

## 01-22-2020 Town Council Meeting

### Responses to Council Questions

#### **ITEM #12: Authorize the Town Manager to Execute an Amended Interlocal Agreement for Installation of Private Sewer Laterals for Low and Moderate Income Homeowners in the Rogers Road Community**

##### **Council Question:**

How did/are residents of the Rogers Rd community going to be notified of eligibility for the connection subsidies? Is there an application process in order for residents to receive the subsidy? Where did the educated estimate of LMI Heritage Households wishing to connect come from?

##### **Staff Response:**

*Residents of the Rogers Road community have been contacted by certified mail and staff has attended many community meetings to share the information. Once the amended agreement is approved, staff from Chapel Hill and Carrboro plan to visit each residence in person with additional information. Attached to this email is information that has been shared with residents. The estimated number of households has come from staff working with the community with additional knowledge regarding household income levels. If the number of households exceed the allocated budget, staff will bring back an amendment to the funding levels.*

##### **Council Question:**

What accounted for the lack of bids in the county's initial RFQ?

##### **Staff Response:**

*Feedback from local licensed plumbers suggested that, due to high workloads/backlogs, qualified vendors were unable and/or unwilling to commit the time and resources necessary to prepare and submit a detailed Statement of Qualifications in response to the RFQ. Additionally, the RFQ does not have the ability to guarantee the amount of a monetary contract or provide in advance the site-specifics of each potential installation job. This revised agreement modifies the original Request by competitively bidding each lateral connection rather than pre-qualifying a group of licensed plumbers.*

## **01-22-2020 Town Council Meeting Responses to Council Questions**

### **Council Question:**

What would be the estimated timetable for installing private sewer service lateral connections for low to moderate income homeowners of those existing dwelling units on Heritage Lots within the Historic Rogers Road Neighborhood?

### **Staff Response:**

*Once a household is determined to be eligible for lateral connection as a low/moderate income household, Orange County will competitively bid the connection. We anticipate this process could take 5-7 weeks although the timeline may vary substantially depending on the project.*



## Interest to Connect Form

Please complete and submit an original signed copy of this form to Orange County, ATTN: Ms. Tina Love (919-245-2575), 131 W. Margaret Ln., 2<sup>nd</sup> Floor, Hillsborough, NC 27278 if you are interested in connecting to the newly installed public gravity sewer lines in the Historic Rogers Road Area.

**This form does not sign you up for service but indicates interest for further communication** on the potential installation of your private service connection to the public sewer system. Please retain a copy of this interest to connect form for your records. **See the map on the back of this form** for the locations of the new gravity sewer lines, the potentially serviceable lots, and Heritage Lots. Public funding assistance programs are available to qualifying owners of Heritage Lots.

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### PLEASE PRINT AND SIGN CLEARLY

Property Owner Name: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

- Mailing Address (if different than Property Address):

\_\_\_\_\_

- Phone: \_\_\_\_\_

- Email: \_\_\_\_\_

Best Method of Contact (select one):

