

**CITY OF WAUKEE**  
**2012 SIDEWALK ASSISTANCE PROGRAM (SAP)**  
 COUNCIL APPROVED

On March 14, 2005, the City of Waukeee City Council approved the Sidewalk Improvement Program. At the time the Sidewalk Improvement Program was being reviewed by the City Council, there was some question as to the need for an “assistance” program for those property owners who were financially unable to comply with the request to install public sidewalks.

**PURPOSE**

The purpose of the City of Waukeee Sidewalk Assistance Program (SAP) is to assist Waukeee single-family property owners (owner occupied) with the initial financial cost of installation of the required public sidewalks.

**ELIGIBILITY**

To be eligible for SAP, property owners must meet all of the following requirements:

1. Proof of home ownership of the applicant must be provided.
2. Property taxes must be current and paid-to-date.
3. Income limit of the household must fall below the 2012 SAP Income Limits below.

| Number of Persons in Household | Maximum Total Gross Household Income |
|--------------------------------|--------------------------------------|
| 1                              | \$41,750                             |
| 2                              | \$47,700                             |
| 3                              | \$53,650                             |
| 4                              | \$59,600                             |
| 5                              | \$64,400                             |
| 6                              | \$69,150                             |
| 7                              | \$73,950                             |
| 8+                             | \$78,700                             |

Income Limits from 2010 HUD Income Guidelines

The household income will be calculated according to the previous year’s taxes or the income will be estimated according to the income for the previous four months, whichever is less.

## PROCESS

Following submittal of the required application materials (application due 30 days prior to assessment), the City will determine by assessment resolution date if the property owner is eligible based on the above income guidelines.

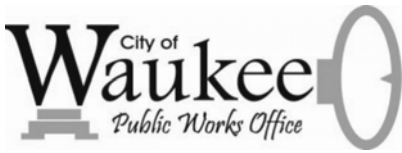
In the case that the property owner is not eligible, the property owner shall continue to be required to install the public sidewalk according to Ordinance 2505.

In the case of an eligible property owner, the City of Waukee will cause the installation of the public sidewalk through the assessment project. The cost of the required public sidewalk completed during the assessment phase shall be assessed to the property owner at the 50% level of total construction costs **plus** administrative, legal, engineering & inspection fees.

The cost assessed to the property owner shall be interest free and payable in equal installments over 10 years. If the property title is transferred prior to the assessment being paid, any remaining balance will need to be paid in full prior to any such transfer.

Please submit with application:

1. Proof of home ownership of the applicant must be provided.
2. Property taxes must be current and paid-to-date.
3. Income limit of the household must fall below the 2012 SAP Income Limits.
4. Copy of previous years summary pages of tax return.



**Public Works Office**  
 805 University Avenue  
 Waukeee, IA 50263  
 (515) 987-4363  
 (515) 987-3979 FAX

**CITY OF WAUKEE**  
**APPLICATION FOR PUBLIC IMPROVEMENT ASSESSMENT CREDIT**

Name \_\_\_\_\_ Address: \_\_\_\_\_  
 S.S. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Race/Ethnic/Group \_\_\_\_\_ Number of members in Family: \_\_\_\_\_  
 Telephone # \_\_\_\_\_

Assessed for Street \_\_\_\_\_ Sewer \_\_\_\_\_ Sidewalk \_\_\_\_\_ Sidewalk repair \_\_\_\_\_

**OWNERSHIP: Applicant/Head of Household must have legal or equitable title to the parcel.**

- a. If Titleholder, give date your deed was recorded \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_
- b. If Contract Buyer, give date your contract was recorded \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_

| <b>Schedule A – Annual Gross Income</b>  |    | <b>Schedule B – Miscellaneous Information</b>   |
|--|----|---|
| <u>List all amounts of income received during the last 12 months.</u> Be sure to include the income of all members of the family who share the household and include any funds contributed or paid on a regular basis to the family by a household resident who is not a member of the family. |    | 1. Medical Expenses   |
| 1. WAGES- HEAD OF HOUSEHOLD  | \$ | 2. Amount of medical expenses covered by insurance.   |
| 2. WAGES – SPOUSES   | \$ | 3. Amount received from non-profit child placing agency for care of one or more persons under 18 placed in your household by such agency. |
| 3. WAGES OTHER HOUSEHOLD MEMBERS   | \$ | 4. Any unusual occupational expense not compensated for by your employer.   |
| 4. UNEMPLOYMENT COMPENSATION   | \$ | 5. Amount paid for care of children or sick or incapacitated family members in order that head of household or spouse can work.           |
| 5. SOCIAL SECURITY   | \$ |   |
| 6. RETIREMENT/PENSIONS   | \$ |   |
| 7. ADC/RELIEF  | \$ |   |
| 8. RENT/BOARD  | \$ |   |
| 9. CHILD SUPPORT   | \$ |   |
| 10. OTHER (List)   | \$ |   |
| 11. TOTAL ANNUAL GROSS INCOME  | \$ |   |
|  | \$ |   |

\*Indicate if this household member is one of the following by letter designation:  
 (a) Under 18 (b) Full-time Student (c) Disabled or handicapped

I hereby swear that the foregoing statements are a full, fair and truthful disclosure to the best of my knowledge and belief of the information sought. I certify that I have recorded title to make domicile in and that I am head of the household of the property for which I am making application for assessment credit. I further certify that I fully understand that any person or persons involved in making or conspiring to make false statements, claims, or affidavits in support of this application are subject to criminal prosecution. I do hereby give permission to the City of Waukeee to obtain pertinent information verifying my household income from my employer, bank and other income sources including federal, state, county and other agencies. This statement is my voluntary waiver of my rights to privacy strictly for the purpose of obtaining verification of my eligibility for this program only. This waiver is given with the understanding that complete privacy will be maintained by the City, as required under the Privacy Act of 1974.

I have read and understand this statement.

\_\_\_\_\_  
Applicant (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Application taken by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Office