

Subsurface Sewage Treatment System Fix Up Grant Application



APPLICANT INFORMATION

Applicant(s) _____

Mailing Address _____

Phone number(s) _____

Email (optional) _____

Address of Proposed Work _____ (if different from above)

Parcel Identification Number _____ (from property tax statement)

Names of individuals residing
at this residence
(include children) _____

DESCRIPTION OF SSTS WORK NEEDED

SSTS Replacement

SSTS Repair

QUOTES RECEIVED FROM LICENSED SSTS CONTRACTOR

Contractor: _____

Quote: _____

Contractor: _____

Quote: _____

Expired quotes are not acceptable.

INCOME

Provide average monthly income for each income earner 18 year or older currently residing in the home in the table below. Income may be excluded for persons considered "full time students" by a high school, college, or similar. Income should be excluded for tenants renting space in the home unless they are immediate family members (spouses, siblings, parents, grandparents).



Name of Income Earner	Employment or Other Income*	Rental Property Income	Investment Dividends**	Child Support	Alimony	Other	TOTAL monthly income

*Other income may include unemployment or disability compensation, worker's compensation, severance pay, social security, disability/death benefits, pensions, retirement funds, annuities, insurance policies or similar.

**Exclude investment dividends that are not easily and quickly converted to cash. For example, do not include dividends from retirement or education savings plans that can only be used for specific purposes or withdrawn at a specific future date unless a penalty is paid.

REQUIRED ATTACHMENTS TO THIS APPLICATION

- Notice of Non-compliance for the SSTS to be repaired or replaced.
- Documentation of income for each income earner 18 years or older currently residing in the home, including the items listed below. Non-family tenants renting space need and persons considered "full time students" by a high school, college, or similar not be included.
 - W-2 forms for the last calendar year.
 - Most recent federal and state income tax filing.
 - Last 3 months of pay stubs (unless self employed, see below) and evidence of payments such as unemployment or disability compensation, worker's compensation, severance pay, social security, disability/death benefits, pensions, retirement funds, annuities, insurance policies, welfare assistance or similar.
 - Self-employed individuals who do not have pay stubs must submit their last 2 years of personal and business income tax filings, including any deduction forms.
 - Documentation of other income including rental income, investment dividends, child support, alimony, or others.
 - Note: Social security numbers, employee ID numbers or similar personal information may be redacted (black out) from application attachments, provided names and addresses are clearly visible. That information is not needed for the grant application process.
- Photocopy of government issued photo identification card for each applicant, which is used to verify the applicants' identities.
- Two signed quotes from licensed SSTS contractors.

APPLICANT SIGNATURES

I certify that I/we are the owner(s) of the real property described above and request SSTS grant funds. I understand that if I provide false information within this grant application or fail to comply with the terms and policies of the grant I am liable for up to 150% of the grant amount issued. I understand that if I transfer ownership of the property within 18 months of the grant payment I must repay 100%. (All owners must sign)

Print Name

Signature

Date

Print Name

Signature

Date