Phone

Email

Mail

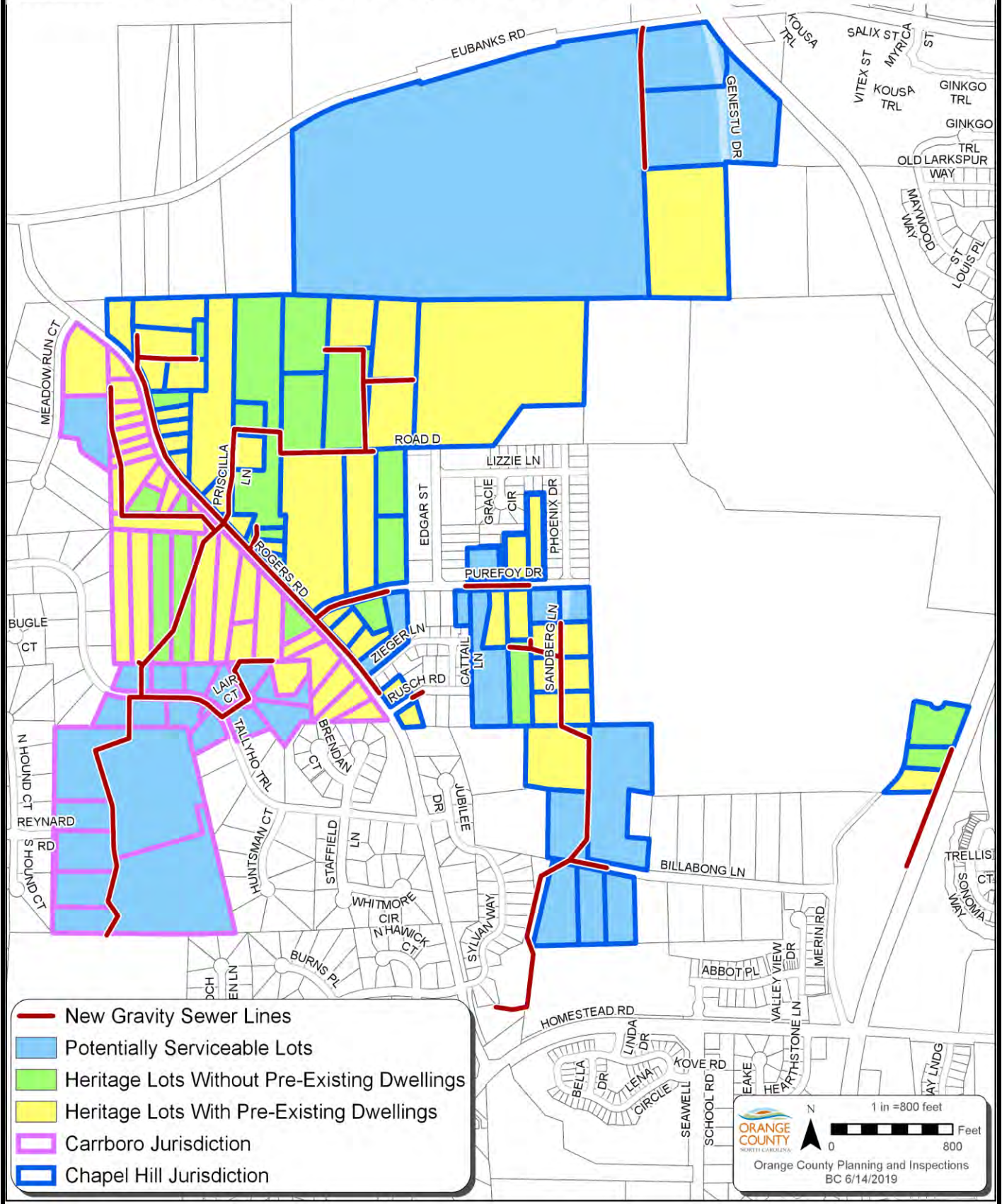
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### INFORMATION BELOW TO BE COMPLETED BY ORANGE COUNTY

DATE REC'D \_\_\_\_\_ PIN \_\_\_\_\_ PROPERTY OWNER CONFIRMED? \_\_\_\_\_ JURISDICTION \_\_\_\_\_

# Historic Rogers Road Sewer Expansion

## Which Lots Can be Served by the New Public Gravity Sewer Lines?



- New Gravity Sewer Lines
- Potentially Serviceable Lots
- Heritage Lots Without Pre-Existing Dwellings
- Heritage Lots With Pre-Existing Dwellings
- Carrboro Jurisdiction
- Chapel Hill Jurisdiction

1 in = 800 feet

0 800 Feet

**ORANGE COUNTY**  
 SOUTH CAROLINA

Orange County Planning and Inspections  
 BC 6/14/2019

# 2019 Income Verification Form

Last updated: 6/2019

Organization: \_\_\_\_\_ Program: Historic Rogers Road Sewer Expansion

Name of Program Participant: \_\_\_\_\_

Name of Parent (if Participant is under 18 years old): \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

## Required Demographic Information

Please fill out the following information - **complete all three (3) questions.**

1. Is the head of your household a **female single parent**?  yes  no
2. **Race:**  White  
 Black or African-American  
 Asian  
 American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander
3. **Ethnicity** (please check one):  Hispanic or Latino  Not Hispanic or Latino

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## Calculating Household Income

In order to calculate your household's income, please fill out the worksheet on the following page.

