


MUST SEND COPIES OF BACKUP DOCUMENTS LISTED ON PAGE 4 WITH APPLICATION

	<p>2022 Sewer Repair Application - Applicant Information Residential Wastewater Disposal Improvements for Septic Tank and Individual Treatment Plant Systems</p>
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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

I have received a citation for a non-compliant system. **Date of Citation or Inspection:** _____

***Include a copy of inspection or citation if available*

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.

*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.

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

What ethnicity do you identify with?

	Hispanic or Latino
	Not Hispanic or Latino

Mail Applications to:

St Tammany Parish Government
 Department of Grants
 PO BOX 628
 Covington, LA 70433

E-mail Applications to cagreen@stpgov.org

Fax Application to 985-898-5205

For assistance making copies, call for an appointment at **985-867-5095**



Sewer Repair Application - 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 2021

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	\$39,300	
2 Person	\$44,900	
3 Person	\$50,500	
4 Person	\$56,100	
5 Person	\$60,600	
6 Person	\$65,100	
7 Person	\$69,600	
8 Person	\$74,100	



Sewer Repair Application - 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 - 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 (**any** of the following):
 - 4 consecutive pay stubs (GROSS PAY will be calculated, not NET)
 - W-2 Form
 - A notification of benefits for 2021 (Social Security, retirement, pensions)
 - Individual Federal Income Tax Return (IRS 1040), signed and dated, for the most recent tax year
- 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 (with act of sale with mortgage)
 - Deed (**NO Bond for Deeds**)
 - *Property Tax bill is **NOT ACCEPTED** as a proof of homeownership*
- Copy of Citation or Certified Letter of Citation
- Proof of recent property tax payment or \$0 balance due

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: _____