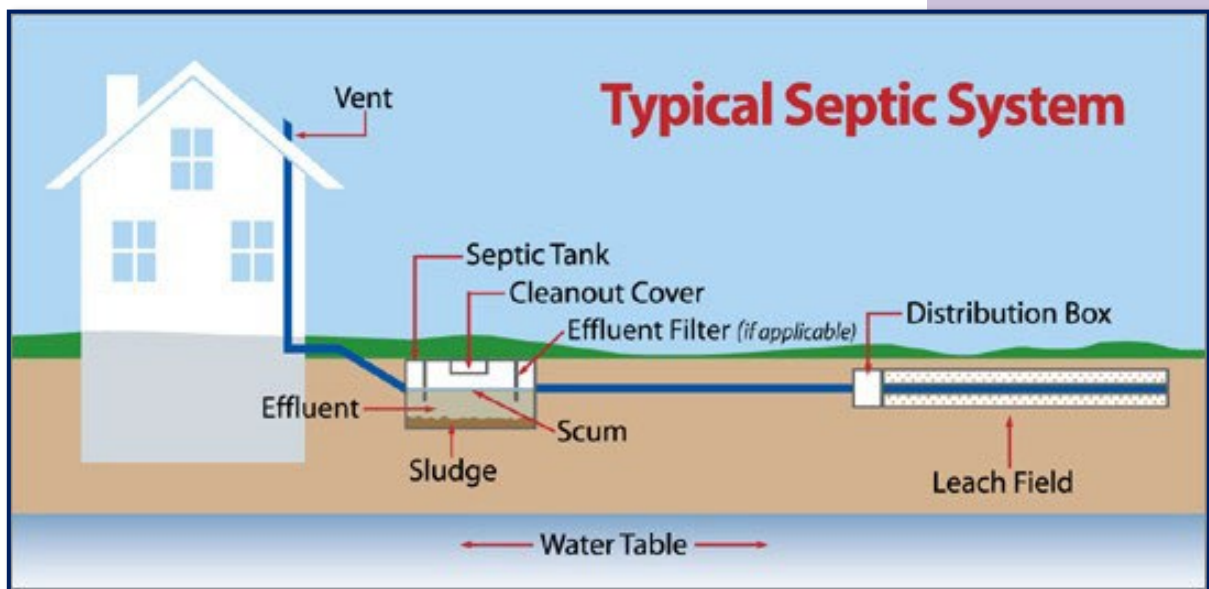


# Septic System Rehabilitation & Sewer Connection Program

If your home has a FAILING SEPTIC SYSTEM, or if your property abuts an Existing SEWER LINE, you may qualify For **FREE** repairs.

*See the attached Info Guide & Application.*



**WESTCHESTER COUNTY EXECUTIVE**

George Latimer

**COMMISSIONER, DEPARTMENT OF PLANNING**

Norma V. Drummond

Version:  
4/20/22

# Septic System Rehabilitation & Sewer Connection Program

## Info Guide

### About

The **SEPTIC SYSTEM REHABILITATION & SEWER CONNECTION PROGRAM** will rehabilitate failing septic systems and connect properties to an existing sewer line abutting their property for those property owners:

