



HALIFAX WATER

450 Cowie Hill Road, PO Box 8388, RPO CSC
Halifax, Nova Scotia, B3K 5M1
Phone: (902) 490-6914
Fax: (902) 490-1584
Email: engineeringapprovals@halifaxwater.ca

**THE LATERAL LOAN
Application for Financial Assistance**

Property Owner

Name: _____ Email: _____
Phone Number: () _____ Cell Number: () _____
Location/Address: _____
City/Prov.: _____ Postal Code: _____
Property Identification Number (PID): _____ Date of Birth: _____
Length of ownership? _____ Own/Rent? _____
Type of Premise: Residential Multi-Unit Res. Industrial Commercial Institutional
Number of Multi-Units: _____ Halifax Water Account No.: _____
Previous Address (if less than 2 years at current): _____

Co-Property Owner (if applicable)

Name: _____ Email: _____
Phone Number: () _____ Cell Number: () _____
Date of Birth: _____

Lateral(s) to be Replaced

Type of Lateral(s): Wastewater Stormwater Water
Reason for Replacement: Cross Connection Lead Line Deteriorated/Damaged
 No-Corrode Pipes Shared Lateral New Deep Storm Sewer
 Other

Desired Loan

Desired Loan Amount: \$ _____
Desired Loan Term: 12 months 24 months 36 months
 48 months 60 months

Information Relevant to Property

Is the applicant the Property Owner/Co-Property Owner? Yes No
Is the lateral replacement covered by your homeowner's insurance? Yes No
Have you applied for a Lead Line Rebate? Yes No



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For Office Use Only

NSA Permit Number: _____

Confirmation of Property Ownership: Yes No Initials: _____

Loan Amount: \$ _____

Quote attached to application? Yes No

By signing this application, you confirm that you have read the Terms and Conditions and that the information provided is true and correct to the best of your knowledge.

Property Owner's Signature: _____

Co-Property Owner's Signature: _____

Date: _____

Note: Attach Contractor's Quote to Application.