**The following sources of income should be considered when calculating total household income:**

1. Wages (please provide four (4) consecutive check stubs), salaries, tips, commissions, etc. (except full-time students);
2. Self-employment income from own non-farm business, including proprietorships and partnerships (except full-time students);
3. Interest, dividends, net rental income, or income from estates or trusts;
4. Social Security or railroad retirement;
5. Supplemental Security Income, Aid to Families with Dependent Children, or other public assistance or public welfare programs;
6. Retirement, survivor, or disability pensions; and
7. Any other sources of income received regularly, including Veterans' (VA) payments, unemployment compensation, child support and alimony.

*Turn to the next page and complete the Household Income Worksheet*



## Household Income Worksheet

List <u>ALL</u> Household Members	Income Source	Monthly Income	Annual Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
			<b>Total Annual Income:</b>

Household members are those who live in the same home as their primary residence.

### Household Income Level

Using the number of household members listed above and the household's total annual income from above, please identify the correct income level. If the household's total annual income is between levels, circle the income level that is **greater** than the household's total annual income.

<i>Income Level</i>	<b>1</b> person	<b>2</b> people	<b>3</b> people	<b>4</b> people	<b>5</b> people	<b>6</b> people	<b>7</b> people	<b>8</b> people
<b>30% area median income</b>	\$17,850	\$20,400	\$22,950	\$25,450	\$27,500	\$29,550	\$31,600	\$33,600
<b>50% area median income</b>	\$29,700	\$33,950	\$38,200	\$42,400	\$45,800	\$49,200	\$52,600	\$56,000
<b>60% area median income</b>	\$35,640	\$40,740	\$45,840	\$50,880	\$54,960	\$59,040	\$63,120	\$67,200
<b>80% area median income</b>	\$47,500	\$54,300	\$61,100	\$67,850	\$73,300	\$78,750	\$84,150	\$89,600

Source: [U.S. Department of Housing and Urban Development. FY2019 AMI = \\$84,800 for a four \(4\) person household.](#)

Does your total household income **exceed 80% of the area median income** by household size?

\_\_\_\_\_yes      \_\_\_\_\_no

**I hereby certify that the above information is complete and accurate to the best of my knowledge.** The income estimate includes **income for all household members**. I agree to submit additional support documentation if requested by the Town. I understand that the information provided to the Town will become part of the public record and therefore will be open to public examination.

\_\_\_\_\_

Participant's Signature (or Parent's Signature if participant is under 18 years old)      \_\_\_\_\_ Date

\_\_\_\_\_

Program Administrator's Signature      \_\_\_\_\_ Date

# Orange County, North Carolina

## Individual Water and Sewer Connection Loan Application

Mail application to Orange County Department of Finance and Administrative Services Water and Sewer Connection Loan Fund Program, P. O. Box 8181, Hillsborough, NC 27278 Phone: 919-245-2450.

This Water and Sewer Connection Loan cannot be associated with the construction of a new home (refer to attached flier for eligibility criteria).

Date \_\_\_\_\_ County \_\_\_\_\_ Community/Area Name \_\_\_\_\_

Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Amount of Loan Request \$ \_\_\_\_\_ Monthly Payment Request by Borrower \$ \_\_\_\_\_

Do you currently own and live in the home where the well work will be completed?  yes  no  
If not, explain: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_ How Many Houses will be Served  
By this Well? \_\_\_\_\_ Are you Legally Married? \_\_\_\_\_

Name, Address, and Phone Number of Next of Kin: \_\_\_\_\_  
What relationship? \_\_\_\_\_

Type of home where the well work will be completed:  Stick built  Modular home  Mobile home

**A copy of the Deed of Trust must be submitted with application for Stick built or Modular home.**  
**A Certificate of Title must be submitted with application for Mobile homes. The loan will be listed as a lien against your proerty**

### HOUSEHOLD INFORMATION

(Complete the following section for all members of the household)

Name (List Head of Household First)	Social Security Number	Relationship to Applicant	AGE <sup>1</sup>	Date of Birth	M/F <sup>1</sup>	Race <sup>1</sup>	Disabled

**Other Household Characteristics (Enter Number of Persons in Household)**

Have Health Insurance _____	Receiving Food Stamps _____
Are Veterans _____	Farmers _____
Disabled _____	Seasonal Farmers _____

Ex-TANF \_\_\_\_\_

Date Last Received TANF \_\_\_\_\_

This information is for administrative purposes only and is not used to determine whether or not you are granted assistance.