1. Who meet income eligibility requirements; &
2. Whose property is located in the New York City Watershed.

### Eligibility

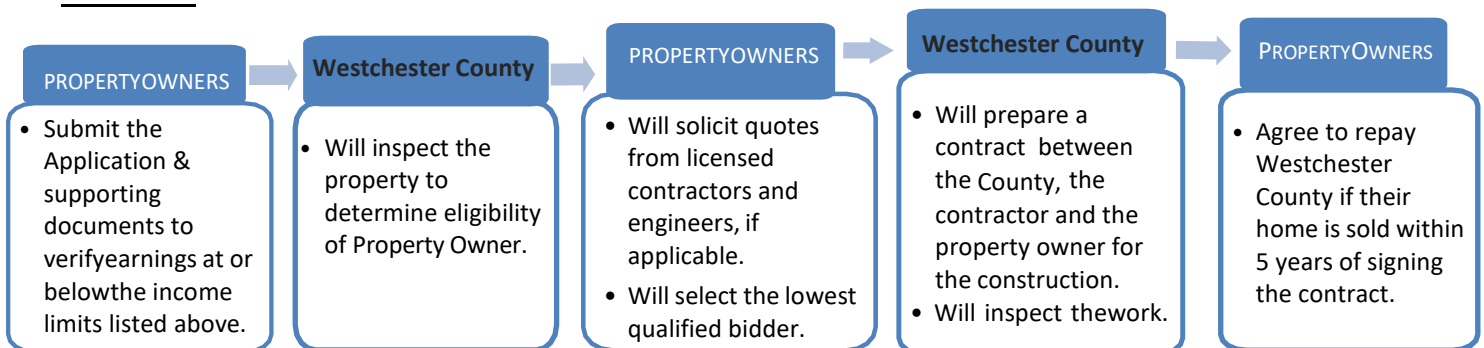
The home you own must:

- ✓ Have a failing septic system or the property must abut an existing sewer line;
- ✓ Be located in the New York City watershed; and
- ✓ Owners must earn below Westchester County's Annual Media Income (AMI):

# in Household	1	2	3	4	5	6	7	8
Max. 80% AMI	\$77,650	\$88,750	\$99,850	\$110,900	\$119,800	\$128,650	\$137,550	\$146,400
Max. 100% AMI	\$97,050	\$110,900	\$124,750	\$138,600	\$149,700	\$160,800	\$171,900	\$183,000
Max. 120% AMI	\$116,450	\$133,100	\$149,750	\$166,350	\$179,700	\$193,000	\$189,700	\$219,600

\*MTSP, Section 8 & NSP Income Limits, April 20, 2022

### Process



# Septic System Rehabilitation & Sewer Connection Program

## Application Directions

### Funding criteria to Repair Failing Septic Systems:

<u>Criteria</u>	<u>Percent of Total Cost of Rehabilitation, to be Paid by the Owner</u>
100 - 120% AMI	75%
80 - 100% AMI	25%
0-80% AMI	0% (\$20,000 maximum)

### Funding criteria to Connect to a Sewer Line:

<u>Criteria</u>	<u>Percent of Total Cost to Connect to Sewer, to be Paid by the Owner</u>
100 - 120% AMI	75%
80 - 100% AMI	50%
0-80% AMI	0.0%

**Don't Wait!**

### Submit Your Application:

Applications will be accepted on a rolling basis.

Email: [Mlmc@westchestergov.com](mailto:Mlmc@westchestergov.com) or

Fax: (914) 995-9093

#### By Mail:

Westchester County - Planning Department  
Septic System Rehabilitation & Sewer Connection Program  
148 Martine Avenue  
White Plains, NY 10601

