



**SPRING HILL CRA
 SANITARY SEWER CONNECTION ASSISTANCE PROGRAM
 120 S. Florida Ave., DeLand, FL 32720 – City Hall
 489 W. Mathis St., DeLand, FL 32720 – Dr. Joyce M. Cusack Resource Center**

**GRANT APPLICATION FOR SANITARY SEWER CONNECTION
 SPRING HILL AREA**

Date : _____

I. PROGRAM DATA:

Current homeowner: Yes _____ No _____	Special Needs:
Is this a Mobile Home? Yes _____ No _____	Disabled: Yes _____ No _____
Is this a Business/Non-Profit? Yes _____ No _____	Elderly: Yes _____ No _____
How long have you owned? _____	Handicapped: Yes _____ No _____
Year septic system installed: _____	

II. GENERAL DATA: (Head of Household)

****If not a household please go to section III****

Name _____	Gender? Male _____ Female _____
Date of Birth: _____	Home Address: _____ City: _____
State: _____ Zip: _____	Mailing Address: _____ City: _____
State: _____ Zip: _____	Telephone No. (home) _____
	(work) _____
Please Circle Marital Status: Married / Widowed / Single / Divorced / Separated	

III. General Data: (Business/Non-Profit)

Business Name: _____	Non-Profit: Yes _____ No _____
Business Owner/CEO: _____	
If a non-profit, please provide your 501c3 number: _____	
Business Address: _____	City: _____ State: _____ Zip: _____
Telephone No.: (work) _____	
Years in business: _____	

The Intent of this application is only to pre-qualify the applicant(s). It does not guarantee acceptance or approval. Therefore no commitment is made on the part of either party.

IMPORTANT: READ BEFORE SIGNING

I/ We hereby certify that all information furnished in this application is true and correct and is given for the purpose of obtaining assistance. Further, I/ We authorize any employee of the City of DeLand to verify any statement that I/We have made on this application obtained from any source named herein.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. TITLE 18, SEC. 1001 provides: Whoever, in any matter within the jurisdiction of any agency of the United States knowingly and willingly falsifies... or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000, imprisoned for not more than 5 years, or both.

SIGNATURE: _____

DATE: _____

CITY OF DELAND REVIEW/AUTHORIZATION

Additional Information for Staff:

Property is available to hook up to sewer: Yes _____ No _____

Quote 1 total: \$ _____ Vendor: _____

Quote 2 total: \$ _____ Vendor: _____

Note: Plumbing contractor will need to provide the City of DeLand a completed W9 Form.

STAFF SIGNATURE: _____ **DATE:** _____