

## LEAD ELIMINATION ASSITANCE PROGRAM (LEAP) APPLICATION

DEPARTMENT OF PUBLIC UTILITIES

Address of property:			
All Owner(s) of record, including	g marital status(es) and spouse(s) name if applicable: _		
Mailing Address (if different):			
Email Address:	Phone Number ( <b>REQUIRED</b> )		
	tly served by a lead service line as defined in alvanized requiring replacement)?	Yes 🗌	No 🗌

## I am applying for a 0.00% interest construction loan (not to exceed \$10,000.00). If my/our application is approved, I/we agree to the following:

- I/we will obtain at least three quotes from city-licensed water contractors to remove the existing lead service line and install a lead-free service line from the curbstop to the meter. I/we will sign a three-party contract with our selected contractor and the city. This contract will allow the city to pay the contractor the amount listed on the lowest quote received.
- I/we understand that if at least three quotes are not obtained, the loan amount will be no more than \$4,000.
- I/we understand that I/we are responsible for any costs to the water contractor above the loan amount as defined in the three-party contract.
- I/we understand that all titled owners of the property must sign a promissory note in an amount equal to the city's payment to my/our water contractor.
- I/we understand that all titled owners of the property and untitled spouses of owners must sign a
  mortgage that complies with all LEAP requirements as security for the promissory note, and that
  the mortgage will be filed with the county recorder and will appear as a mortgage on the title of
  my/our property.
- I/we understand that the loan and all elements of LEAP are subject to the Department of Public Utilities Rule and Regulation 25-02.

The information associated with this application has been examined by me/us, and is, to the best of my/our knowledge and belief, true, correct and complete.

Property Owner Signature

Date

Property Owner Signature

Date

Mail Completed Application to: LEAP Loan Coordinator 910 Dublin Rd Columbus, OH 43205 **OR Email Completed Application to:** 

Leadsafelines@columbus.gov