APPLICATION FOR TAPPING FEE ASSISTANCE
CONFIDENTIAL QUESTIONNAIRE

CY 2007 Water Tapping Fee Assistance Program
CY 2007 Sanitary Sewer Tapping Fee Assistance Program
County of Cambria

For the purpose of determining eligibility for proposed Tapping Fee Assistance Program, the following information is necessary. Each family should circle its FAMILY SIZE and provide a check mark to the appropriate above/below line which corresponds to its total ANNUAL FAMILY INCOME by family size.

FAMILY SIZE	ANNUAL INCOME		
ONE	My annual income is	_____	above $28,350
		_____	below $28,350
TWO	Our annual income is	_____	above $32,400
		_____	below $32,400
THREE	Our annual income is	_____	above $36.450
		_____	below $36,450
FOUR	Our annual income is	_____	above $40,500
		_____	below $40,500
FIVE	Our annual income is	_____	above $43,750
		_____	below $43,750
SIX	Our annual income is	_____	above $47,000
		_____	below $47,000
SEVEN	Our annual income is	_____	above $50,200
		_____	below $50,200
EIGHT	Our annual income is	_____	above $53,450
		_____	below $53,450

Each Head of Household must indicate if he/she is:

Male _____ Female _____ Black _____ Hispanic _____ White _____

Handicapped _____ Asian/Pacific Islander _____ American Indian _____ Alaskan Native

I own and live in the following property to be connected to a public water or sanitary sewer system:

Address: _____

_____

My residence will be connected to the _____Municipal Authority;

the cost of the tapping fee is $_____.

"Any false statements made knowingly and willfully may subject the signer to penalties under Sections 1001 and 1010 of Title 18 of the United States Code."

_____ _____ _____
Print Name Respondent Signature DATE

Please attach a copy of your latest Federal or State income tax return, W-2 Wage and Tax Statement and/or any statement of benefits; then mail all to the following address:

Cambria County Redevelopment Authority
P.O. Box 93
Ebensburg, PA 15931