

APPLICATION

RESIDENTIAL SEWER LATERAL AND CLEANOUT FINANCIAL ASSISTANCE PROGRAM

Property Address

City _____ Zip Code _____

Owner's First & Last Full Name _____ Owner's Phone Number _____

Owner's Mailing Address If Different (P.O. Box) from Property Address (Check mailed to this address)

- Check Box I certify that I am the property owner of and reside at the above stated address.
- Check Box The sewer lateral work is not covered by the applicable homeowner's or other insurance policy.
- Check Box All or a portion of the cost of this sewer lateral work is covered by the applicable homeowner's or other insurance policy. If so provide documentation on the amount of the coverage.

Scope of Work

Contractor's Name, License Number and Cost Estimate (attach at least 2 contractor bids and evidence of sewer lateral defects at the subject address).

I declare under penalty of perjury under the laws of the State of California that foregoing information is true and correct.

Date: _____

By _____
SIGNATURE

By _____
PRINT FULL NAME

APPROVED

Date: _____

By _____
Robert Housley, General Manager

1. Receiving financial assistance **REQUIRES PRIOR APPROVAL OF THE WORK** by the District. A “before” video of the sewer lateral interior must be submitted **PRIOR** to the District granting approval of the work and an “after” video is required prior to reimbursement. **ALL REPAIR** work requires a **NO PERMIT COST** if resident is eligible for the Sewer Lateral Assistance Program.
2. Note: only the portion of the MCSD permit cost pertaining to the Sewer Lateral Assistance Program will be waived. All other construction permits will need to be paid for.
3. Complete attached Form W-9 and return with application. Only applications with completed W-9 Forms will be considered for approval.