



## **CITY OF INDEPENDENCE SEWER COST SHARE PROGRAM**

### **SECTION 1. GENERAL PROVISIONS**

#### **1.1 Purpose**

The purpose of the program is to help property owners offset the cost of replacing sewer service lines and removing sources of inflow to the sewer system.

#### **1.2 Eligibility**

All property owners meeting the following criteria will be eligible to participate in the Cost Share Program for qualified repairs or replacements upon available funding.

1. Property must be located within the City of Independence.
2. Property must be occupied by either the owner or a tenant.
3. Property must be currently served by City utility services and the applicant's account as well as the account associated with the property must be current.
4. The structure shall not be deemed to be dangerous or unsafe or engaged in the City's Condemnation process.

#### **1.3 Self-imposed Constraints**

Failure of a property owner to participate in the Cost Share Program in no way relieves the property owner to make required repairs. The failure to participate in the Cost Share Program may be due to lack of interest by the property owner or lack of available City funds.

### **SECTION 2. PROGRAM REQUIREMENTS**

#### **2.1 Application**

The property owner must fill out the Sewer Cost Share Program Application and return it to City Hall with all requested documentation for review by the City Clerk's office prior to work commencing.

#### **2.2 Notice of Eligibility**

The City Clerk's office will notify the applicant of the approved funding.

#### **2.3 Contracting a Licensed Plumber**

The applicant must contract with a plumber licensed in the City of Independence for the replacement of a service line. For all other work, the applicant may contract the work with a licensed plumber or make the repairs themselves.

## **2.4 Permits**

A plumbing permit or inspection report sheet will be issued by the City Building Department. Any fees for issuance of such permit will be waived.

## **2.5 Inspections**

During installation of any equipment or replacement of lines, the City Building Inspector must complete an inspection. Multiple inspections may be required. The City Building Inspector must sign off on a completed inspection, attesting that satisfactory work was performed. If such inspection is not completed, the City will not reimburse the cost until corrective action is taken.

## **2.6 Request for Reimbursement**

After the acceptance of the work, the applicant must submit a signed statement and receipts for the labor and material cost of the qualified improvements. A check will then be issued in the amount of the City's share naming the property owner as payee if proof of payment is provided. If no proof of payment is provided, the City will issue a check to the licensed plumber. Requests for reimbursement must be submitted within 12 months of the application approval date.

# **SECTION 3. PAYMENT LIMITS**

## **3.1 General**

Property owners qualifying as low-income will be eligible for 100% reimbursement of the applicant's cash expenditure for labor and materials related to qualified improvements, up to \$4,000 per property in a 12-month period. Property owners that do not meet the low-income requirements will be eligible for 50% reimbursement of the applicant's cash expenditure for labor and materials related to qualified improvements, up to \$2,000 per property in 12-month period. These amounts can be exceeded with approval of the City Commission.

## **3.2 Qualified Low-Income Requirements**

To qualify as a low-income, the applicant must meet one of the following criteria:

1. Applicant qualifies as low-income using the thresholds set by the U.S. Department of HUD for the state of Kansas in Montgomery County.
2. Applicant's immediate family participates in the free lunch program in area schools.
3. Applicant qualified in the previous tax year for IRS tax programs which identify low income, such as the Earned Income Tax Credit.
4. Applicant qualifies for other recognized State or Federal programs which identifies the applicant as meeting low income criteria.

## **3.3 Qualified Improvements**

The following table shows qualifying improvements eligible for reimbursement under the Sewer Cost Share Program.

Qualifying Improvement	Maximum Amount Paid by City
Directly connected storm sump pump	\$750 each
Directly connected storm sump pump with diverter valve	\$350 each
Combination sanitary and storm sump pump	\$1,500 each
Area drains (driveway, patio, basement entry, etc.)	\$2,000
Downspouts	\$80 each
Cleanout	\$120 each
Sewer service lines	\$4,000
Other, as determined by the sole discretion of the City	\$1,000

# APPLICATION FOR PARTICIPATION IN SEWER COST SHARE PROGRAM

**This application must be completed by the property owner and returned to:  
City Hall, 811 W. Laurel Street, prior to work commencing.**

1. Address of property: \_\_\_\_\_  
Independence, Kansas 67301
2. Name on record with the City Water Department for above property: \_\_\_\_\_
3. Property owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Address of property owner: \_\_\_\_\_
5. Do you meet any of the following criteria? **If so, please provide supporting documentation.**
  - 5a Immediate family participates in the free lunch program in area schools. [ ] YES [ ] NO
  - 5b Qualified in previous tax year for IRS tax programs which identify low-income, such as the Earned [ ] YES [ ] NO  
Income Tax Credit.
  - 5c Qualifies for other recognized State or Federal programs which identify low-income criteria. [ ] YES [ ] NO

*If you do not meet any of the criteria in (5) above, but believe you qualify as low-income, please fill out page 2 of this application.*

I attest that all information provided is complete, accurate, and true.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

# APPLICATION FOR PARTICIPATION IN SEWER COST SHARE PROGRAM

**Please complete this section only if you marked "NO" to questions 5a-5c on page one of this application, but believe you should qualify for the additional low-income assistance.**

1. List all person(s), including yourself, who reside in the property owner's household, wheter related or not:

Name	Date of Birth	Soc. Sec. #	Relationship
			SELF
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Annual Household Income for previous 12 month period. \$ \_\_\_\_\_  
 Please include all household income. **Supporting documentation must be provided.**

3. List all sources of income for the household.

Source (Name of Employer/Agency)	Name of Recipient	Monthly Amount Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I attest that all information provided is complete, accurate, and true.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Spouse

\_\_\_\_\_  
 Date