



# Manchester

## Water Department

### Lead Water Service Replacement Program

# WELCOME TO THE TOWN OF MANCHESTER

## WATER DEPARTMENT LEAD SERVICE REPLACEMENT PROGRAM

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The Lead Service Replacement Program provides financial assistance for replacement of water service lines made of lead or galvanized lead. If not addressed, this could threaten the health of the property's occupants. **Assistance is provided in the form of a grant.**

The program is available for residential buildings with seven or fewer dwelling units where at least 51% of the units are income-eligible (or 1 of 2 units in a 2-family) and for which rents cannot exceed the annually adjusted fair market levels established by the U.S. Department of Housing and Urban Development.

If you would like to participate, please submit a completed "*Application for Financial Assistance*". Information must be submitted for each unit at the property that will benefit from this project. For units occupied by renters, please submit the tenant information requested on the packet checklist. If a unit is vacant, complete the information at the top of the *Resident/Tenant Information* Form (all information above the "Household Information" section) then write "VACANT" across the rest of the form.

**Please refer to the enclosed "Application Packet Checklist" to make sure you have completed and/or sent all required materials.** All application materials should be sent to the **Town of Manchester, Water and Sewer Department, P.O. Box 191, Manchester, CT 06045-0191** or dropped off at the **Water and Sewer Department, at 125 Spring Street, Manchester.**

This program is available town-wide to income-eligible households that also meet the rest of the eligibility criteria. Owners must be up to date with taxes and fees due to the town.

If you have questions or need assistance, please call the Water and Sewer Department at (860) 647-3115.

**TOWN OF MANCHESTER**  
**WATER DEPARTMENT LEAD SERVICE REPLACEMENT PROGRAM**

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**SECTION 1. GENERAL STATEMENT: PURPOSE AND GOALS**

Manchester Water Department (Town) is using funds received through the Town's Community Development Block Grant (CDBG) program to provide financial assistance to single and multi-unit residential properties within town. The overall purpose of the program is to assist with removal of lead water services and galvanized water service lines on properties occupied by income-eligible residents to eliminate conditions that pose an imminent threat to the health of occupants if not corrected.

**SECTION 2. ELIGIBILITY CRITERIA**

- For a single-family home, the annual household income must not exceed 80% of the annually adjusted median household income for the area as determined by the U.S. Department of Housing and Urban Development (HUD) based on household size. (See enclosed "*Income Limits*" chart)
- For a multi-family property, fifty-one percent (51%) of the units must meet the income-eligibility criteria (or 1 of 2 units in a 2-family) by not exceeding 80% of the annually adjusted median household income for the area as determined by HUD based on household size. (See enclosed "*Income Limits*" chart).
- Rental rates shall not exceed fair market levels, as annually adjusted by HUD, based upon the number of bedrooms in each unit. (For more information about fair market rents, contact the Planning Department at 860-647-3044).
- There shall be no more than seven (7) dwelling units in the structure.
- The property owner must be current in mortgage payments, if any, on the property. The owner must also be current on all local taxes, fees and assessments including real estate and water and sewer. ***The Town reserves the right to deny assistance to any property whose owner has a record of tax delinquency or if they are not up to date in mortgage payments and cannot provide documentation of a loan modification agreement.***
- The property owner must rent to tenants at the current fair market rents as determined by HUD. ***A copy of the signed lease must be filed with the application for financial assistance.***

**SECTION 3. PROPERTY SELECTION CRITERIA AND REHABILITATION ACTIVITIES**

- All eligible properties will be considered for assistance, subject to program funding levels, assuming they meet all eligibility criteria.

**SECTION 4. FINANCIAL ASSISTANCE TERMS AND CONDITIONS**

- Financial assistance under the program is provided to the property owner according to the terms of a contract between the owner and the Town.

- The property owner must abide by the terms of the contract between the owner and the Town with respect to the qualifying fair market rent (if rental units are involved) and income criteria governing the program.

