



Sewer Repair Application for 2019

Residential Wastewater Disposal Improvements for Septic Tank and Individual Treatment Plant Systems

Grant Funding Disclosures: This grant is provided by the Community Development Block Grant Entitlement for St. Tammany Parish. This grant is administered by St Tammany Parish government personnel and is monitored by Housing and Urban Development (HUD).

Information provided in this application will be audited by parish and federal personnel. Information will be shared electronically in the Integrated Disbursement & Information System (IDIS) and the State Historic Preservation Office (SHPO).

Application Packet Summary

1. Program Details and Frequently Asked Questions
2. Applicant Information *
3. Household Income *
4. Disclosures, Waivers, and Agreements *
5. Document Check List *

() Must be submitted before application deadline (May 10th, 2019)*

All application packets must be postmarked no later than May 8th, 2019.

ADDRESS ALL APPLICATIONS TO:

St Tammany Parish Government
Grants Department – Sewer Repair Program
PO BOX 628
Covington, LA 70434

NO E-MAIL, FAX, DROP OFF, OR WALK-IN SUBMISSIONS WILL BE ACCEPTED.

If you have any other questions regarding this grant please call **985-867-5095**
Questions about **citations**, please call Environmental Services at **985-898-2535**
Questions about obtaining a **Sewage Treatment Permit**, call **985-893-6296**

Program Details & Frequently Asked Questions

How does the application and Program work?

Program steps:

1. Application submission
2. Application status letter (**Accepted**, Denied, Pending) within 30 business days of submission

If Accepted:

1. Environmental photos: a STPGOV employee will take a photo of your home for environmental clearance
 - a. If it is determined you are in a flood zone and do not have flood insurance you will be denied.
2. Installer will contact you to make an appointment (During mid to late summer of 2019)
3. After work is done, an inspector will confirm compliance
4. Close of program letter and survey will be sent to homeowner

What does this Program Cover?

This program covers basic repairs such as aerator replacements, sump pump replacements, sprinkler head repair and replacements, full system replacement, pump outs, and some line (from system to ditch or sprinkler system) repairs as needed.

What does this Program not cover?

Well repairs, reconnection fees, water or sewer bills, interior plumbing issues, connection issues to system from home (existing piping is used, if existing piping is not connected properly or corroded – that is the responsibility of the homeowner), and landscaping and extra fill to site. This program does not cover repeat services. Any future maintenance cannot be applied for again and is the homeowner's responsibility.

Other restrictions:

If income is over the limit for the listed number of household members, applicant will be denied. Work will not be performed on guest home or any home that is not the primary residence. If applicant is not currently living in the home, they are not eligible. Vacant lots or properties are not eligible. Landlords are not eligible. Rentals are not eligible. Lease to own or bond for deed properties are not eligible. Homeowners who rent the land the home is on, such as mobile homes, are not eligible. Homeowner must own or have a mortgage for the land and home. Mortgage or deed must be in the name of the applicant.

Heir Property:

If family land, or heir land, a will and death certificate must be presented. If multiple heirs who do not live on the property are listed, the home is not eligible. If no will or succession, and there are multiple owners, the home is not eligible.

What to expect with an install:

The ground will be disturbed and will not be returned to its previous state. The fill collected from digging the ground for the new system will be the only fill used to cover the tank. A mound of dirt may be left and ground sinkage may occur. It is the homeowner's responsibility to fix any fill and landscaping issues.

What happens after I submit my application?

If mailed before the deadline – all applications will be reviewed for completeness and eligibility. An acceptance, denial, or pending letter will be mailed within 30 days of your application submission.

Do I need to hire an installer?

No, an installer will be procured by the parish. A work order will be sent to said installer and they will contact the homeowner to set an agreed time to perform the work. The homeowner must be present for the agreed upon appointment. The homeowner will not be billed. The parish will handle all billing and payments to the installer.

Can I be reimbursed for past work?

No, this program does not reimburse homeowners.

How long will it take to have my system brought up to compliance?

Work is planned to start in the summer of 2019 and continue until funds are exhausted. Clients are chosen based on a priority score. Those with the highest need (score) will have work completed first. There is no guarantee you will receive work if you are eligible. Work will be completed as long as funding is available.

What if funding is exhausted?

A close of program letter will be sent to you explaining the end of the program. If you are still interested, we will ask you to please apply again when the program is re-opened.

