Return Application To:

Public Works Stormwater Division
Synithia Williams, Environmental Coordinator
440 Ball Park Rd.
Lexington, SC 29072
(803) 785.8201
(803) 785.8593 (fax)

OFFICE USE ONLY (11/10)

Date Received	Initials
TMS# :	

APPLICATION FOR SEPTIC SYSTEM EVALUATION

Applicant Name: Telephone:

Property Address:

Do you own this property? ☐ Yes ☐ No

Please answer the following questions about your septic system.	
1.	What year was your existing septic system installed?
2.	Do you provide maintenance to your septic system? ☐ Yes ☐ No
3.	When was the last time your system was pumped-out?
4.	Have you had any septic problems in the **past**? ☐ Yes ☐ No If so, when (year)?_____
5.	What type of septic problems did you have in the **past**? (check all applicable) ☐ Septic back-up in house ☐ Wet/mushy ground ☐ Standing water in yard ☐ Other: _____
6.	Are you **currently** having any septic problems? ☐ Yes ☐ No
7.	If so, what kinds of septic problems are you **currently** having? (check all applicable) ☐ Septic back-up in house ☐ Wet/mushy ground ☐ Standing water in yard ☐ Other: _____
8.	How many bedrooms does your house **currently** have?
9.	Has the number of bedrooms in your house increased since the last permitted septic system was installed? ☐Yes ☐ No
10.	Are you willing to request a Repair Permit from the Department of Health and Environmental Control?☐ Yes ☐ No

Financial Assistance

1. Household Member Age Range(s) | Number of Persons | Any Disabled Person?

Elderly (62 years or older):	_____	☐ Yes ☐ No
Adults (19 – 61 years):	_____	☐ Yes ☐ No
Minors (18 years or younger):	_____	☐ Yes ☐ No

2. Total Household Income (all members) | Sources | Household Amount ($/Year)

Salary:		$
Social Security/Retirement:		$
Disability Compensation:		$
Alimony/Child Support:		$
Other Income:		$
	COMBINED ANNUAL HOUSEHOLD INCOME:	$

Applicant Signature: _____ Date: _____

All applicants must sign. If you are 18 or under, a parent or guardian must sign.

ALL INFORMATION IS STRICTLY CONFIDENTIAL**.** To be completed by the individual and returned to Lexington County.

It is the responsibility of all homeowners to repair an improperly functioning septic system. This program is being offered to help qualifying homeowners pay for these repairs. Note that if your septic system does not function properly and you choose to opt-out of this program, it remains the responsibility of the homeowner to repair the septic system, because an improperly functioning septic system is a public health nuisance.

Lexington County
Septic Tank Repair and Replacement Program

EQUAL HOUSING OPPORTUNITY

To be considered for the Septic Tank Repair and Replacement Program you must not exceed the total annual household income the amounts shown in the table below:

Number of Family Members:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Max annual Income:	**$35,650**	**$40,750**	**$45,850**	**$50,900**	**$55,000**	**$59,050**	**$63,150**	**$67,200**

The information collected in this application will only be used to determine whether you qualify for the Septic Tank Repair and Replacement Program. It will not be disclosed outside this Agency without your consent except for verification of information and as required and permitted by law. If you do not provide all requested information, your application may be delayed or disapproved. **PLEASE PRINT ALL INFORMATION.**

I. Applicant Information

Head of Household

Applicant Name:	Address:
Telephone:	Employer:
Cell Phone:	Work Phone:
Date of Birth:	Occupation:
If employed less than two (2) years at current employer, provide previous employer's information:	
Employer:	Phone:
Occupation:	No. of years employed:

Co-Applicant Information (If Applicable)

Name:	Social Security No.:
Home Phone:	Employer:
Cell Phone:	Work Phone:
Date of Birth:	Occupation:
If employed less than two (2) years at current employer, provide previous employer's information:	
Employer:	Phone:
Occupation:	No. of years employed:

I. Other Family Members

Provide the names, ages, relationship and employer (if applicable) of all members of your household (related or not).

Full Name	Age	Relationship to Head of Household (spouse, child, etc.)	Employer

II. Sources of Income

List monthly income for all persons in the household who work or receive other income. List gross income (income before deductions).

Full Name (of household member)	Social Security Number	Source of Income	Gross Amount	Week, Month, or Year?

