**Village of Waverly Sidewalk Replacement Application**

Name of Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing address if different than above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you **own and reside** at above address: Yes / No

 Name and Phone # of contractor to perform work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Is this a corner lot? Yes / No If yes, is the corner block in need of replacement? Yes / No

 \*corner lots are considered as two sidewalks, therefore, costs must be broken down for each side.

 Cost to replace \_\_\_\_\_\_ sidewalk blocks / or \_\_\_\_\_\_\_ linear feet of sidewalk is $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature below certifies that I have been provided with a copy of the guidelines for the Village of Waverly Sidewalk Replacement Program and that I wish to participate in this Program. I also understand that all the information and documentation I have provided with this application is true.

I also understand that I will not have my contractor start work until I receive written permission from the Village to proceed and I obtain a Village Sidewalk Permit.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* DO NOT WRITE BELOW THIS LINE\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Application Approved / Application Denied Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If application was denied by Village, include date and reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of pre-inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Done by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of post-inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Done by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Amount \_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit Amount \_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Village of Waverly Residential Sidewalk Replacement Program**

The purpose of the program is to encourage replacement of sidewalks within the Village of Waverly that pose a possible safety hazard or are inadequate.

1. This program is for **owner-occupied** residential properties. Sidewalks must be located in the Village's right-of-way. Walkways from the public sidewalk to the dwelling/structure are not covered.
2. The Village will pay 75% of the sidewalk replacement/repair up to maximum of $1,000.
3. Program is open to low-to-moderate income households. The current income levels for Tioga County are attached.
4. Only contractors licensed to operate within the Village of Waverly will be allowed to participate in the program.
5. A contractor’s written estimate for work to be performed must be submitted with the application.
6. The Village Code Enforcement Officer will be designated to perform a pre and post inspection of the sidewalk to be replaced. No work can be initiated until approval is granted.
7. **Work started without a pre-inspection and prior approval will not be eligible for reimbursement**.
8. A Sidewalk Permit is attached and must be submitted. All work performed under the sidewalk program must meet all required Village codes and inspections. There is no fee for sidewalks constructed under this program.
9. Checks issued under this program will be written, payable to the contractor and owner, only after the post inspection has determined the work was completed properly.
10. An **original bill** (not original estimate) for completed work must be submitted to the Village Clerk-Treasurer before reimbursement can be distributed.
11. Prevailing wage rates do not apply under this program.
12. The Village has the final determination if a request for funds under this program will be approved.
13. All taxes must be current on the selected property. The person signing the application for sidewalk replacement must be listed as the property owner on Village tax rolls.
14. The Program will be available until further determination of the Board of Trustees, or the allotted funds are exhausted.
15. Applications will be available at the Clerk’s Office at Village Hall, 32 Ithaca St., Waverly, NY 14892.
16. **Required documentation to be included with Sidewalk Program application:**

**Verification of all household earned and unearned income**

**Copy of most recent Income Tax Form**

**Copy of paid real estate taxes**

**Copy of property deed**

**Original written cost estimate of sidewalk work to be done, need two estimates**

**\*\*\*If project is a corner lot, must have costs broken down for each side.**

**Verification of Income and Assets**

1. **Income: List all sources of income/assets for each household member. Please convert all earnings to a monthly total. Documentation is required for all income and assets listed. If more space is needed, please attach another sheet:**

 Person 1 Person 2 Person 3

Name: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Wages/Unemployment: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Social Security/SSI: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Pension/Disability: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Business Income: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Child Support/Alimony: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Interest/Dividends: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Public Assistance: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Total Monthly Income: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Total Combined Income: (monthly) $ \_\_\_\_\_\_\_\_\_\_ X 12 = (annual income) $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Assets: List all assets for each household member and their current values.**

 Person 1 Person 2 Person 3

Name \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Checking Account: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Savings Account: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Stocks/Bonds: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Real Estate: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 (other than program property)

Other: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Total Assets: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Total Combined Household Assets: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

VILLAGE OF WAVERLY CONFLICT OF INTEREST DISCLOSURE

**\*DISCLOSURE\***

**All applicants for Programs administered by the Village of Waverly must be reviewed for any potential conflict of interest. For example, a conflict of interest may be present if the applicant is an elected or appointed official of the Village, an employee of the Village or is related to an employee, officer, or elected official of the Village of Waverly. Please answer the questions below to help us make that determination whether or not a conflict of interest is present in your situation. A conflict does not necessarily deny approval.**

Please circle YES or NO **to all questions** listed below so that we may make a determination of

any conflicts that may be applicable to you. Answer for all applicants if there is more

than one applicant for the loan.

YES / NO **1. Are you now, or have you ever been an employee, agent, consultant, an officer, or**

 **or an elected or appointed official of the Village? If so, please provide information below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YES / NO **2. Are you related to an employee of the Village, an agent of the Village, an agent**

 **working for the Village, an officer of the Village, or an elected or appointed official**

 **of the Village? (i.e.: are you related to the Mayor, or the Village Clerk, or a member of**

 **any Village Board, or someone that works in the Department of Public Works/Highway)**

 **If so please indicate to whom you are related and the relationship** **below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YES / NO **3. Do you have a business connection to any of the people listed above in #1? If so,**

 **please note the relationship below:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I/we, the undersigned, certify that the above information is true to the best of my/our knowledge**:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**For office use only**

There is no conflict of interest\_\_\_\_\_\_\_\_\_\_

Conflict of interest exists/basis of conflict\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date reviewed by Revolving Loan Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date reviewed by the Village Attorney\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Village Attorney\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Check-Off Sheet (please circle)**

1. **Do you qualify for low-to-moderate income? Yes / No**
2. **Is application completed? Yes / No**
3. **Is Verification of Income and Assets completed? Yes / No**
4. **Is all income/asset documentation included? Yes / No**
5. **Is copy of most recent Income Tax Return included? Yes / No**
6. **Is copy of all paid real estate taxes included? Yes / No**
7. **Is copy of contractor estimates included? Yes / No**
8. **Is copy of deed included? Yes / No**

|  |  |  |
| --- | --- | --- |
|  | **Application for Sidewalk Permit** |  |
|  |  |  |  |
|  |  |  |  |
| Name of Property Owner |   |  |  |
| Address of Property Owner |   |  |  |
|  |   |  |  |
|  |  |  |  |
| Telephone |   |  |  |
|  |  |  |  |
| Address to be Improved |   |  |  |
|  |  |  |  |
|  |  |  |  |
| Name of Contractor |   |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Description of sidewalk to be constructed, repaired or improved, including length, width, and depth. |
|   |   |   |   |
|   |   |   |   |
|  |  |  |  |
| Proposed Construction Date |   |  |  |
|  |   |   |   |
|   | Signature |   |   |
|  |  |  |  |
|  |  |  |  |
| Approved By |   | Date |   |
|  |  |  |  |
|  |  |  |  |
| Disapproved By |   | Date |   |
|  |  |  |  |
|  |  |  |  |
| Reason(s) for Disapproval |   |   |   |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| All work performed under this Sidewalk Permit must conform to Local Law No. 6 of 1985.  |
| You may ask the Village for a copy of the Law. |  |  |
|  |  |  |  |
|  |  |  |  |
|   | **Note:** Before digging or drilling, you **MUST** notify UFPOat 800-962-7962 |   |   |