

Buncombe County Septic System Repair Assistance Program Grant Application

Date: _____

PIN: _____

To apply for financial assistance:

- 1) The house with the failing septic system must be owner occupied and located in Buncombe County.
- 2) The property must have a septic system repair permit issued by Buncombe County Environmental Health.
- 3) The applicant must submit:
 - a) **Grant Application**
 - b) **Verification of gross annual household income and liquid reserve**
 - 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: _____ Repair Case Number: SEP _____ - _____

Household Information (see back of form)

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

Gross Household Income Information

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

Liquid Reserve (all cash, checking and savings accounts and any other reserve accounts that could be converted to cash and made available to the household within 7 days).

How much cash do you have on hand? _____

What is the combined balance of all of your checking and savings accounts? _____

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, partial repayment of the awarded repair grant may be required.

Applicant Name (printed)

Applicant Signature

Date

Please return Grant Application to: Buncombe County Permits & Inspections, 30 Valley St, Asheville, NC 28801

Your selection in the following categories is completely voluntary and will not be used in determining your eligibility for this program.

Race:

_____ American Indian/Alaskan Native
_____ Asian
_____ Black/African American
_____ White
_____ Native Hawaiian/Pacific Islander
_____ Prefer not to answer

Ethnicity:

_____ Hispanic Latino Other
_____ Not Hispanic, Latino
_____ Hispanic Cuban
_____ Hispanic Mexican American
_____ Hispanic Puerto Rican
_____ Prefer not to answer