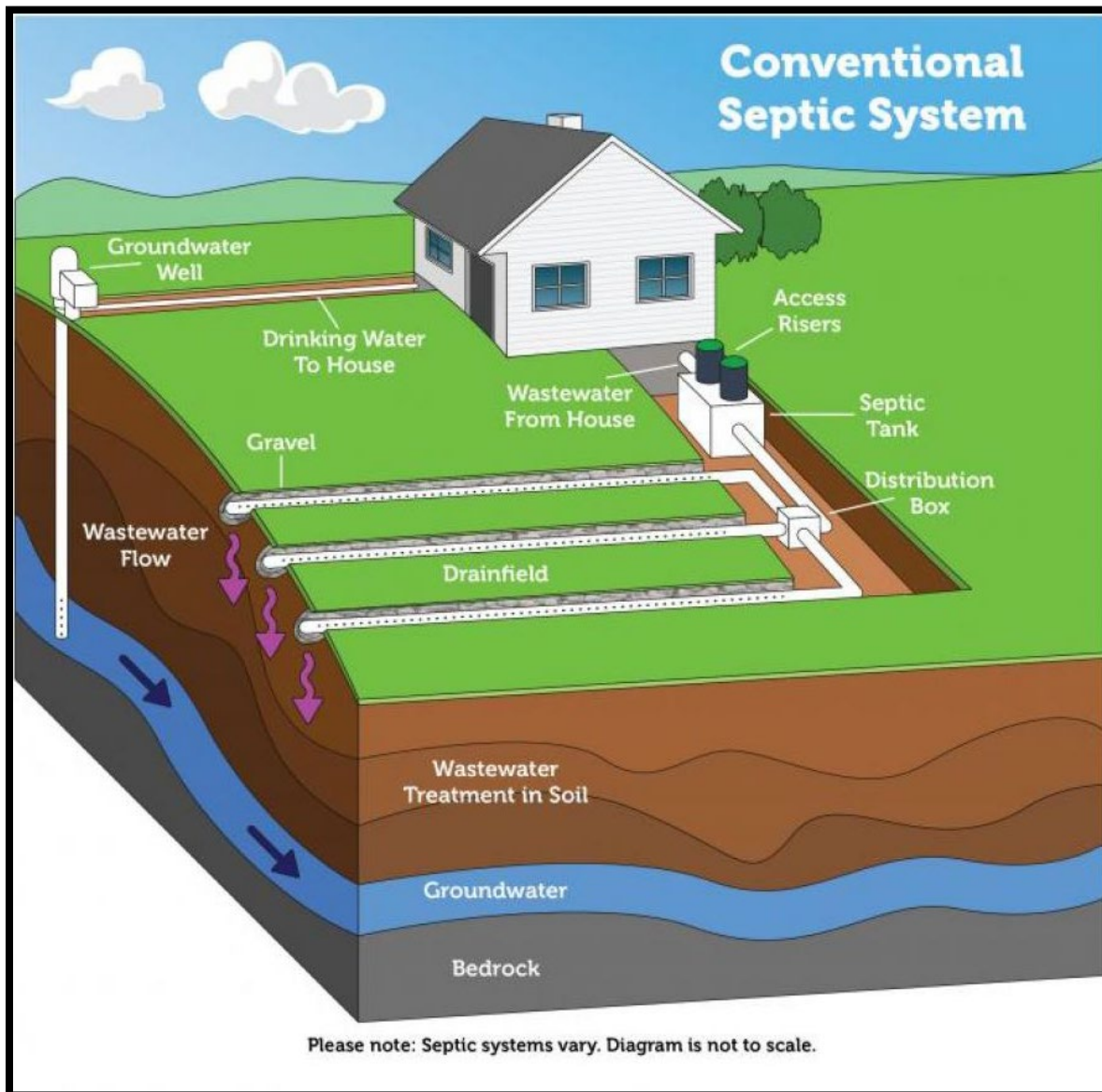
#### **Any Questions?**

Call: (914) 995-2090 or

Email: [Mlmc@westchestergov.com](mailto:Mlmc@westchestergov.com)

# Septic System Rehabilitation & Sewer Connection Program

## Property Owner - Application



*Please note: all submissions are confidential*

# Septic System Rehabilitation & Sewer Connection Program

## Property Owner Application

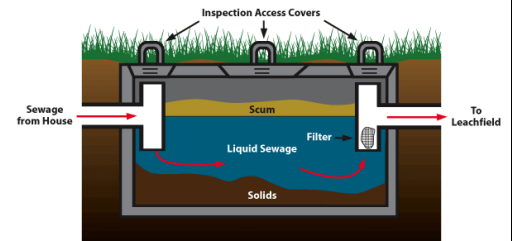
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tax Parcel ID# \_\_\_\_\_

### Complete the SEPTIC SYSTEM REHABILITATION & SEWER CONNECTION PROGRAM

#### Application Document Checklist

##### ☐ Property Owner Application:

- ☐ Property Information Form (**Required**) (page 6);
- ☐ Program Certification Form (**Required**) (page 7);
- ☐ Household Member Information Form (**Required**) (page 8);
- ☐ Self-Certification of Annual Income Form, Signed (**Required**) (page 9);
- ☐ Employment Verification Form (**Required for All Household Members**) Make copies, as needed (page 10).



