



Alley Reimbursement Application

Mail To: City Of Eau Claire
 Finance Admin / Kristine Basom
 Po Box 5148
 Eau Claire WI 54702

Please Print Clearly

Applicant Name: _____

Address: _____

Phone: _____ Parcel _____

Family Composition and Income of all family members - Do not include income of children under age 18

Family Member	Age	Source of Income	Rate of Income (Gross Amount)	Anticipated Annual Income

Program Qualifications:

1. Home must be home owner occupied. The program is not open to rental properties/ tenants
2. Income must not be greater than the amounts in the chart below based on the size of your family.
3. Proof of income required. Household must submit recent tax return and the three most recent consecutive pay stubs for all family members.

Number of Family Members in Household and Combined Household Income Limits

<u>1 person</u>	<u>2 person</u>	<u>3 person</u>	<u>4 person</u>	<u>5 person</u>	<u>6 person</u>	<u>7 person</u>	<u>8 person</u>
\$38,550	\$44,050	\$49,550	\$55,050	\$59,500	\$63,900	\$68,300	\$72,700

I hereby certify that the information provided on this application is true and correct to the best of my knowledge.

 Applicants Signature

Questions? Contact Kristine Basom at 715-839-4905 or Kristine.Basom@EauClaireWi.Gov