

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(s)), 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
- Copy of most recent property tax bill
- IF APPLICABLE: Proof of sanitary system failure (photo, service receipts, etc.)
- Certificate of Occupancy or Equivalent
- Copy of Homeowners Insurance Policy Declaration (generally first 4 pages)

Applicant Mailing Address, if different than the property address: _____