

**CITY OF KINGSTON
LEAD SERVICE LINE REPLACEMENT PROGRAM
APPLICATION**

City Hall
420 Broadway
Kingston, NY 12401
(845) 334-3928

Dear Applicant:

(DO NOT TAKE APPLICATION APART)

Thank you for your interest in the City of Kingston's Lead Service line Replacement Program. Enclosed are the following documents:

- Program Guidelines
- Lead in Drinking Water Brochure
- Lead Service Line Replacement Program Application

Please complete and sign all forms and return them to our City of Kingston Office of Economic and Community Development with all of the supporting documents listed below. Failure to provide all the requested documents will prevent us from processing your application.

- Completed and signed Lead Service Line Replacement Program application
- Copy or proof of your homeowner's insurance
- Copy of the deed to the property
- If your property is owner occupied with rental units, the owner must submit official mail with their name and the address of the property you are applying for on it (proof that you live at that address).
- If the property is non-owner occupied with rental units, the landlord/owner must complete this application.

If you have any questions, please call me at 845-334-3928

Sincerely,
Stephan Knox
Housing Rehabilitation Specialist

I have received, read, understand and agree to abide by the City of Kingston Lead Service Line Replacement Program guidelines.

Homeowner

Date

Homeowner

Date

**CITY OF KINGSTON
LEAD SERVICE LINE REPLACEMENT PROGRAM
APPLICATION**

City Hall
420 Broadway
Kingston, NY 12401
(845) 334-3928

OFFICE USE ONLY:

Date Received: _____

Waiting List #: _____

APPLICATION

All information provided on this form is strictly confidential and is used solely for the purpose of determining the applicant's eligibility for assistance under the Lead Service Line Replacement Program.

Name of Applicant: _____

Name of Co-Applicant: _____

Project Address: _____

Mailing Address (if different): _____

Email Address: _____

Applicant Phone: Home: _____ Cell: _____ Work: _____

Co-Applicant Phone: Home: _____ Cell: _____ Work: _____

Total number of rental units in home/building: _____

Does the owner/s live at this address? _____

Total Number of occupants in home/building: _____

Are there any children under the age of six (6) living in the home/building? ____ How many ____

Are any occupants disabled? ____ List Disability: _____

Has your water service line been confirmed to be lead? ____ By whom: _____

When was your home built? _____

Location of water meter: _____

Do you have a driveway? _____ If so what material is it made of: _____

Do you have sidewalks? _____ If so what materials are they made of: _____

Are there trees, shrubs, bushes or other landscape features that may be disturbed while replacing your lead service line? _____ If so what: _____

HOMEOWNERS INSURANCE

Name of Insurance Company/Agent: _____

Address: _____

Phone: _____

Policy Number: _____ Expiration Date: _____

TENANT INFORMATION

Name: _____ Unit # _____ Phone: _____ Email _____

Name: _____ Unit # _____ Phone: _____ Email _____

Name: _____ Unit # _____ Phone: _____ Email _____

Name: _____ Unit # _____ Phone: _____ Email _____

OPTIONAL INFORMATION

The following information is requested to monitor compliance with fair housing. You are not required to furnish this information. If you choose not to answer the following questions, the City may note the race and sex on the basis of observation or surname. If you choose not to answer them, please check this box: []

Sex of Applicant: Male [] Female []

Age of Applicant: _____

Marital Status of Applicant: _____

Ethnic Background of Applicant (check one):

White (not Hispanic) [] African American (not Hispanic) []

Native American [] Latino/Hispanic []

Asian [] Other []

SIGNATURES

I/we, the undersigned, owners of the above-described property, certify that the above statements are true, complete and accurate to the best of my/our knowledge. I/we understand that if I/we willfully falsify or make false, fictitious or fraudulent statements or representations, I/we shall be compelled to repay to the City of Kingston all loan or grant monies from the City of Kingston's Lead Service Line Replacement Program. I/we fully understand that it is a federal, state and local crime, punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the facts in this application. I/we hereby authorize the City of Kingston staff to obtain verification of any information contained in this application from any source whatsoever.

In order to qualify for this grant, the owner/s agree that the City of Kingston and it's staff will not be held liable for any damages to the owner`s property, material, workmanship, and/or contractor warranty as a result of any lead service line replacement project.

All owners must sign the application form.

Print Name	Signature of Applicant	Date
------------	------------------------	------

Print Name	Signature of Applicant	Date
------------	------------------------	------

Print Name	Signature of Applicant	Date
------------	------------------------	------

**Return application and documentation to: City of Kingston
Office of Economic and Community Development
420 Broadway, Kingston, NY 12401
Attn. Stephan Knox**

DO NOT COMPLETE - FOR OFFICE USE ONLY

ACTION TAKEN:

Date _____ Approved _____ Denied _____ Landlord fee required \$ _____

Reason for denial: _____

Print Name

Signature