

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:**

	<u>Person 1</u>	<u>Person 2</u>	<u>Person 3</u>
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) \$ _____			

- 2. 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 UFPO at 800-962-7962