



Residential Sidewalk Repair Assistance Program

To qualify for the Sidewalk Repair Cost Assistance Program, applicants must satisfy at least one of the following sets of eligibility requirements (Category A, B or C):

Category A

- Applicant must be the titled owner of the cited property and must be **65 years of age or older**.
- Active utility account for the cited property in the applicant's name.
- Cited property must be applicant's primary address.
- Combined annual household income of \$25,000 or less.

Category B

- Applicant must be the titled owner of the cited property and must be **medically certified as being totally (100%) disabled**.
- Active utility account for the cited property in the applicant's name.
- Cited property must be applicant's primary address.
- Combined annual household income of \$25,000 or less.

Category C

- Active utility account for the cited property in the applicant's name.
- Cited property must be applicant's primary address.
- Number of related individuals residing in the cited household and their combined household income must satisfy one of the conditions set forth below:

<u>Household Income</u>		<u>Number of Related Individual Residing in Household</u>
<= \$12,500	&	1 person household
<= \$16,000	&	2 person household
<= \$19,000	&	3 person household
<= \$24,000	&	4 person household
<= \$29,000	&	5 person household
<= \$32,000	&	6 person household
<= \$37,000	&	7 person household
<= \$41,000	&	8 person household
<= \$49,000	&	9+ person household

APPLICATION GUIDELINES

1. To register, applicants must complete and return a Residential Sidewalk Repair Assistance Program application with all required documentation, as described below.
2. The following required documentation must be submitted with the application:
 - a. For **all** applicants:
 - i. Proof of combined **annual household income**
 - Annual income includes all (gross) wages, pensions, social security, interest, dividends, rental and royalty income, etc.
 - Household income is defined as the combined (gross) income for all individuals residing at the applicant's address. If one or more individuals, other than the applicant, reside at the applicant's address and generate income, proof of that income must be submitted with the application. (Examples: copy of most recent federal income tax return or copy of most recent Social Security statement.)
 - ii. First page (with name and address) of recent (within last six months) **utility bill**
 - b. Additionally, if applying under Category A, **proof of age**. (Examples: copy of birth certificate, driver's license, Medicare card)
 - c. Additionally, if applying under Category B, a **Disability Verification** form (see reverse side of application) establishing total (100%) disability must be completed by your physician and provided with your application.
 - d. Additionally, if applying under Category C, a complete **list of names** of related household residents. If claiming more than two residents, a notarized **affidavit of residency** must be submitted for each resident.
3. Mailed applications must be notarized. Applications delivered in person by applicant or by an applicant representative providing power of attorney need not be notarized.
4. The City of Memphis reserves the right to reject any application which fails to meet stated application requirements.
5. The City of Memphis reserves the right to impose a lien against the subject property to recoup sidewalk repair costs if false information is provided by the applicant.
6. **POWER OF ATTORNEY:** Applicants unable to complete the application process may utilize legal assistance. In such cases, power of attorney documentation must be submitted with the application.
7. **NOTICE OF APPROVAL OR REJECTION:** The City of Memphis will notify the applicant of approval or rejection within 45 days of receipt of application by the City. Any legal taken by the City against the applicant for non-compliance with the City's sidewalk ordinance will be put on hold pending the processing of the applicant's

CITY OF MEMPHIS
RESIDENTIAL SIDEWALK REPAIR ASSISTANCE PROGRAM APPLICATION

(Please read the enclosed eligibility guidelines before completing application)

1. Applicant's Name: (please print) _____
2. Street Address: _____ Zip Code: _____
3. Telephone: _____
4. How many people live at the applicant's address? _____
 - List the names and annual income(s) of each person below (please print):

	First	Middle	Last	Date of Birth	*Gross Annual Income
Applicant					
Other					
Other					
Other					
(If more than four people, list on separate sheet of paper)				Total Combined Household Income	

*Gross annual income includes all wages, pensions, social security, interest, dividends, etc.

