

## SEWER HOOKUP APPENDIX

Applicant #: \_\_\_\_\_ Property address: \_\_\_\_\_

Type of property: \_\_\_\_\_ Single Family    \_\_\_ Multi Family    \_\_\_ Mobile Home

CDBG assistance \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Work completed: \_\_\_\_\_

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1. Is documentation present for the following?

- |                                                      |         |        |         |
|------------------------------------------------------|---------|--------|---------|
| a. Property ownership                                | ___ Yes | ___ No |         |
| b. Family Size                                       | ___ Yes | ___ No |         |
| c. Verification of income eligibility                | ___ Yes | ___ No |         |
| d. Work Specifications                               | ___ Yes | ___ No |         |
| e. Cost estimates                                    | ___ Yes | ___ No |         |
| f. Construction contract with bid and specifications | ___ Yes | ___ No |         |
| g. Project bid summary                               | ___ Yes | ___ No |         |
| h. Basis for contractor selection                    | ___ Yes | ___ No |         |
| i. Dates and amounts of disbursements                | ___ Yes | ___ No |         |
| j. Unit recorded on benefit data table               | ___ Yes | ___ No | ___ N/A |
| k. Unit recorded in project occupancy list           | ___ Yes | ___ No | ___ N/A |

### On Site Inspection

1. Was the contract work completed according to terms?    \_\_\_ Yes    \_\_\_ No

2. Was the work completed professionally?    \_\_\_ Yes    \_\_\_ No

3. Is the applicant/owner/tenant satisfied with the work?    \_\_\_ Yes    \_\_\_ No

4. What were the dates for the following?

- a. Initial application \_\_\_\_\_
- b. Final payment approval \_\_\_\_\_
- c. Final payment made \_\_\_\_\_

Homeowner/Tenant comments: \_\_\_\_\_

PDS comments: \_\_\_\_\_

**Areas Needing Improvement:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

**Areas of Non-Compliance:**

1. \_\_\_\_\_  
\_\_\_\_\_

**Required Action:** \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

**Required Action:** \_\_\_\_\_  
\_\_\_\_\_