##### ☐ **Supporting Documentation** (copies are acceptable, no original documents please):

- ☐ Deed to Property;
- ☐ Photo ID - Current and Valid;
- ☐ Homeowner's Insurance Policy, with Declarations Page;
- ☐ Notice from the County Health Department or Planning Department stating that the septic system is failing or is likely to soon fail, if applicable (**Required**);
- ☐ Additionally, For all household members;
  - Paystubs for last 2 months **OR** 6 most recent & consecutive paystubs;
  - W-2's for 2020 & 2021;
  - Federal Income Tax Return, with all Schedules for 2020 & 2021;
  - Photo ID, Legible copy for each person over 18 years old;
  - Documentation of any other source of income,
    - e.g. social security, pension, alimony, child support;
    - All Bank, Credit Union & Investment Statements.
- ☐ Retirement Fund Account Statements (e.g. 403b, 401k);  
For the previous 3 months (all pages);
- ☐ Full-time Students, over 18 years old – Current Transcript, if applicable.

*Please note: all submissions are confidential*

# Septic System Rehabilitation & Sewer Connection Program

## Property Owner Application Property Information Form

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tax Parcel ID# \_\_\_\_\_

Please see the Info Guide for information on program eligibility and priority considerations.

### Property Owner Information

Property Owner Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone:# \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

Application Property Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about the SEPTIC SYSTEM REHABILITATION & SEWER CONNECTION PROGRAM?

Flyer ☐ Web search: ☐ Community Event: ☐ Dept. of Health: ☐  
Newspaper (which) ☐: \_\_\_\_\_ Other (list) ☐: \_\_\_\_\_

### Property Information

Total # Units in the Dwelling (check which applies): 1/Single: ☐ 2/Two-Family: ☐

# Square feet: \_\_\_\_\_ # of People residing in home: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

Age of Septic System, if applicable \_\_\_\_\_ Date of last pump out, if applicable: \_\_\_\_\_

Owner Occupied: ☐ Rental Property: ☐ Vacant: ☐

Is property located in a floodplain? No ☐ Yes ☐

If yes, is the property insured against flooding? No ☐ Yes ☐

Homeowners Insurance Company: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Insurance Company - Phone # & Address: \_\_\_\_\_

*I certify that I am the owner or authorized owner's representative. I am submitting this application to the **SEPTIC SYSTEM REHABILITATION & SEWER CONNECTION PROGRAM** and authorize the Westchester County Department of Planning to perform inspections, as needed. All information provided herein is correct to the best of my understanding.*

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: all submissions are confidential**



# Septic System Rehabilitation & Sewer Connection Program

## Property Owner Application Program Certification Form

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tax Parcel ID# \_\_\_\_\_

The undersigned hereby submit this application to the Westchester County Department of Planning (the "County") for the **SEPTIC SYSTEM REHABILITATION & SEWER CONNECTION PROGRAM** to repair failing septic systems, or to connect to an existing sewer line abutting property line. The undersigned acknowledges that this application is made pursuant to a program offered by the County and that the eligibility for rehabilitating a septic system or to connect to a sewer line will be determined by the County. The undersigned further agrees to allow and facilitate the work on the property by a licensed contractor or if applicable a licensed designer, approved by the County through a bid process; the undersigned will choose the lowest bidder.

The undersigned agrees that for a minimum of five (5) years following the completion of the improvements, a lien will be placed on the property and recorded in the County Clerk's office. In the event that this property is sold, the County will be repaid the expenses incurred.

The undersigned further agrees that he/she will not discriminate against any person on the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap or age in any aspect of the program and will comply with all applicable Federal, State and Local laws regarding discrimination and equal opportunity in employment, housing, and credit practices, including Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto, Title VIII of the Civil Rights Act of 1968, as amended.

Homes that receive County funding will be placed on a list accessible to all County Departments. Other agencies will have access to this list, including the Departments of Health and Social Services. The undersigned agrees that the information may be accessible as specified to the above departments and agencies.

The undersigned understands that failure to comply with **SEPTIC SYSTEM REHABILITATION & SEWER CONNECTION PROGRAM** requirements may result in recapture by the County for the value of the improvements to the Property. The undersigned certify under penalty of law that to the best of their knowledge, all statements made in this application and supporting documentation are true and accurate, correct and complete.