Please call the Water Department at (860) 647-3115 with questions or to obtain further information about the program.

**TOWN OF MANCHESTER  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**FY 2024 INCOME LIMITS (Effective May 2024)**

The total annual income (adjusted or estimated) of an eligible family or household must not exceed the corresponding limits in the Low/Moderate income block shown below.

<b><u>Family or Household Size</u></b>	<b><u>Low/Moderate Income Limits</u> (80% of Area Median<sup>1</sup>)</b>
1 person	\$68,250
2 persons	\$78,000
3 persons	\$87,750
4 persons	\$97,450
5 persons	\$105,250
6 persons	\$113,050
7 persons	\$120,850
8 persons	\$128,650

**Household:** A household means all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements. A **Family** means all persons living in the same household who are related by birth, marriage or adoption.

**Adjusted Gross Income:** As defined for purposes of reporting under the Internal Revenue Service (IRS) Form 1040 for individual Federal annual income tax purposes.

**Estimate the annual income of a family or household** by projecting the prevailing rate of income of each person at the time assistance is provided. Estimated annual income shall include income from all family or household members (including Social Security, SSDI, unemployment, child support, etc.) as applicable. Income or asset enhancement derived from the CDBG-assisted activity shall not be considered in calculating estimated annual income.

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<sup>1</sup> FY 2024 Median Family Income = \$121,800 for the Hartford, West Hartford and East Hartford, CT Metropolitan Statistical Area (MSA), as determined by the U.S. Department of Housing and Urban Development.

**Town of Manchester**  
**Water Department Lead Service Replacement Program**

**SECTION 1: PROPERTY INFORMATION**

Property Address: \_\_\_\_\_ # of Dwelling units: \_\_\_\_\_

Owner's name(s): \_\_\_\_\_ Year Built (approx.): \_\_\_\_\_  
*(Include all owners listed on the deed to the property)*

Employer's name and address: \_\_\_\_\_

Is/are the owner(s) also an occupant of the above listed property?  Yes  No

Owner's home phone \_\_\_\_\_ Business \_\_\_\_\_

Cell phone \_\_\_\_\_

Which contact number above do you prefer we use? \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

**SECTION 2: OTHER INFORMATION**

Are you and other owner(s), if any, current on all mortgage payments on the above referenced property?  
 Yes  No

Are you and other owner(s) current in municipal, federal and state taxes, fees and assessments, if any, on the property?  
 Yes  No

Have you or any other owner(s) filed for bankruptcy protection within the last five (5) years?  
 Yes  No

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**FIRE/HAZARD/LIABILITY INSURANCE ON PROPERTY:**

**Name of Insurance Company:** \_\_\_\_\_

**Contact No:** \_\_\_\_\_

**Policy No:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**SECTION 3: DEMOGRAPHIC INFORMATION**

**Household Information: (Used for HUD reporting purposes)**

1. Are you of Hispanic or Latino ethnicity? Yes \_\_\_\_\_ No \_\_\_\_\_
  2. Are you age 62 or older? Yes \_\_\_\_\_ No \_\_\_\_\_
  3. Race: (Please check one)
 

_____ White	_____ American Indian/Alaskan Native & White
_____ Black/African American	_____ Black/African American & White
_____ Asian	_____ American Indian/Alaskan Native & Black/African American
_____ Asian & White	_____ Other Multi-racial
_____ American Indian/Alaskan Native	
_____ Native Hawaiian/Other Pacific Islander	
  4. Head of Household is: Male: \_\_\_\_\_ Female: \_\_\_\_\_
- 

**FOR MULTI-FAMILY PROPERTIES:**

**Please complete the following information if property includes rental units:**

Number of apartments/units: \_\_\_\_\_

	<u>Monthly Rent</u>	<u>Number of bedrooms</u>	<u>Name of Occupant</u>
Apt # _____	\$ _____	_____ bedrooms	_____
Apt # _____	\$ _____	_____ bedrooms	_____
Apt # _____	\$ _____	_____ bedrooms	_____