**TOTAL HOUSEHOLD (GROSS & NET) INCOME**

SOURCE (NAME & ADDRESS)	APPLICANT	CO-APPLICANT	OTHER(S)
Wages, Salaries, Tips, Business Income			
SSI			
Social Security			
VA Benefits			
Other Disability Income			
AFDC/TANF			
Child Support, Alimony			
Pension			
Rental Income			
Food Stamps			
Other (Specify)			
<b>TOTAL ALL SOURCES</b>			

\*Income Sources: Include place of employment, rent received, TANF (AFDC) SS, SSI, unemployment benefits, retirement benefits, etc. Use the following space below to list additional incomes sources for individuals above.

Additional Income Sources:

\_\_\_\_\_  
\_\_\_\_\_

Total Monthly Household Income \$ \_\_\_\_\_

**Co-applicant information:**

Home Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth: \_\_\_\_\_



HOUSEHOLD EXPENSES (list monthly amount for each item):

<b>A. Basic Expenses</b>	<b>Amount</b>
1. Mortgage	\$ _____
2. Clothing	\$ _____
3. Electric	\$ _____
4. Gas	\$ _____
5. Water/Sewer	\$ _____
6. Fuel/Oil	\$ _____
7. Coal/Wood	\$ _____
8. Kerosene	\$ _____
9. Telephone	\$ _____
10. Cell Phone	\$ _____
11. Internet	\$ _____
12. Cable TV/Satellite	\$ _____
13. Meals Work/School	\$ _____
14. Groceries	\$ _____
<b>TOTAL</b>	\$ _____

<b>B. Miscellaneous</b>	<b>Amount</b>
1. Life Insurance	\$ _____
2. Health Insurance	\$ _____
3. Car Insurance	\$ _____
4. Homeowners Insurance	\$ _____
5. Real Estate Taxes	\$ _____
6. Personal Property Taxes	\$ _____
7. Car Repairs (tires, svc,etc)	\$ _____
8. Gas/auto maintenance	\$ _____
9. Home Repairs/Upkeep	\$ _____
10. Child Support	\$ _____
11. Alimony	\$ _____
12. Child Care	\$ _____
13. Laundry	\$ _____
14. Contributions	\$ _____
<b>15. Other</b>	\$ _____
<b>TOTAL</b>	\$ _____

<b>C. Loans</b>	<b>Amount</b>
1. Car Note(s)	\$ _____
2. Credit Card(s)	\$ _____
3. Bank Loans _____	\$ _____
4. _____	\$ _____
<b>TOTAL</b>	\$ _____

<b>D. Medical Expenses</b>	<b>Amount</b>
1. Prescriptions	\$ _____
2. Doctor _____	\$ _____
3. Dentist _____	\$ _____
4. _____	\$ _____
<b>TOTAL</b>	\$ _____

**Total monthly expenses (Columns A, B, C and D) \$ \_\_\_\_\_**

If your monthly expenses are more than your monthly income, you will need someone to co-sign on this loan.

**CHECK ALL THAT APPLY:**

**Housing Characteristics**

- Housing Substandard
- Total Indoor Plumbing
- First Time Access to Water
- Own
- Rent
- Life Estate
- Heir Property

**Project Type**

- Emergency
- Construct
- Refurbish
- Services (decontaminate or re-drill well)

**Source of Water**

- Outside Only
- Piped Inside
- Well
- Haul
- Cistern
- Other

**Sewerage Facilities**

- Privy
- Inside Toilet
- Cesspool
- Septic System
- Other

**CURRENT WATER PROBLEMS (Check applicable items):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Broken Pump                 | <input type="checkbox"/> Leaky Pipes         | <input type="checkbox"/> Lead Piping        |
| <input type="checkbox"/> Contaminated Water          | <input type="checkbox"/> Well Dry            | <input type="checkbox"/> No Access To Water |
| <input type="checkbox"/> System Not Working Properly | <input type="checkbox"/> No Hot Water Heater | <input type="checkbox"/> Low Water Pressure |
| <input type="checkbox"/> Other (Specify) _____       |  |   |

List Contractors Supplying Estimates: \_\_\_\_\_ Number of Estimates Provided: \_\_\_\_\_

_____ Contractor	_____ Federal I. D. or Social Security Number
_____ Contractor	_____ Federal I. D. or Social Security Number
_____ Contractor	_____ Federal I. D. or Social Security Number

Comments: \_\_\_\_\_

It is a criminal offense under the Code of the United States to make willful false statements or misrepresentation of any information provided in the completion of this application.

