



# Water and Sewer Connection Incentive Program

## LOAN APPLICATION

**PROPERTY OWNER #1**

**PROPERTY OWNER #2**

<b>APPLICANT INFORMATION</b>	NAME			NAME		
	MAILING STREET ADDRESS			MAILING STREET ADDRESS		
	CITY	STATE	ZIP	CITY	STATE	ZIP
	HOME TELEPHONE	WORK TELEPHONE	EMAIL	HOME TELEPHONE	WORK TELEPHONE	EMAIL
	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER★		DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER★	
	PRESENT EMPLOYER	EMPLOYER ADDRESS		PRESENT EMPLOYER	EMPLOYER ADDRESS	
	PROPERTY UTILITY SERVICE ADDRESS					
	TAX PARCEL IDENTIFICATION NUMBER			UTILITY ACCOUNT NUMBER		

<b>CONNECTION COST</b>	<b>CONNECTION REQUIREMENTS</b>	<b>UNIT FEE (\$)</b>	<b>NUMBER of UNITS</b>	<b>TOTAL (\$)</b>
	Contractor			
	Water Tap Fee			
	Water System Charge			
	Sewer Tap Fee			
	Sewer System Charge			
	Contractor Costs			
	Permit Fee			
	Recording and Documentary Stamp Fees			
<b>TOTAL</b>				

Contractor \_\_\_\_\_ License # \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact \_\_\_\_\_

The above information is submitted for the purpose of obtaining a \_\_\_\_% interest loan for payment of connection costs and associated fees stated above, and is certified to be true, complete and correct. The applicant(s) expressly authorizes the City to make inquiries of others concerning the foregoing information and to provide information to others arising out of applicant(s) transactions with the City of Tallahassee. The applicant(s) also understands that a lien will be placed against the property as security for the loan. (An applicant is defined as all legal owners of the property.)

By signing this application the applicant(s) certifies:

- A. Applicant(s) is the legal owner of the property located at: \_\_\_\_\_
- B. Receipt of the statement of loan policies and procedures.
- C. Agreement to the conditions of said loan policies and procedures.

Further, I (We), the applicant(s) authorize the City to release the loan funds by check, payable directly to the contractor named above. These funds will be released to the contractor after completion of a satisfactory installation inspection by the City's Building Inspector. I (We) understand that the agreement to allow direct payment to the contractor does not change the status of the parties but is agreed to for the sole and exclusive purpose of expediting payments of the sums due the contractor. I (We) further agree to release and hold harmless the City of Tallahassee for any claims that I (we) may have concerning erroneous or incorrect payments to the contractor.

\_\_\_\_\_  
Applicant/Property Owner 1 (signature) \_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Property Owner 2 (signature) \_\_\_\_\_  
Date

Requested number of months financing (up to 120) \_\_\_\_\_

\*The City collects your social security number for the following purposes: classification of accounts; customer identification and verification; customer billing and payment; creditworthiness; and other lawful purposes necessary in the conduct of City business (Section 119.071(5), Florida Statutes). City may also release your SSN to other commercial entities engaged in the performance of commercial activities as required or permitted by law (Section 119.071(5), Florida Statutes). All applicants should retain a copy of this document for their records.

**OFFICE USE ONLY**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Payment History \_\_\_\_\_  
 Approximate monthly payment \_\_\_\_\_ for a period of \_\_\_\_\_ months.  
 Final terms will be discussed at closing.