

COUNTY: _____

ID# _____

Score: _____



ANGELINA & NECHES RIVER AUTHORITY

Attoyac Bayou Watershed On-Site Septic Facility Grant Program

Homeowner Application

Date: _____

APPLICANT INFORMATION

Name of Applicant: _____ Home Phone: _____

Mailing Address: _____ Other Phone: _____

City: _____ State: _____ Zip Code: _____

County: _____

If the mailing address is a post office box, complete the section below for physical location:

Physical Address: _____ City: _____ State: _____ Zip: _____

1. Is the property located within the Attoyac Bayou watershed? YES NO
2. Do you own the property where the system is to be installed? YES NO
3. Do you occupy the property for the majority of the year (>51% of the time)? YES NO

If you answered NO to any of the above questions, do not proceed with this application. Only homeowners residing in a non-seasonal principal residence within the Attoyac Bayou watershed may qualify for this grant program.

4. How long have you occupied this residence? _____ years _____ months
5. Will the septic system be installed at the above physical address? YES NO
6. Do you currently have electricity in the home? YES NO
If NO, state the reason why you do not have electric service: _____
7. Is there a well located on the property? YES NO
If YES, is the well currently used as a water source? YES NO

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8. How many persons currently live in the home? _____

9. Total Household Income (include income for ALL individuals living in the home, including minors).

\$ _____

10. List the annual income for all individuals in the home. List each individual with the amount of income and source of income (wages, social security, pension, etc.) by the individual's name.

HOUSEHOLD COMPOSITION AND INCOME INFORMATION				
Household Member #	Name	Relationship to Head of Household	ANNUAL INCOME	Source of Income
1				
2				
3				
4				
5				
6				
7				
8				

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PROPERTY INFORMATION

11. Please provide a legal description of the property (*as described in the deed record*):

Subdivision: _____

Section: _____ Block: _____ Lot: _____

Document: _____ Volume: _____ Page: _____

Tax #: _____ Acres: _____ or Lot Size: _____

Brief Description of Property Location (*continue on back if necessary*):

CURRENT SEPTIC SYSTEM CONDITION

12. Is there currently a septic system on the property? YES NO

If you answered YES, please complete the following information to the best of your knowledge.

Describe the current system at your residence (*if it is unknown, simply write "unknown"*).

Year Installed: _____ Type of System: _____

Size of Tank: _____ Concrete Metal Other: _____

Additional Information (*continue on back if necessary*):

13. Describe the extent of failure, including the length of time the system has been failing. Please be specific (*continue on back if necessary*).

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REQUIRED DOCUMENTATION

In order to verify the information in this application, the following documentation is required and must be submitted with the application:

Proof of Ownership

Please provide the following:

- Copy of recorded deed to the home showing you as the legal owner of the property.

Proof of Income

Please provide one (1) of the following (*Black out social security and bank account numbers*):

- 2014 Federal Income Tax Return for **all residents of your household age 18 and over.**
- Copies of the past 3 – 6 months' pay stubs **and** a copy of the 2013 Federal Income Tax Return for **all residents of your household age 18 and over.**
- If you are not required to file taxes, please submit a benefit verification letter or year-end statement from Social Security.

Proof of Electric Service at Property

Please provide the following:

- A copy of the most recent electric utility bill. The address on the bill must be of the property, not a P.O. Box.

PLEASE NOTE: This application will not be accepted for the program if proper income documentation and a copy of the recorded deed to the property are not included with the application.

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PLEASE READ BEFORE SIGNING

I, the undersigned applicant, do hereby certify that the information provided herein is true and accurate to the best of my knowledge and understand that the information will be used to determine my eligibility for participation in the **Attoyac Bayou Watershed On-Site Septic Facility (OSSF) Grant Program**.

Further, I understand I may be required to furnish additional information and all other documents deemed necessary by the County of residence and the Angelina & Neches River Authority (ANRA) to verify or confirm my property ownership, income, utility service, and condition of the current on-site septic facility (or lack thereof).

Furthermore, I give the permitting authority of the County of residence, as well as ANRA, permission to inspect and photograph the property listed above for the purpose of determining the severity of any public health nuisance related to the on-site septic facility on the property in order to determine eligibility for this program.

If selected for the project, and if I agree to participate, I understand that contractors for the design and installation of the system will be chosen by ANRA. I hereby give permission for the contractors to access the property for the purpose of designing an appropriate system for the property, as well as performing the installation of the system. I also authorize the permitting authority of the County of residence, as well as ANRA, access to the property for the purpose of inspecting the installed system. I understand and agree that photographs of the property and system may be taken as part of the inspection process.

I, the undersigned applicant, do hereby agree that it is my responsibility as the homeowner to ensure there is proper plumbing in the home so that state regulations will be met when the home is connected to a new on-site septic facility.

I, the undersigned applicant, understand that this is an application only and in no way commits either myself, the County of residence, ANRA, the Texas Commission on Environmental Quality (TCEQ), or the Environmental Protection Agency (EPA) to any obligation to this program.

I, the undersigned applicant, understand that any approval granted on the basis of false or inaccurate information supplied herein is automatically revoked. I understand that if I have given materially false or misleading information or concealed information for the purpose of misleading the grant selection committee that I can be asked to reimburse fully the expense of the on-site septic facility that was paid for by this grant project. I agree to conform to all applicable laws of the State of Texas and the County of residence.

Homeowner shall indemnify and hold harmless ANRA, its officers, directors, partners, employees, agents, successors, and assigns, each and any of them, from and against all claims, costs, losses, and damages, arising out of the design, placement, and installation on the on-site-septic system on Homeowner's property, including but not limited to, bodily injury, sickness, disease or death, injury to or destruction of tangible property, loss of use of tangible property, or mental anguish.

Applicant's Signature

Date

Applicant's Signature

Date

Funding for this project is provided by the **Texas Commission on Environmental Quality (TCEQ)** Nonpoint Source Program and the **Environmental Protection Agency (EPA)** through a Clean Water Act Section 319 grant to address nonpoint sources of pollution.