☐ Check if you did not file a tax return.
Explain: _____. Initial _____

COUNTY USE ONLY:		
Total Income: $	Income Limit: $	Percentage: %
Date Verified:	Verified By:	

I (we) the undersigned, certify that all information in the application, and all information furnished in support of this application is given for the purpose of obtaining assistance through Lexington County's Septic Tank Repair and Replacement Program, and is true and complete to the best of the applicant's knowledge and belief. I further understand that information obtained will be used only for the purpose of determining eligibility and will not be disclosed to any other organization or individual. The applicant additionally certifies that the applicant is the OWNER and OCCUPANT of the property to be repaired.

Applicant Signature Date

Applicant Signature Date

Lexington County does not discriminate on the basis of age, color, race, religion, sex, national origin, familial status or disability in the admission, access to, or treatment or employment in its federally assisted programs or activities.

Please Return Application To:

Synithia Williams
Environmental Coordinator
Lexington County Public Works
440 Ball Park Road
Lexington, SC 29072
(803) 785-8201

Lexington County
Septic Tank Repair and Replacement Program

Consent to Release Information

I hereby authorize the release of information from your records to the Lexington County Community Development Block Grant (CDBG) Program. This authorization is made in connection with an application that has been made in order to obtain CDBG funds for the Septic Tank Repair and Replacement. Your prompt reply containing the requested information is appreciated.

Address: _____

_____

Applicant
Print Name: _____

Signature: _____

Date: _____

Co-Applicant
Print Name: _____

Signature: _____

Date: _____

I understand that the release of this information does not guarantee that assistance will be provided, but that without the information, assistance may not be available.

Verification of Employment
Lexington County
Septic Tank Repair and Replacement Program

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the Septic Tank Repair and Replacement Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

RELEASE: I hereby authorize the release of the requested information.

_____ Date: _____
(Signature of Applicant)

To Be Completed By the Employer Only

Company: _____

Employee: _____ Occupation: _____

Dates of Employment: From: _____ To: _____

Type of Employment: ☐ Full-time ☐ Part-time ☐ Temporary ☐ Seasonal

Rate of Pay: $_____ per _____ (hour, week, or month)

Total earnings for past 12 months: $_____ Effective date of last increase: _____

Overtime pay rate: $_____/Hour

Expected average number of hours overtime worked per week during next 12 months: _____

Total overtime earnings for past 12 months: $_____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: _____ $_____ per _____

_____ Title: _____
(Signature of Authorized Representative)

Date: _____ Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Lexington County
Septic Tank Repair and Replacement Program

THE FOLLOWING INFORMATION IS CONFIDENTIAL

The information concerning Minority Group Categories is requested for statistical purposes so the United States Department of Housing and Urban Development (HUD) may determine the degree to which its programs are being utilized by Minority Families, and has no bearing on the acceptance of this application**.**

Please place the number of persons in your household that qualify in each category.

White	
Black/African American	
Asian	
American Indian/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
American Indian/Alaskan Native & White	
Asian & White	
Black/African American & White	
American Indian/Alaskan Native & Black/African American	
Hispanic	
Hispanic & White	
Hispanic & Black/African American	
Hispanic & American Indian/Alaskan Native	
Other Multi-Racial	

Applicant

Sex: ☐ Male ☐Female	Are you Head of the Household? ☐Yes ☐No
☐ Married ☐ Single ☐ Divorced	

Co-Applicant

Sex: ☐ Male ☐Female	Are you Head of the Household? ☐Yes ☐No
☐ Married ☐ Single ☐ Divorced	

Lexington County
Septic Tank Repair and Replacement Program

Application Checklist

Before submitting your application for Septic Tank Repair and Replacement assistance, please use and submit the following checklist:

- ☐ Application completed and signed.
- ☐ Copy of pay stub, social security or retirement check, etc. for the past 2 months. (Self-employed persons must provide bank statements for the past 6 months.)
- ☐ Verification of other income (Child support/alimony, SSI statements, disability, etc.).
- ☐ Copy of the most recent federal tax returns for household members 18 and older. If you do not file a return complete a Request for Transcript of Tax Return.
- ☐ Proof of ownership of the property for at least 18 months (i.e. deed)
- ☐ Current year property tax paid receipt
- ☐ Proof of residency (i.e. electricity or water bill)
- ☐ Copy of Social Security Card for all household members
- ☐ Copy of identification for household members 18 and older (i.e., driver's license or South Carolina ID).