



**RESIDENTIAL LATERAL ASSISTANCE PROGRAM APPLICATION**

OFFICE OF COMMUNITY AND NEIGHBORHOOD SERVICES  
 In partnership with  
 INFRASTRUCTURE AND PUBLIC SERVICE

DATE

**SECTION 1: APPLICANT INFORMATION**

Please fill out this section completely.

FIRST NAME		LAST NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER
HOME PHONE	WORK PHONE		CELL PHONE	EMAIL	
APPLICANT EMPLOYER			EMPLOYER ADDRESS		

**CO-APPLICANT INFORMATION**

Please fill out completely.

FIRST NAME		LAST NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER
HOME PHONE	WORK PHONE	CELL PHONE	EMAIL		
CO-APPLICANT EMPLOYER			EMPLOYER ADDRESS		

**SECTION 2: PROPERTY INFORMATION**

Fill in the following information completely. If it does not apply to you, please write N/A in the black space. Please use blue or black ink.

STREET			CITY	STATE	ZIP
NEIGHBORHOOD/ SUBDIVISION NAME				COUNCIL DISTRICT	

**SECTION 3: DESCRIPTION OF LATERAL DEFICIENCY**

Fill in the following information completely. If it does not apply to you, please write N/A in the black space. Please use blue or black ink.

WHEN DID THIS PROBLEM FIRST BEGIN?
PLEASE PROVIDE A LIST OF THE BUSINESSES AND PERSONS YOU HAVE CONTACTED FOR THIS PROBLEM. PROVIDE BUSINESS NAME, CONTACT'S NAME, TITLE AND CONTACT INFORMATION, AS APPLICABLE.
DESCRIPTION OF WORK TO BE PERFORMED

**SECTION 4: ACKNOWLEDGEMENTS AND SIGNATURES**

I attest that to the best of my knowledge, the information provided in this application is true and complete. I consent to the disclosure of such information for purposes of verification and evaluation related to my application for assistance. I understand that misstatement of relative facts will result in the disqualification of the aforementioned property for assistance.

I understand that the competition of this application in no way guarantees assistance of any type by the City of Tuscaloosa.

PRINTED NAME	SIGNATURE OF APPLICANT	DATE
PRINTED NAME	SIGNATURE OF CO-APPLICANT	DATE

**PLEASE NOTE: THERE ARE ADDITIONAL ITEMS THAT YOU MUST PROVIDE BEFORE YOUR APPLICATION IS COMPLETE.**

**A COMPLETE APPLICATION FOR PARTICIPATION IN THE PROGRAM SHALL INCLUDE:**

- A \$50 NON-REFUNDABLE APPLICATION PROCESSING FEE**
- COPY OF DEED OR MORTGAGE RECORD**
- TWO (2) RECENT UTILITY BILLS  
(NO MORE THAN 30 DAYS PAST THE DATE OF APPLICATION)**
- VIDEOTAPED INSPECTION OF THE SEWER LATERAL**
- SKETCH THAT IDENTIFIES THE PLACEMENT AND NATURE OF THE DEFECT**
- OTHER RELEVANT DOCUMENTATION TO DEMONSTRATE THE SEVERITY OF THE PROBLEM**

**FOR OFFICE USE ONLY**

App received DATE \_\_\_\_\_ Supporting documentation \_\_\_\_\_ Absent Forms \_\_\_\_\_  
 Application reviewed \_\_\_\_\_ (initials) DATE \_\_\_\_\_ Applicant eligible \_\_\_\_\_ Applicant ineligible \_\_\_\_\_