

# Person County Septic System Repair Assistance Program Grant Application

Date: \_\_\_\_\_

Tax Map: \_\_\_\_ Parcel: \_\_\_\_

*To apply for financial assistance:*

- 1) The house with the failing septic system must be owner occupied and located in Person County.
- 2) The property must have a septic system repair permit issued by the Person County Health Department.
- 3) The applicant must submit:
  - a) **Grant Application**
  - b) **Verification of gross annual household income**
  - c) **Repair bids from 3 contractors**

*Note: The amount of assistance available is based on financial eligibility, cost of the repair, and availability of funds.*

### Applicant Information

Name(s): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Household Information *(see back of form)*

Name: (First and Last)	Age	Relation to Homeowner
1)		
2)		
3)		
4)		
5)		
6)		

### Gross Household Income Information *(see back of form)*

Source	Gross Income/Year/Household Member						Total
	1	2	3	4	5	6	
Wages							
Retirement/ Pension							
Social Security							
Public Assistance							
Child Support							
Other:							
Other:							
<b>Total Household Gross Yearly Income:</b>							

### Notarized Applicant Certification

I certify that the information in this application is complete and accurate. I understand that the applicant/homeowner may be responsible for re-payment of grants issued if inaccurate information is provided. I also certify that I intend to live at this property for at least 3 years. In the event that this requirement is not fulfilled, a partial repayment of the awarded repair grant may be required.

\_\_\_\_\_  
Applicant Name (printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

SUBSCRIBED and SWORN to before  
me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_