## Jackson County Conservation District

3258 Highway 421 South
McKee, KY 40447
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JacksonCountyConservation.org

## Environmental Grant Application: Septic System Repair/Installation

Email, fax, mail, or hand deliver completed application and supporting materials, specified below.

Applicants must meet the following criteria:

- Must be the homeowner(s), and be able to provide proof of ownership (deed preferred);
- Applicant(s) must have electrical service at the property in need of septic repair/installation, in their name(s); and
- Applicant(s) must qualify under current HUD poverty guidelines. That is, the applicant's
  net annual household income must be less than the allowed maximum for their
  household size (see chart below). The household size number should include children.

Household Size	Maximum Income (Net)	
1	\$26,800	
2	\$30,600	
3	\$34,450	
4	\$38,250	
5	\$41,350	
6	6 \$44,400	
7	\$47,450	
8	\$50,500	

Please include the following materials with this application. Applications without these materials will not be considered:

- A copy of a recorded deed showing ownership of the property in need of septic repair/installation;
- A copy of current electric bill in applicant's name;
- Proof of income for ALL individuals living in the home (e.g., recent check stubs, Federal
  income tax documentation for the previous year, Social Security benefits statement,
  etc.).

Leased or rented properties are not eligible.

## **Application for Homeowner Assistance**

Name	:	
		Phone:
DOB:	SSN:	Phone:
Email	:	
Mailin	g Address:	
If the	mailing address is a PO box, prov	ide a physical location in the section below.
Street	Address:	
1.	Do you occupy the property to be	e served?
	If yes, for how long?	
2.	Do you currently have electricity	in the home?
3.	How many people currently live i	n the home? Adults: Children:
4.	Type of service applied for (please	se check one):
	Replace a failing system	
	Replace a straight pipe	
	Hook up to city water	
5.	Total household monthly income including minors):	(include income from all individuals living in the home,
	List the source(s) of income for a	Ill individuals in the home:
	a	b
	C	d
	e	f

I, the undersigned, 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 home meets the qualifications for assistance. 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 project that was paid for by the Jackson County Conservation District grant program. I agree to participate in the project, and agree to cooperate with the contractors, bidders, granting agency, and Jackson County Health Department.			
I, the undersigned applicant, do hereby agree that it is my responsibility ensure there is proper plumbing in the home to comply with state regulall deficiencies in the household plumbing corrected at my own expensions commencement.	ations. I agree to have		
Applicant Signature	Date		
Applicant Signature	Date		
Granting Agency: Jackson County Conservation District			
Chairperson Signature	Date		