

Western Piedmont Council of Governments Septic Tank Repair Program

			Date:	/ 20
Property Information/Verification	ı :			
Owner Name 1:		N	CDL#	
Owner Name 2:		N	CDL#	
Address:(Note: The property must be located in a W this determination) WSWS	S-IV Protected or Critic Impaired W	al area or within /ater	an impaired watershed. WPCOG	staff will make
Phone:	Em	ail		
County	P	IN		
Own home? (Y/N)	Deed Book		Page	
How many people live in the house? Nature of Problem & Log:				
Self-employed – attach a cop Unemployed – attach a state Social Security – attach a sta	by of your most recement showing uner	ent W2 and reapployment ben	venues/loses form	e number
What is the estimated total annual household and older living in the household What is the source(s) of income:		<u> </u>		all people
Name	,	SS	Other	
			/	
			Total \$	
(If slightly over the grant income lin which you spend money out-of-pock	nit) Does anyone in ket? If so, how much	your househol h annually?	d have a chronic medical co	ondition for
How did you hear about the program	າ?			

n Deed:		
Middle:	Last:	Suffix:
Middle:	Last:	Suffix:
Middle:	_Last:_	Suffix:
if applicable:		
	Middle: Middle: Middle:	Middle:Last:

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 10,000.00. The check for the amount over 10,000.00 will be held until the work is complete and a final operational permit is secured for the project. Upon signing the Deed of Trust all parties on the property deed will need to be present to sign.

Please send completed application by email to Carolina Conway at carolina.conway@wpcog.org or P.O. Box 9026 Hickory, NC 28601