Eastern Kentucky PRIDE Inc. Homeowner Septic System Grant Program Application Effective November 2019

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

> > 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.

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Location _____

Pride Homeowner Septic System Grant Program Application for Assistance for Homeowner

Name:	SSN:	Phon	ne:
Marital Status: Single	Married Widowed		
Spouse	SSN:	Phon	e:
Mailing Address:	City:	State:	Zip:
(If the mailing address is a]	post office box, complete the s	section below for phy	vsical location)
Physical location of propert City:	y: State: Zip:		
1. Will the system be instal	led at the above physical addr	ess? Yes	No
If No, Where:			
2. Do you own the property	to be served? Yes	No	
If not, do not proceed w	vith this application. Only h	omeowners qualify	<u>for a grant.</u>
3. Do you occupy the prop	erty to be served? Yes]	No
If Yes, how long has this	s residence been occupied by y	you? Years	Months
4. Do you currently have e	ectricity in the home? Yes	No	
If No, state the reason w	hy you have no electricity		
5. How many persons curre	ently live in the home?		
Do the occupants of the	home pay rent? Yes	No	
 Type of Service Connect To replace failing system To replace straight pipe To hook on to city sewe 		k the one that applie	s)

- 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.

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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:	