*(Please add an additional sheet of paper or continue on to the back if necessary.)*

**Are utilities included in the rent? Yes \_\_\_\_\_ No \_\_\_\_\_**

**\* Tenant Verification Forms must be completed and returned with required attachments (listed on checklist at end of packet).**

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**Certifications**

The undersigned hereby make a preliminary application to the Town of Manchester (“Town”) for financial assistance for lead or galvanized service line replacement at their property. **The Applicant(s) certifies that he/she/they are the owner(s) of the property described in this Application and that all owners of said property are listed and have signed said application.** I/We acknowledge that this application is made pursuant to a program administered by the Town and that the Town will determine all eligible costs of a project. I/We certify that the property to be rehabilitated with program funds is occupied and/or rented by/to persons or households that meet the prevailing tests of income and fair market rents. The undersigned also agree(s) that I/we will not discriminate against any person on the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap, or age in any aspect of the program and to comply with all applicable Federal, State and local laws regarding non-discrimination and equal employment opportunity, housing and credit practices, including Title VI of the Civil rights Act of 1964 and regulations pursuant thereto, and Title VIII of the Civil Rights Act of 1968, as amended. I/We further attest that the information provided in this application is true and complete and that failure to comply with any of the above terms and conditions may result in penalties for false or fraudulent statements as outlined below.

_____ Signature of Applicant	_____ Signature of Co-applicant
_____ Printed Name	_____ Printed Name
_____ Date	_____ Date

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**PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

**U.S.C. Title 18, Sec. 1001, provides: “Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willingly falsifies or makes false, fictitious statements or representation, or makes or uses any fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both.”**



**Owner Information Form**  
**[To Be Completed By Owner/Occupant(s)]**

*Please Type or Print Clearly*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Unit # \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_  
 Home/Cell

**HOUSEHOLD INCOME by Number Of Persons In The Household (Revised 5/2024)**  
**(PLEASE CIRCLE THE AMOUNT THAT IS YOUR CURRENT HOUSEHOLD INCOME RANGE)**

<b>NUMBER OF PERSONS IN HOUSEHOLD</b>							
<b>1 PERSON</b>	<b>2 PERSONS</b>	<b>3 PERSONS</b>	<b>4 PERSONS</b>	<b>5 PERSONS</b>	<b>6 PERSONS</b>	<b>7 PERSONS</b>	<b>8 PERSONS</b>
\$25,600 or less	\$29,250 or less	\$32,900 or less	\$36,550 or less	\$39,500 or less	\$42,400 or less	\$47,340 or less	\$52,720 or less
\$25,601 to \$42,650	\$29,251 to \$48,750	\$32,901 to \$54,850	\$36,551 to \$60,900	\$39,501 to \$65,800	\$42,401 to \$70,650	\$47,341 to \$75,550	\$52,721 to \$80,400
\$42,651 to \$68,250	\$48,751 to \$78,000	\$54,851 to \$87,750	\$60,901 to \$97,450	\$65,801 to \$105,250	\$70,651 to \$113,050	\$75,551 to \$120,850	\$80,401 to \$128,650
More than \$68,250	More than \$78,000	More than \$87,750	More than \$97,450	More than \$105,250	More than \$113,050	More than \$120,850	More than \$128,650

**Please check any of the following that apply to you:**     Regular gifts/financial contributions from family or friends  
 SSI     SSDI     Alimony     Child Support     Public Assistance     Sec. 8

Name of each <i>Adult 18 and over</i> in the Unit	Name of each <i>Child under 18</i> in the Unit	Child's Date of Birth

**Does any resident child six years or younger have an Elevated Blood Lead Level?**  
 Yes     No     Do not know     Not Applicable

I certify that the information provided herein is accurate and complete.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Resident/Tenant Information Form (Completed by tenants for each rental unit)