Why do I need to apply again if funding is exhausted, can't you use my same application?


Funding is never guaranteed with each year's program and client information changes each year. We would need all new documents for the new program year.

If I have a problem with my install will the parish fix it?

The parish is not the installer, nor is the parish liable or responsible for any work done by the installer. The homeowner must contact the installer for any issues with their system. The parish will inspect the work done by the installer – if the initial inspection fails, the installer will fix all issues. If an inspection fails after a passed initial inspection, the responsibility falls on the homeowner and installer. New systems will have a guarantee by the installer for up to 2 years. That guarantee is only for manufacture or installation defects. The guarantee does not cover acts of nature, misuse by the homeowner, destruction of equipment by homeowner or other persons who are not the installers, or homeowner maintenance (ex: pumping out of system).

Keep pages 1-3 for your records.

This page was intentionally left blank. Do not send pages 1-4 in with your application.

	<h2>Sewer Repair Application for 2019 - Applicant Information</h2> <h3>Residential Wastewater Disposal Improvements for Septic Tank and Individual Treatment Plant Systems</h3>
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Applicant Information

Last Name	First Name	MI	<table border="1"> <tr> <td>Disabled</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Elderly (62+)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Female</td> <td><input type="checkbox"/></td> </tr> </table>	Disabled	<input type="checkbox"/>	Elderly (62+)	<input type="checkbox"/>	Female	<input type="checkbox"/>
Disabled	<input type="checkbox"/>								
Elderly (62+)	<input type="checkbox"/>								
Female	<input type="checkbox"/>								
Phone Number	Alt. Phone								
Mailing address (Street Address or PO Box)		City, State, Zip code	E-mail (if applicable)						

Home Information | Must be **OWNER OCCUPIED** – No rentals, vacant lots or domiciles, unfinished or new construction

Street Address	City, State, Zip code

Any homes that are for sale will be disqualified from the program. Addresses are monitored and you will receive a denial letter if your home is for sale or sold to a new owner, or turned into a rental during the program period.

Sewerage System Information

Current issue(s), please check all that apply:

- I have a septic tank or no tank/system at all
- Raw sewage is backing up into the home
- Sewage gases are present inside the home
- I have received a citation for my system

*Please include a copy of the citation with your application

*Plumbing issues are not covered in this program. Any interior piping, or connections to the home are the responsibility of the homeowner and may require a plumber. Connections to water and water pump repairs are **not** included with this grant.

Demographic questions

What race do you identify with, please check all that apply.

What ethnicity do you identify with?

	African American/ Black
	Caucasian/ White
	Asian
	Pacific Islander or Native Hawaiian
	American Indian or Alaska Native

	Hispanic or Latino
	Not Hispanic or Latino



Sewer Repair Application for 2019 - Household Income
 Residential Wastewater Disposal Improvements for Septic Tank and
 Individual Treatment Plant Systems

Household Income

Please fill out the following information for *all* members of the household, including the head of household. **ALL FIELDS ARE REQUIRED!** (For children under 18, annual gross income can be left blank unless they receive benefits. For dependents 18 and older who are in school with no income, write "STUDENT" under Annual Gross Income.)

Name	Relationship	DOB	Sex	Race	Hispanic (Y/N)	Disabled (Y/N)	Employed? (Y/N)	Annual Gross Income

Income Limits for St Tammany Parish as of April of 2018

Limits are for the household's combined Annual Gross (Before taxes and deductions) Income.
 For all programs, household must be under the income limits for their household size to be qualified.
 Failure to report an income or incorrect income is considered fraud and is a punishable offense.

# of People in Household	Low (80%) Income Limits	Annual Gross Income includes the following sources but not limited to: <ul style="list-style-type: none"> ▪ Monthly Wages ▪ Social Security Benefits ▪ Social Security Disability ▪ Private Pension/Retirement ▪ Private Disability Benefits ▪ VA Benefits ▪ Annuity
1 Person	\$36,750	
2 Person	\$42,000	
3 Person	\$47,250	
4 Person	\$52,500	
5 Person	\$56,700	
6 Person	\$60,900	
7 Person	\$65,100	
8 Person	\$69,300	



Sewer Repair Application for 2019 - Disclosures, Waivers, and Agreements
 Residential Wastewater Disposal Improvements for Septic Tank and Individual Treatment Plant Systems

