



**LEAD SERVICE LINE REPLACEMENT  
ADDITIONAL REIMBURSEMENT APPLICATION**

*Application must be completed in full to be considered.*

**HOUSEHOLD INFORMATION**

Head of Household \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

List all other people living in this home and their ages:  
\_\_\_\_\_  
\_\_\_\_\_

What is the total number of people in the household? \_\_\_\_\_

Please check all of the following race and ethnicity categories that apply to members of the household:

- White
- Hispanic
- Black / African American
- Asian
- American Indian / Alaskan Native
- Native Hawaiian / Other Pacific Islander
- Other \_\_\_\_\_

Is any member of the household handicapped or disabled? Yes\_\_\_\_ No\_\_\_\_

Does this home contain separate living quarters or rooms rented to others? Yes\_\_\_\_ No \_\_\_\_

If yes,

- Tenants must fall under the same income limits as homeowners and rent levels must comply with HUD Fair Market Rents for the Section 8 Housing Assistance Payments Program.
- Provide the following information in the space provided below:
  1. Number of apartments or rooms rented.
  2. Rent charged and the utilities, if any, included in the rent.
  3. The number of occupants in each apartment and the total household income for each renter household.

## INCOME INFORMATION

What is the total current monthly household income before taxes: \$\_\_\_\_\_

What was the total household gross income for the year 2021: \$\_\_\_\_\_

*(Please attach a copy of your current IRS form 1040 or W-2 statement.)*

### Summary of Current Income

Applicants must provide information on current household **gross** income from all sources.

#### Employment

Head of Household	\$_____	per week
Spouse	\$_____	per week
Other Adult (name)	\$_____	per week

#### Social Security

Head of Household	\$_____	per month
Spouse	\$_____	per month
Other Adult (name)	\$_____	per month

#### Other Retirement Income

Head of Household	\$_____	per month
Spouse	\$_____	per month
Other Adult (name)	\$_____	per month

#### Unemployment

Head of Household	\$_____	per week
Spouse	\$_____	per week
Other Adult (name)	\$_____	per week

#### Child Support

Name of Child	\$_____	per month
Name of Child	\$_____	per month
Name of Child	\$_____	per month

**Other Income** (explain)

---

**List the names of each employed person in the household and provide the name, address, and phone number of their respective employer:**

Name	Employer	Employer Address	Employer Phone

**List all checking, saving, and investment accounts held by everyone in the household:**

Name	Institution	Type of Account	Current Balance



## **LEAD SERVICE LINE REPLACEMENT ADDITIONAL REIMBURSEMENT PROGRAM**

This Lead Service Line (LSL) Replacement Additional Reimbursement Program has been created to provide additional assistance to residents of the City of Oshkosh (City) that meet certain income criteria. It is the goal of the City to have all lead water laterals (both public and private-side) replaced in order to provide an extra level of protection to residents.

Applicants at or below eighty percent (80%) of the median income based upon family size, as established by the U.S. Department of Housing and Urban Development (HUD) for a given year, are eligible for additional assistance covering up to seventy five percent (75%) of the cost of the private LSL replacement.

Applicants at or below 50% of the median income based upon family size, as established by HUD for a given year, are eligible for additional assistance covering up to one hundred percent (100%) of the cost of the private LSL replacement.

Upon completion of the work and submittal of the reimbursement request form, applicants that are approved for the additional reimbursement will receive a two-party check from the City payable to the property owner and the Licensed Plumber / Utility Contractor that performed the work.

Information you provide on the attached application will be used to determine if you qualify for additional reimbursement for the replacement of your private LSL. You will need to provide **all the requested information for everyone living in your household** in order for your application to be considered complete. All income for anyone over the age of eighteen (18) living in the home, related or unrelated, is counted towards household income.

The City takes reasonable steps to keep this information confidential. However, you should be aware because Safe Drinking Water Loan funds are used to make these reimbursements, all applications are subject to the open records laws. Therefore, anyone could ask to see these applications (Social Security numbers would be redacted).

Based on the information you provide in this application, if it appears you qualify for additional reimbursement for the replacement of your private LSL, you will be contacted. City staff may ask you to provide additional information to verify your financial status **before** giving final approval of the additional LSL reimbursement.

**IF YOU ARE APPLYING FOR ADDITIONAL REMBURSEMENT FOR  
LSL REPLACEMENT, THE APPLICATION  
MUST BE APPROVED PRIOR TO START OF WORK.**

Submit completed application form to:

Tracy Taylor  
City of Oshkosh  
Department of Public Works  
PO Box 1130  
Oshkosh, WI 54903-1130

**Please read the information on the Lead Service Line Replacement Additional Reimbursement Program carefully before completing the application.**

**TO BE ACCEPTED, THE APPLICATION MUST BE FULLY COMPLETED.**

If you have any questions, please call Tracy Taylor, at (920)236-5195, between 8:00 a.m. and 4:30 p.m., Monday thru Friday.