*Please Type or Print Clearly*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Unit # \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ Number of Bedrooms? \_\_\_\_\_ Utilities Included \_\_\_\_\_  
Yes or No

**Household Information: (Used for HUD reporting purposes)**

1. Are you of Hispanic or Latino ethnicity? Yes \_\_\_\_\_ No \_\_\_\_\_ 2. Are you age 62 or older? Yes \_\_\_\_\_ No \_\_\_\_\_  
 3. Race: (Please check one box)

White	American Indian/Alaskan Native & White
Black/African American	Asian & White
Asian	Black/African American & White
American Indian/Alaskan Native	American Indian/Alaskan Native & Black/African American
Native Hawaiian/Other Pacific Islander	Other Multi-racial

4. Head of Household is: Male: \_\_\_\_\_ Female: \_\_\_\_\_

**HOUSEHOLD INCOME by Number Of Persons In The Household (Revised 5/2024)**

(PLEASE CIRCLE THE AMOUNT THAT IS YOUR CURRENT HOUSEHOLD INCOME RANGE)

**NUMBER OF PERSONS IN HOUSEHOLD**

1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS
\$25,600 or less	\$29,250 or less	\$32,900 or less	\$36,550 or less	\$39,500 or less	\$42,400 or less	\$47,340 or less	\$52,720 or less
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More than \$68,250	More than \$78,000	More than \$87,750	More than \$97,450	More than \$105,250	More than \$113,050	More than \$120,850	More than \$128,650

**Please check any of the following that apply to you:**     Regular gifts/financial contributions from family or friends  
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Name of each <i>Adult 18 and over</i> in the Unit	Name of each <i>Child under 18</i> in the Unit	Child's Date of Birth

**Does any resident child six years or younger have an Elevated Blood Lead Level?**

Yes     No     Do not know     Not Applicable

I certify that the information provided herein is accurate and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# APPLICATION PACKET CHECKLIST

- APPLICATION FOR FINANCIAL ASSISTANCE
- OWNER INFORMATION FORM
- RESIDENT/TENANT INFORMATION FORM (FOR MULTI-FAMILY PROPERTIES)
  - If a unit is vacant, complete information at the top of the *Resident/Tenant Information Form* (everything above the “Household Information” section) then write “VACANT” across the rest of the form.
- CURRENT LEASE DOCUMENTS (FOR ALL RENTAL UNITS)
- FOR SECTION 8 UNITS, A COPY OF THE AUTHORIZATION SHOWING RENT AMOUNT
- OWNER’S UNIT - INCOME INFORMATION (INCLUDE DOCUMENTATION FOR ALL INCOME SOURCES AND MOST RECENTLY FILED IRS FORM 1040). SOURCES OF INCOME MAY INCLUDE 3 MOST RECENT PAYSTUBS, SOCIAL SECURITY, PENSION, UNEMPLOYMENT, ETC.
- TENANT’S UNIT (IF APPLICABLE, FOR EACH RENTAL UNIT) - INCOME INFORMATION (INCLUDE DOCUMENTATION FOR ALL INCOME SOURCES AND MOST RECENTLY FILED IRS FORM 1040). SOURCES OF INCOME MAY INCLUDE 3 MOST RECENT PAYSTUBS, SOCIAL SECURITY, PENSION, UNEMPLOYMENT, ETC.
- COPY OF YOUR MOST RECENT MORTGAGE STATEMENT SHOWING \$0 PAST DUE BALANCE
- COPY OF DEED TO THE PROPERTY (We can provide if you cannot easily obtain a copy)
- MAKE CERTAIN YOU ARE UP TO DATE ON THE FOLLOWING:
  - LOCAL TAXES
  - WATER, SEWER AND ALL OTHER LOCAL FEES AND ASSESSMENTS
  - REAL ESTATE TAXES

**Please submit all application materials to:**

**Town of Manchester  
Water Department  
P.O. Box 191  
Manchester, CT 06045-0191**

**Please call 860-647-3115 with any questions.**