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note: all submissions are confidential*



# Septic System Rehabilitation & Sewer Connection Program

## Property Owner Application Household Member Information Form

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tax Parcel ID# \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Head of Household (HH)\*: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to HH\*: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to HH\*: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to HH\*: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to HH\*: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to HH\*: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

**Attach additional page(s), if necessary.**

***Please note: all submissions are confidential***



# Septic System Rehabilitation & Sewer Connection Program

## Property Owner Application Self-Certification of Annual Income Form

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tax Parcel ID# \_\_\_\_\_

**INSTRUCTIONS:** This is a written statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the number of members in the family or household and the relevant characteristics of each member for the purposes of income determination. To complete this statement, fill in the blank fields below, and check only the boxes that apply to each member and add the Income and Source for each person. In addition to employment, income may also include disability, pension and Social Security. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate and that source documentation will be provided upon request.

Last Name:	First Name:	Income & Source	HH	CH	18+	DIS	62+	S<18	<18	<15

**HH** = Head of Household; **CH** = Co-Head of Household; **18+** = Person over 18 years of age; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years.

Address Line 1: \_\_\_\_\_ City: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Income Information:** Annual gross income (total of all members) = \$ \_\_\_\_\_

**Certification:** I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the Program Administrator.

### HEAD OF HOUSEHOLD

Signature:	Printed Name:	Date:
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### OTHER BENEFICIARY ADULTS

Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:

Attach additional page(s), if necessary.

**WARNING:** All statements are subject to verification. Misrepresentations may constitute cause for disqualification. It is a crime pursuant to section 210.45 of the New York State Penal Law, punishable as a Class 'A' misdemeanor, to knowingly make false statements herein.

*Please note: all submissions are confidential*

# Septic System Rehabilitation & Sewer Connection Program

## Property Owner Application Employment Verification Form

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tax Parcel ID# \_\_\_\_\_

Employee Section (Property Owner)	To be completed by EMPLOYER ONLY
<p>Employee: _____</p> <p>Address: _____</p> <p>Employer: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>HR Phone Number: _____</p> <p><b><u>AUTHORIZATION:</u></b></p> <p>Westchester County requires that verification of Employment Income is verified for all members of a household applying for participation in the <b>SEPTIC SYSTEM REHABILITATION &amp; SEWER CONNECTION PROGRAM</b>, the source of income may be reexamined periodically.</p> <p>We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested information is appreciated.</p> <p><b>Mail to:</b></p> <p>County of Westchester - Dept. of Planning  <b>SEPTIC SYSTEM REHABILITATION &amp; SEWER CONNECTION PROGRAM</b>            148 Martine Avenue            White Plains, NY 10601</p> <p><b>Email to:</b> <a href="mailto:Mlmc@westchestergov.com">Mlmc@westchestergov.com</a>            Additional questions? Call: <b>914-995-2090</b></p>	<p>Employed since: _____</p> <p>Occupation: _____</p> <p>Salary: _____</p> <p>Effective date of last increase: _____</p> <p>Base pay rate: \$ _____/Hour; or \$ _____/Week; or            \$ _____/Month Average hours/week at base pay rate:</p> <p>Hours # weeks _____, or # _____ weeks worked/Year</p> <p>Overtime pay rate: \$ _____/Hour</p> <p>Expected average number of hours overtime worked per week during next 12 months: _____</p> <p>Any other compensation, not included above (specify for commissions, bonuses, tips, etc.): \$ _____ per _____</p> <p>Is pay received for vacation? _____ Yes _____ No</p> <p>If Yes, _____ # of days per year:</p> <p>Total base pay earnings for past 12 mos. \$ _____</p> <p>Total overtime earnings for past 12 mos. \$ _____</p> <p>Probability &amp; expected date of any pay increase: _____</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>Name of Employee: _____</p> <p>Signature of Employee: _____</p> <p>Date: _____</p>	<p>Name of Employer: _____</p> <p>Signature of Employer: _____</p> <p>Telephone #: _____</p> <p>Date: _____</p>

**WARNING:** All statements are subject to verification. Misrepresentations may constitute cause for disqualification. It is a crime pursuant to section 210.45 of the New York State Penal Law, punishable as a Class 'A' misdemeanor, to knowingly make false statements herein.

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