I have reviewed the information recorded, and attest that to the best of my knowledge, nothing requested has been omitted or misrepresented on this application.

**CERTIFICATION AND CONFIDENTIALITY**

My signature below grants permission to Orange County, North Carolina or it's designated agent to verify any or all information contained herein with respect to this application for assistance. I understand the information in this application is strictly confidential, and is provided solely for the purpose of determining my eligibility under this program. No information contained herein will be released to any other local, state, or federal agency for any purpose without my expressed written consent, except as it may pertain to my receipt of the funding resources made available through this application.

I authorize you to make whatever credit inquiries you consider necessary concerning the statements made in this loan application. I agree that the application shall remain your property whether or not the loan is granted. I also agree that you may give information regarding my experience with you to credit bureaus and other proper persons. Under penalties of perjury, I certify that I have provided my correct Social Security/Taxpayer Identification Number.

_____ Signature of Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date

# CERTIFICATION

The undersigned applicant(s) hereby certifies to the best of his/her knowledge that the information provided in this application is correct. The applicant(s) is the owner and occupant of the property, for which he/she is applying for a well loan. The property located at \_\_\_\_\_.

The undersigned further understands that Orange County, North Carolina., will pay the requested loan amount to the contractor and the undersigned is responsible for any balance due the contractor assigned to the well project on the property described above.

In consideration for any loan proceeds paid on behalf of the applicant, the undersigned hereby releases and agrees to indemnify and hold harmless Orange County, Inc. and its authorized representatives and the referring agency and its authorized representatives from any and all liability in connection with the performance of the repairs and/or improvements.

The undersigned agrees to provide Orange County, Inc., access to the property at a reasonable time for the purpose of inspecting the work and conducting follow-up visits if desired or necessary.

# RELEASE FORM

The routine release of information concerning applicants is covered under the Privacy Act of 1974. From time to time Orange County, North Carolina. uses services of other agencies to assist the applicant.

\_\_\_ I, the undersigned, do give                      \_\_\_ I, the undersigned, do not give

Orange County, North Carolina or its designee and the referring agency, its staff, or authorized representatives permission to release information contained in my file to help provide the services.

Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Outreach Worker \_\_\_\_\_ Date \_\_\_\_\_

Referring Agency/County \_\_\_\_\_

# BID FORM

Date: \_\_\_\_\_ Name of Contractor/Company: \_\_\_\_\_

Contractor/Company Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Federal ID # \_\_\_\_\_ or Social Security # \_\_\_\_\_

Customer's Name: \_\_\_\_\_

Customer's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Price per foot \$ \_\_\_\_\_ or Amount for Job \$ \_\_\_\_\_ Date Bid Expires \_\_\_\_\_

Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Authorized Representative)

## Civil Rights and Equal Opportunity

The following information is requested by the Federal Government in order to monitor the Recipient's compliance with Section 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990, Title VI of the Civil Rights Act of 1964, and the Age Discrimination Act of 1975.

You are not required to furnish this information, but are encouraged to do so.

The law requires that the Recipient may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the Recipient is required to note race and sex on the basis of visual observation or surname.

If you do not wish to furnish the following information, please check the box below.

### Applicant

<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
--

#### Ethnicity:

- Hispanic or Latino  
 Not Hispanic or Latino

I do not wish to furnish this information

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
--

### Co - Applicant

<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
--

#### Ethnicity

- Hispanic or Latino  
 Not Hispanic or Latino

I do not wish to furnish this information.

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
--

*Credit from the Intermediary Relending Program is provided without regard to sex, marital status, race, color, religion, national origin, age, physical or mental disability, receipt of income from public assistance or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.*