## Water and Sewer Connection Incentive Program: Loan Application

## Submit completed loan application to:

Customer Operations, 435 N. Macomb St., Tallahassee, FL 32301 (Fax 891.0901)

	PROPERTY	OWNER #1		PROPERTY OWNER #2			
	Name			Name			
	Mailing Address			Mailing Address			
APPLICANT(S) INFORMATION	City	State	Zip	City	State	Zip	
S) INFO	Phone 1 □ Home □ Cell □ Work	□Home □Cell □Work Phone 2 □Home □Cell □Wor		Phone 1 □Home □Cell □Work	Phone 2 🗆 Home	e □Cell □Work	
CANT(	Email Address			Email Address			
APPLI	Driver's License Number	Social Security Number*		Driver's License Number	Social Security Number*		
	Employer Name	Employer Address		Employer Name	Employer Address		

Property Utility Service Address	Tax Parcel Identification Number	
Utility Account Number		

CONNECTION REQUIREMENTS	UNIT FEE (\$)	NUMBER OF UNITS	TOTAL (\$)
Tap Location Fee			
Water Tap Fee			
Water System Charge			
Sewer Tap Fee			
Sewer System Charge			
Contractor Costs			
Permit Fee			
Recording and Documentary Stamp Fees			
TOTAL			

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

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.

\*The City collects your social security number (SSN) 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. ereby certify that the appliance(s) listed above is installed at the address listed and if requested, I will allow a representative of the City of Tallahassee to physically inspect the installation.

Applicant/ Property Owner #1 Signature and Date

Applicant/ Property Owner #2 Signature and Date

Questions? Call Customer Operations at 891.4YOU (4968); or Visit Talgov.com/YOU



Modified 07/18/17

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City of Tallahassee

OFFICE USE ONLY Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Final terms will be discussed at closing.

Payment History

Approximate monthly payment

\_\_\_\_\_ for a period of \_\_\_\_\_ months.