Disclosures, Waivers, and Agreements

St. Tammany Parish Government Employee Disclosure

Do you work for St. Tammany Parish Government? Yes No
 Are you related to anyone who works for St. Tammany Parish Government? Yes No

Name of Relative	Relationship (Ex. Cousin or Sister)

PROGRAM PARTICIPATION AGREEMENT

By signing this application, I allow St. Tammany Parish Government employees and their assigned contractors and installers to perform work and pre- and post-inspections on my property. If a new system is required, I agree to obtain the required LDH temporary permit. I also understand that due to funding constraints, work is done on a case-by-case rating system until funds are exhausted. I understand and agree to have work performed on my property knowing the landscape will be disturbed. Fill and/or landscape work is not included with this grant and is solely mine, the homeowner's, responsibility. I acknowledge that warranties will not be upheld if I purposely misuse my system against the manufacture's guidelines. I will be completely financially responsible for any repairs that were cause by user error or by acts of nature. I agree to maintain proper maintenance (pump outs, system repairs, part replacements) of my system.

APPLICANT'S SIGNATURE: _____ DATE: _____

CERTIFICATION OF TRUE AND CORRECT INFORMATION

"You will be subject to criminal prosecution under title 18 of the U.S. code if you knowingly, give false, incorrect, or incomplete information during this application process in order to obtain assistance"

Failure shall result to forfeiture or ineligibility and in termination of service and the repayment of such services. I understand proof of all statements may be required and I give permission to St. Tammany Parish Department of Grants to contact the appropriate public or private sources for verification and exchange of information. An appeal of a decision may be requested if it is considered unfair or if there has been a violation of civil rights.

THIS AGENCY DOES NOT DISCRIMINATE BECAUSE OF RACE, RELIGION, SEX, NATIONAL ORIGIN OR DISABILITY.

APPLICANT'S SIGNATURE: _____ DATE: _____



Sewer Repair Application for 2019 - Documents Checklist

Residential Wastewater Disposal Improvements for Septic Tank and Individual Treatment Plant Systems

Documents Checklist

The following items must be attached with your application in the following order, please check off that each item is included. All items are required unless noted otherwise. **Send copies only**, St Tammany Parish Government will not be responsible for original documents and materials.

- Valid **PHOTO** State Identification for **all members** of the household over the age of 18
- Proof of Income for **everyone over the age of 18**, if no income to claim – fill out the attached Statement Regarding Zero Income. (Dependents that are 18 and older but are attending school and have no income do not need to fill out the statement)
 - A valid Proof of Income includes (one of the following):
 - 4 consecutive pay stubs (GROSS PAY will be calculated, not net)
 - A notification of benefits for 2019 (Social Security, retirement, pensions)
 - 1040 Tax return for 2018
 - **BANK STATEMENTS WILL NOT BE ACCEPTED**
- Proof of Homeownership (Applicant must be listed as property owner)
 - A valid Proof of Homeownership includes one of the following:
 - Recent mortgage statement (DO NOT send your mortgage paperwork/contract)
 - Cancellation of Mortgage
 - Deed (**NO Bond for Deeds**)

Property Tax bill is **NOT ACCEPTED** as a proof of homeownership

- Proof of 2018 property tax payment

Flood zone

Does your home reside in a flood zone? Yes No

- If yes, attach proof of valid flood insurance

Statement Regarding Zero Income

DO NOT FILL OUT IF YOU RECEIVE:

Social Security, disability, a pension, or any other income. You must provide documentation. Not sending supporting documents for such income will delay or deny your application.

Date: _____

I, (Full Name) _____, SSN _____ - _____ - _____

do hereby certify that I am unemployed and have no income for the following reasons: (check all appropriate reason(s))

_____ Laid off. Enter month and year of last date worked

_____ The Job I had was seasonal and has ended

_____ I am unable to find employment

_____ I have been or am, (circle one) sick / injured and unable to return to work

_____ I expect to return to work by(month/year) _____

_____ I have small children and no one to care for them except me

_____ My only source of income is from _____

_____ I am no longer eligible for Unemployment Benefits

_____ I receive assistance from the La. Dept. of Social Services (Circle all that apply) Food Stamps, TANF Funds,
Other: _____

_____ Other (Please use the space below to write any conditions that are not covered above)

I understand that if I knowingly give incomplete, inaccurate, or incorrect information I am subject to criminal prosecution under Title 18 of the U.S. code.

Signature: _____ Date: _____