

Applicant Name: _____

Application Number: _____

FOR OFFICE USE ONLY

STEVEN BELLONE
SUFFOLK COUNTY EXECUTIVE
reclaimourwater.info

SEPTIC IMPROVEMENT PROGRAM GRANT APPLICATION FOR SINGLE-FAMILY RESIDENTIAL HOMEOWNERS

RETURN THIS COMPLETED APPLICATION TO:
SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES
OFFICE OF ECOLOGY
360 YAPHANK AVENUE, SUITE 2B
YAPHANK, NY 11980
(631) 852-5811
YOU MAY SUBMIT ELECTRONICALLY AT: reclaimourwater.info



BE SURE TO READ THE GRANT APPLICATION INSTRUCTION SHEET (FORM WWM-302) PRIOR TO COMPLETING THIS FORM

<u>APPLICANT INFORMATION</u> NAME OF PRIMARY APPLICANT: _____ NAME OF ADDITIONAL APPLICANT: _____ NAME OF ADDITIONAL APPLICANT: _____ (Each owner of the property must be listed as an applicant)	PRIMARY APPLICANT PHONE NUMBER Tel#: () - Cell#: () -
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EMAIL ADDRESS OF PRIMARY APPLICANT: _____

PROPERTY INFORMATION

ADDRESS OF PROPERTY

STREET: _____

HAMLET: _____ STATE: _____ ZIP CODE: _____

TAX MAP NUMBER OF PROPERTY

DISTRICT: _____ SECTION: _____ BLOCK: _____ LOT: _____

YEAR THE HOUSE WAS BUILT: _____ **NUMBER OF BEDROOMS:** _____ **NUMBER OF OCCUPANTS:** _____

PLEASE INDICATE YOUR CURRENT SANITARY SYSTEM COMPONENTS IF KNOWN (Circle all that apply):
BLOCK CESSPOOL(S) / PRECAST CESSPOOL(S) / SEPTIC TANK AND LEACHING POOL(S) / UNKNOWN / OTHER (Describe below):

***IF PROPOSING TO REPLACE A FAILED OR FAILING SANITARY SYSTEM, PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- Sewage disposal system has to be pumped two (2) or more times a year: YES NO
- Sewage disposal system showing signs of collapse: YES NO
- Sewage from the system is backing-up into the dwelling: YES NO
- Sewage rising to the ground surface near any part of the existing disposal system: YES NO

******ATTACH PROOF OF SYSTEM FAILURE TO THIS APPLICATION******

LOW TO MODERATE INCOME QUALIFICATION

(If you are applying for the additional \$5,000 LMI grant please complete the following section)

ADJUSTED GROSS INCOME REPORTED ON FEDERAL INCOME TAX RETURN

(Report for each owner):

FORM 1040 Line 37: _____ FORM 1040A Line 21 _____ FORM 1040 EZ Line 4: _____

A copy of the first 2-pages of applicant's most recently filed federal income tax return must accompany this application.

PARTICIPANT QUESTIONNAIRE

ANSWERING THE FOLLOWING QUESTIONS WILL ALLOW US TO DETERMINE IF YOU QUALIFY TO PARTICIPATE IN SUFFOLK COUNTY'S SEPTIC IMPROVEMENT PROGRAM. PLEASE CIRCLE "YES" OR "NO" FOR ALL STATEMENTS:

- Is this primary residence considered new construction on a vacant lot? YES NO
- Does the property rely on an onsite system (septic system or a cesspool)? YES NO
- Is the residence connected to a public or private sewer system or located within an existing/proposed sewer district YES NO
- Are there any real property tax lien(s) on the property? YES NO
- Is the property in foreclosure? YES NO
- Can you produce a valid certificate of occupancy (CO) or equivalent for the residence? YES NO
- Do you consent that the County may share each property owner(s)' name, property address, and grant award (if any), property deed with CDCLI-FC, a third-party lending agent that offers low interest loans for the installation of I/A OWTS? YES NO

OWNER CERTIFICATION OF APPLICATION (All fee owners must sign)

By submitting this application and supporting documentation, I certify that I/We am/are the property owner(s) of the subject property and that all information furnished in this application and supporting documentation is true and complete to the best of my/our knowledge and belief. I/We understand that the submission of this application does not guarantee an award of a grant and that the terms and conditions of the Septic Improvement Program may be changed at any time by Suffolk County. Suffolk County is not responsible to any party for the loss of funding or any other damages which may arise as a result of the provision of false or inaccurate information within the application or documentation or by any property owner's failure to adhere to the terms of the Septic Improvement Program or any agreement entered thereunder.

I/We also grant Suffolk County Septic Improvement Program representatives the right to enter onto the property to perform any site assessments related to the processing of this application.

I/We, _____ (print full name), the undersigned, certify that I/We am/are as of the date of submission of this application, I/We have/has good and valid title to the residential parcel and that all representations contained herein are true and accurate to the best of my/our knowledge.

Owner Signature _____ Date _____

Owner Signature _____ Date _____

***THE FOLLOWING DOCUMENTS MUST BE SUBMITTED BY THE PROPERTY OWNER FOR REVIEW PRIOR TO THE APPROVAL OF YOUR APPLICATION (Check each box below certifying Documents are attached)

- Copy of property deed Certificate of Occupancy or Equivalent
- Copy of most recent property tax bill Proof of Homeowners Insurance
- IF APPLICABLE:** Proof of sanitary system failure (photo, service receipts, etc.)

Optional Documents

- Property survey Floorplans Copies of water bills from October through February