600	\$60,050	\$64,500	\$68,950	\$73,400
<b>Jefferson</b>	\$36,500	\$41,700	\$46,900	\$52,100	\$56,300	\$60,450	\$64,650	\$68,800

**Items you will need to include with your application:**

- A copy of the Property Deed
- A copy of property Certificate of Insurance – if none, write none on the application
- A copy of 2020 W-2s for every employed person in your home, or any of the following:
  - a bank statement that shows a regular direct deposit (such as Social Security), or
  - a statement from Social Security stating how much is received monthly or annually
  - a document stating how much interest income or annuity is received
  - a document from the Department of Human Services stating how much a person receives in public assistance (ADC, General Relief, Food Stamps, etc.).
  - WE CANNOT ACCEPT 1040 TAX FORMS
- Ensure the Application is COMPLETED and signed & you are mailing to the correct address

**IMPORTANT:** ONLY MAIL THE APPLICATION TO THE ADDRESS BELOW. THEY WILL BE DATED UPON RECEIPT. FOR QUESTIONS, EMAIL [mltolzda@glcap.org](mailto:mltolzda@glcap.org) OR CALL THE NUMBER BELOW 8am-4pm M-F. ALLOW 30 DAYS FOR A LETTER OF APPROVAL/DENIAL. **DO NOT** AUTHORIZE OR ENTER INTO ANY CONTRACTURAL AGREEMENT WITH ANY CONTRACTOR UNTIL YOU HAVE RECEIVED WRITTEN AUTHORIZATION FROM MY OFFICE. FAILURE TO COMPLY WITH THIS COULD RESULT IN A LOSS OF YOUR ENTIRE GRANT AWARD.

**MISTY TOLZDA – OHIO RCAP**  
412 ½ Eastern Avenue  
Woodsfield, Ohio 43793

**1-740-807-3007**

[www.ohiorcap.org](http://www.ohiorcap.org)  
[www.glcap.org](http://www.glcap.org)

# Village of Amsterdam

## CDBG PROGRAM APPLICATION FOR ASSISTANCE LMI HOMEOWNER SEWER CONNECTION

**Circle County: Jefferson Carroll**

**INSTRUCTIONS:** PLEASE FILL OUT ALL SECTIONS COMPLETELY AND SIGN PAGE 3

**A. HOUSEHOLD MEMBERS** (For all those living at the address for the sewer hookup)

APPLICANT NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_, OH \_\_\_\_\_  
 HOW LONG AT THIS ADDRESS? \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CO-APPLICANT NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_, OH \_\_\_\_\_  
 HOW LONG AT THIS ADDRESS? \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

Name	Marital Status	Sex	Relationship to Applicant	For reporting purposes only		
				Age	Race	Handicapped (please specify)
			- self -			

PLEASE LIST ADDITIONAL HOUSEHOLD MEMBERS ON A SEPARATE SHEET.

**B. INCOME SOURCES**

Proof of income must be provided for the last twelve months. Copies of pay stubs, **W-2 forms** or notarized statements may be used as proof. If employment is less than two (2) years, please list previous employer(s).

Applicant:

Employer's name		Employer's name	
Address		Address	
Occupation		Occupation	
Employment Dates From:            To:	Monthly Salary	Employment Dates From:            To:	Monthly Salary

Co-Applicant's employment (if applicable).

Employer		Employer	
Address		Address	
Occupation		Occupation	
Employment Dates From:            To:	Monthly Salary	Employment Dates From:            To:	Monthly Salary

Indicate which sources of income your household members receive with an X along with the monthly income as follows:

INCOME SOURCES	Applicant	Co-Applicant	Other Household Members	Monthly Total
Gross Income:				
Base Employment				
Overtime				
OWF (ADC) or DA GR)				
Unemployment				
Social Security				
Veteran's Pension				
Pension				
Dividends				
Interest Income				
Rental Income (Address)				
Other:				
Child Support				
Alimony				
Other Income (explain)				

Location of Rental Property that you own. \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
 Copies of checks, verification letters or notarized statements may be used as proof of income.

**C. INSURANCE INFORMATION – if none, indicate that you have no insurance on the property.**

Amount of Insurance on Home		Insurance Agent	
-----------------------------	--	-----------------	--

**Please attach copy of Certificate of Insurance with this application.**

**D. PROPERTY OWNERSHIP**

Owner on Record \_\_\_\_\_

**Attach copy of Property Deed with the application.**

**E. CERTIFICATION BY APPLICANT (S)**

**PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF IT OR HAVE ANY QUESTIONS ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK FOR ASSISTANCE. BOTH APPLICANTS MUST SIGN IN INK BELOW.**

I certify that all the information in this application is true and complete to the best of my knowledge. I understand this information is subject to verification.

The Applicant (s) further certify that she/he is the owner of the property identified in this application and that any and all funds provided to the Applicant (s) will be used for the labor, material and fees necessary to connect to the public water or sanitary sewer system and/or eligible assessment costs associated with the construction of the water or sanitary sewer project.

I authorize this agency or its representatives and designees of the Ohio Development Services Agency and the U.S. Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose.

I understand that the personal financial information contained in this application is necessary for the evaluation of my application. This information, however, will remain confidential and will not be disclosed to the news media or other third parties. I further understand that my name, address and total amount of assistance will be subject to public disclosure since public funds are being used to provide assistance.

**PENALTY FOR 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 falsifies...or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.”

---

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

**RETURN APPLICATION and REQUIRED DOCUMENTS TO:**

**Ohio RCAP - Misty Tolzda  
412 ½ Eastern Avenue  
Woodsfield, OH 43793**

