

Department of Safety and Professional Services Safety and Buildings Division	<h1 style="margin:0;">Owners Application</h1>	Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program
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Instructions For Property Owners: You may apply for a grant award for up to three years after the governmental unit has verified that the system is failing and after you have obtained a sanitary permit. Complete Part A of this form, attach evidence of your annual income explained in Section 7 and return those items to the sanitation, zoning or health department office in the county where the property is located.	For DSPS Use Only
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PART A. TO BE COMPLETED BY THE PROPERTY OWNER Please print.

Owner #1*	SS# Last 4 Numbers	Owner #2	SS# Last 4 Numbers
Owner #3	SS# List 4 Numbers	Owner #4	SS# Last 4 Numbers
Address	City, State, Zip Code		Telephone Number ()

*Grant awards will be sent to the address of this owner.	If there are additional owners, attach documentation listing all owners and the last four numbers of their social security number.
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1. Is this application for a principal residence or a small commercial establishment? If applying as a principal residence, do you (the owner) occupy this residence 51% of the year? If applying as a small commercial establishment, do you own the business occupying the small commercial establishment?	<input type="checkbox"/> Principal Residence <input type="checkbox"/> Small Commercial Establishment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. If applying as a small commercial establishment, what is the name of the small commercial establishment? _____ Description of Small Commercial Establishment (farm, restaurant, etc.): _____

3. Has there been a change in ownership of the principal residence or small commercial establishment served by the failing system within the last three years? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. As the owner, are you a licensed plumber? If yes, are you engaged in the business of installing private onsite wastewater treatment systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Will a portion of the replacement system be funded by another program? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6. How did you hear about this Program?

7. Evidence of income. If you are applying as a principal residence, attach a copy of your federal income tax return for the year of OR prior to the year that the governmental unit determined your system was failing. If you were married and filed separate forms, you must also include your spouse's return for the same year. You must include evidence of income for each owner and for each owner's spouse.

If you are applying as a small commercial establishment, submit a copy of your federal profit and loss form for the year of OR prior to the year that the governmental unit determined your system was failing.

If you or any owner listed above did not file an income tax return, contact your governmental unit for further instructions.

Property Owner's Certification. I certify that, to the best of my knowledge and belief, the information I have provided is true and correct on this form and all attachments.

Owner's Signature	Date Signed	Co-Owner's Signature	Date Signed
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Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

PART B. TO BE COMPLETED BY THE GOVERNMENTAL UNIT

<p>1. VERIFICATION OF OWNERSHIP</p> <p>On the document used to verify ownership, do the names match those on Part A of this application? If no, please explain.</p> <p>If the applicant answered yes to question 3 on Part A of this application, did the applicant(s) own the property when the failure was verified or the system installed <u>and</u> incur the cost of replacement?</p> <p>How was ownership verified? _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>2. Is a public sewer available to this property?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>3. Has a previous grant been awarded for this property under this program?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>4. Principal Residence evidence of income. Please indicate applicable annual family income: \$ _____</p> <p>Federal income tax form _____, Line _____, Year _____ OR Affidavit of _____, Year _____</p> <p>Small Commercial Establishment evidence of income. Please indicate applicable annual gross revenue: \$ _____</p> <p>Profit & loss form used: _____, Line _____, Year _____</p>	
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<p>5. Date of the Order or Determination of Failure: _____</p> <p>When was the existing failing system installed?</p> <p>Vertical distance from the bottom of the existing infiltrative surface to a limiting condition:</p>	<p><input type="checkbox"/> Prior to 12-1-1969</p> <p><input type="checkbox"/> 12-1-1969 to 7-1-1978</p> <p><input type="checkbox"/> 0 to Less than 24"</p> <p><input type="checkbox"/> 24 to Less than 36"</p> <p><input type="checkbox"/> Equal to or greater than 36"</p>
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<p>6. Private onsite wastewater treatment system failure caused by discharge of sewage to (check all that apply):</p> <p>Category 1 Surface water or groundwater..... <input type="checkbox"/></p> <p> A zone of saturation..... <input type="checkbox"/></p> <p> A drain tile or zone of bedrock..... <input type="checkbox"/></p> <p>Category 2 The surface of the ground..... <input type="checkbox"/></p> <p>Category 3 Back-up of sewage into the structure served..... <input type="checkbox"/></p>	
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<p>7. This request is for what type of replacement system:</p> <p>If this request is for a system not listed at the right, please explain: _____</p> <p>_____</p>	<p><input type="checkbox"/> At-grade</p> <p><input type="checkbox"/> Conventional</p> <p><input type="checkbox"/> Holding Tank</p> <p><input type="checkbox"/> In-ground Pressure</p> <p><input type="checkbox"/> Mound</p>
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<p>8. Sanitary Permit Number _____ Date Issued _____</p> <p>Plan Approval Number _____ Date Approved _____</p>	
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<p>9. After reviewing this application, I have determined the applicant to be:</p> <p>If ineligible, reason ineligible: _____</p>	<p><input type="checkbox"/> Eligible</p> <p><input type="checkbox"/> Ineligible</p>
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10. Governmental Unit Representative's Certification. I certify that I have reviewed and verified all information provided on this form and attachments and that they are true and correct to the best of my knowledge and belief.

<p>Signature of Authorized Governmental Unit Representative</p>	<p>Title</p>	<p>Date Signed</p>
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