Mail completed application to:
Eastern Kentucky PRIDE, Inc.
2292 S. Hwy 27
Somerset, KY 42501

Contact Info:
Phone: 1-606-677-6150
Fax: 1-606-677-6055
www.kypride.org

Applicants Must Meet the Following Criteria:
- Applicant must be the homeowner
- Applicant must have electrical service in his or her name
- Applicants must qualify under HUD 55% poverty guidelines

The Following are not Eligible:
- Rental property is not eligible
- Leased property is not eligible
- Land Contracts are not eligible

Please include the following items with your application. Your application will not be processed if it is submitted without the required documents.
- Copy of a recorded deed showing ownership of the property
- Copy of an electric bill dated within the last 90 days of submission of application for the residence for which the grant application is made. (The electric bill must show a physical address – not a post office box.)
- Proof of income for ALL individuals living in the home
  - Check stubs dated within last 90 days of submission of application
  - Federal Income Tax for the prior year
  - Social Security Benefits Statement for current year

A licensed septic system installer chosen by Eastern Kentucky PRIDE Inc. must perform all septic system installations. A licensed Master Plumber must perform the connection to the house. The licensed installer will be responsible for applicable health department permit fees for the system installation and the local health department must inspect all systems.

A Master Plumber must perform all city sewer hookups.
Pride Homeowner Septic System Grant Program
Application for Assistance for Homeowner

Name: __________________________ SSN: ______________________ Phone: __________________

Marital Status: ___ Single ___ Married ___ Widowed

Spouse __________________________ SSN: ______________________ Phone: __________________

Mailing Address: __________________ City: ______________ State: ____________ Zip: ______

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

Physical location of property: __________________________________________________________

City: _______________ State: ______ Zip:  _______

1. Will the system be installed at the above physical address? Yes __________ No __________

   If No, Where: __________________

2. Do you own the property to be served? Yes __________ No __________

   If not, do not proceed with this application. Only homeowners qualify for a grant.

3. Do you occupy the property to be served? Yes ________________ No ________________

   If Yes, how long has this residence been occupied by you? Years______ Months ________

4. Do you currently have electricity in the home? Yes ________ No _________

   If No, state the reason why you have no electricity. ____________________________________

5. How many persons currently live in the home? _________________

   Do the occupants of the home pay rent? Yes __________ No __________

6. Type of Service Connection applied for: (Please check the one that applies)

   To replace failing system ___________
   To replace straight pipe ___________
   To hook on to city sewer ___________
7. Total household monthly income? (Include income for ALL individuals living in the home including minors.)

$ _________________________

List the income for all individuals in the home: List each individual with source of income and the amount of income by the individual’s name. If occupant is a child, list the child’s name and age.

1. _______________________________              2. ________________________________

3. _______________________________              4. ________________________________

5. _______________________________              6. ________________________________

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 by the project committee in determining if my house qualifies for inclusion in the project. I understand that if I have given materially false information or concealed information for the purpose of misleading the project committee, I can be asked to reimburse fully the expense of the septic system or city sewer hook-up that was paid for by PRIDE. I agree to participate in the project and agree to cooperate with the contractors, bidders, granting agency, and health department.

**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 septic system or to a city sewer line. I agree to have all deficiencies in the household plumbing corrected at my expense prior to the installation of the septic system or hookup to a city sewer.

I, the undersigned applicant, covenant and agree to indemnify and hold harmless PRIDE and other partners, their respective employees, officers, and agents, from any liability, loss and expense, including but not limited to damages, legal expenses and cost of defense, in any matter arising from my participation in the PRIDE septic system program.

Signature of Applicant __________________________ Date:  _________________

Signature of Applicant___________________________ Date:  _________________

Best phone number to contact applicant: __________________________________