



PRIVATE SEWER LATERAL LOW INCOME GRANT PROGRAM APPLICATION

Sanitary District No. 2, A Subsidiary District of the Town of Corte Madera
300 Tamalpais Drive, Corte Madera, CA 94925
sewer_dept@tcmmail.org | www.townofcortemadera.org
Phone: (415) 927-5057 | Fax: (415) 927-5039

The Low Income Grant Program for the Private Sewer Lateral (PSL) Ordinance is intended to defray the costs of full PSL replacements to low-income households when such replacements (including the required SD2 inspections) are triggered by a Capital Improvement Project (CIP) within Sanitary District No. 2 (SD2). The program will be contingent on property owners proving that laterals were replaced based on PSL ordinance triggers, and that income is verified based on filed/approved state or federal tax returns as well as proof of housing occupancy.

*In order to verify if you qualify for the PSL Low Income Grant Program you must include a copy of your most recently filed tax return (IRS Form 1040) for the last 2 years – **NO EXCEPTIONS**. Please make sure your Social Security Number is redacted (blacked out).*

APPLICATION SECTION

PROPERTY OWNER(S) NAME(S): _____

PROPERTY ADDRESS: _____

CITY/TOWN: _____ **ZIP CODE:** _____ **APN:** _____

MAILING ADDRESS (If different from above): _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

Which option best describes the property? (Select all that apply)

Owner Occupied Tenant Occupied Single Family Multi-family Commercial Other: _____

Has your private sewer lateral been inspected by a licensed plumber or contractor?

NO

YES (if yes, please provide a copy of the information from your plumber regarding the condition of your PSL)

CERTIFICATION

By signing this application, I certify that **I am the legal owner of the property described herein**. I am aware the submission of this document does not constitute that a grant has been approved by Sanitary District No. 2, A Subsidiary District of the Town of Corte Madera (SD2). I have read the information discussing the requirements for the Private Sewer Lateral Grant Program and am aware that I will be contacted by SD2 if a grant has been approved. I am aware that any work performed prior to being contacted by SD2 regarding the status of my application is performed at my own risk and cost and makes this application null and void. I understand that not all applications will be granted. I understand that all applications are subject to approval by SD2. I understand that to qualify for the Private Sewer Lateral Grant Program, I am required to replace my lateral in its entirety (including the upper and lower laterals).

Applicant Signature: _____ **Date:** _____

GRANT INFORMATION

- Grant amounts of 50% cost match up to \$1,000 may be available for households at 80% of Area Median Income (AMI).
- Grant amounts of 50% cost match up to \$3,000 may be available for households at 50% of Area Median Income (AMI).
- Grant amounts of 75% cost match up to \$5,000 may be available for households at 30% of Area Median Income (AMI).
- To view the AMI levels for Marin visit: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>

APPLICATION REVIEW SECTION (For Staff Use Only)

Application Decision: Grant Request Denied Grant Request Approved **Grant Amount \$** _____

Capital Improvement Project Triggering Replacement: _____ **Fiscal Year:** _____

Name of Application Reviewer: _____ **Date Application Was Reviewed:** _____

Signature of Application Reviewer: _____

Authorized District Representative (required for final verification of application review):

(Note: This application expires ninety (90) calendar days from the date issued, or cancelled by applicant or SD2)