5. Is applicant certified medically as being totally* (100%) disabled? ☐ YES ☐ NO ☐ Does not apply

*Totally (100%) disabled means being unable to engage in any substantial gainful employment because of a physical or mental condition. To qualify as totally disabled under this program, a physician must certify that your disability has or is expected to last for at least one year or to result in death.

Supporting Documents Required:

- Proof of annual (gross) income for each person listed under (4) above. (Federal income tax return, Social Security statement, etc., as applicable, from most recent year)
- Copy of applicant's most recent MLGW utility bill (Must be in applicant's name)
- Copy of applicant's birth certificate or driver's license or Medicare card, if applying under Category A.
- Disability Verification form, if answer to question (5) above is YES, and applying under Category B.
- Affidavits of residency, if required for application under Category C.

I certify to the best of my knowledge that all of the information provided by me in this application is true and accurate. I also authorize the verification of any and all information for the purpose of certification. I understand that anyone who fraudulently covers up a material fact or who knowingly gives false information required for eligibility determination is subject to prosecution under applicable criminal laws.

APPLICANT SIGNATURE: _____ DATE: _____

Application must be notarized here (application will not be processed if not notarized):

In the County of Shelby, Tennessee, sworn and subscribed before
me on the _____ day of _____, 20____.

(Notary Seal Here)

Notary: _____

Return application (with all required supporting documents) to:
City of Memphis Construction Inspections
2599 Avery Ave.
Memphis, TN 38112

FOR OFFICE USE ONLY

Date Received: _____ Reviewed by: _____

Approved/Denied: _____ Comments: _____

DISABILITY VERIFICATION

(Must be completed and signed by physician of applicant)

To applicant's physician: The patient referenced below has applied for financial assistance under the City of Memphis' Residential Sidewalk Repair Assistance Program. The medical information requested below is need to confirm the applicant's claim of total disability*, which is a requirement for such assistance.

Applicant Name: (please print) _____ Date of Birth: _____

Is the above-named applicant presently under your medical care? ☐ Yes ☐ No

Current Health Issues: _____

Which of the following best describes the patient's overall health? (check one)

- ☐ **Good physical and mental health.** (Patient has no significant illnesses or disabilities. Only routine medical care, such as annual check-ups, is required.)
- ☐ **Mild physical and/or mental impairment.** (Patient has only minor illnesses and/or disabilities which might benefit from medical treatment or corrective measures)
- ☐ **Moderate physical and/or mental impairment.** (Patient has one or more diseases or disabilities which are either painful or require substantial medical treatment.)
- ☐ **Total physical and/or mental impairment.** (Patient has one or more illnesses or disabilities which require extensive medical treatment which are either severely painful or life-threatening.)

Medical improvement is: (check one)

☐ Expected ☐ Possible ☐ Not expected

Is the patient currently physically able to work? ☐ Yes ☐ No

- If no, do you anticipate patient being able to work in the next 12 months? ☐ Yes ☐ No

The responses to the above questions are complete and accurate to the best of my knowledge:

Physician Name and Name of Practice: _____

Physician Signature: _____
(signature stamp not acceptable)

Medical Specialty: _____

Office Address: _____

Office Phone Number: _____

Patient Signature: _____ Date: _____

*For purposes of this program, the term "Totally Disabled" means being unable to engage in any substantial gainful work/employment because of a physical or mental condition and a physician has determined the condition has lasted, or is expected to last for at least one year or to result in death.

Affidavit of Residence

In fulfillment of the residence requirement of the attached City of Memphis Residential Sidewalk Assistance Program Application, I do hereby certify that I,

_____, presently live at
[Co-applicant full name]

_____, and that I have
[Street address, City, State, Zip Code]

lived at this address for _____ years, since _____.
[Number] [Date]

I further certify that the above information is true and accurate. Furthermore, I understand that if any of the information contained in this letter is false, I can be held accountable and penalized in a court of law.

[Signee's Signature, in Presence of Notary]

[Signee's Printed Name]

Sworn to and subscribed before me on _____ (MM/DD/YY).

Notary Public Signature