

Septic Tank Repair Program

Date: ____/____/20____

Property Information/Verification:

Owner Name 1: _____ NC Driver's License# _____

Owner Name 2: _____ NC Driver's License# _____

Property Address: _____

Phone: _____ Email _____

County _____

Do the owners listed above match what is on the property deed? (Yes/No) _____

Is this property your primary residence? (Yes/No) _____

Is the property located in Alexander, Burke, Caldwell, or Catawba County? (Yes/No) _____

If the answer to any of the questions in this box is 'No', you should stop the application. The property is not eligible.

Full name(s) of people on deed:

First: _____ Mid.: _____ Last: _____ Suffix: _____

First: _____ Mid.: _____ Last: _____ Suffix: _____

First: _____ Mid.: _____ Last: _____ Suffix: _____

How many people live in the house? (Failure to report all residents may lead to disqualification)

Adults (18+): _____ Children (0-17): _____

Briefly describe the problem with your septic system: _____

How did you hear about the program? _____

Program Information:

- To qualify the property must be within the approved area and owner(s) must meet all requirements.
- The property must be deeded to the applicant and be the applicant's primary residence.
- This program offers a zero-interest loan for up to \$15,000 that is not required to be collected on until a property is sold or refinanced, though earlier payment can be accepted.
- Applicants are responsible for a \$64 filing fee at the time of loan signing as well as any repair costs above \$15,000.
- Permits, bidding, and contracts each take time to finish. You should prepare for the entire process to take at least two months to complete.
- We are unable to honor requests for specific contractors. We are required to send all jobs to a list of local septic contractors and receive at least two bids before moving forward. The contract will be awarded to the lowest bidder.
- WPCOG will share your property and contact information with contractors to facilitate work.
- If possible, please provide pictures of the problem area. These may be shared with contractors or grant funding agencies.

Income Verification:

Fill out the information below of total annual household income for **all household members age 18 and older and attach proof of income documents** so we can determine your eligibility. Examples of documents include recent pay stubs, last year's tax return, Social Security or pension award letters, or unemployment benefits. **Please black out Social Security Numbers on any documents submitted.**

Name	Source	Amount	Proof attached
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total annual household income \$ _____

Does anyone in your household have a chronic medical condition for which you spend money out-of-pocket? If so, how much annually? _____

There will be a \$64.00 filing fee certified check made out to the County Register of Deeds you will need at loan signing, along with a second check if the cost of the repairs is over \$15,000.00. The check for the amount over \$15,000.00 will be held until the work is complete and a final operational permit is secured for the project. All parties on the property deed must be present upon signing the Deed of Trust.

I have read and understand this application and its terms. I affirm that all information included in this application is true and accurate to the best of my knowledge.

Printed name: _____ Signature: _____ Date: _____

Please send completed applications with all required supporting documents by email to the Septic Program Coordinator at Septic@WPCOG.org by mail to:

WPCOG
ATTN: Septic Program Coordinator
P.O. Box 9026
Hickory, NC 28601

FOR WPCOG STAFF USE ONLY:

Last name: _____

County: _____ PIN: _____ Deed book: _____ Page: _____

WSWS: _____ Watershed with an Impaired Water Body: _____

People in home: _____ Household income: _____ Income <300% FPL: _____

Approved: _____

Application processed on: ____/____/20____ Application processed by: _____