

# APPLICATION FOR FINANCIAL ASSISTANCE FOR SEWAGE DISPOSAL SYSTEM REPAIR

APN \_\_\_\_\_

DATE \_\_\_\_\_

AMADOR COUNTY ADMINISTRATION OFFICE  
810 COURT STREET • JACKSON, CA 95642-2132

*To be completed by owner or authorized representative. Incomplete applications may not be processed.*

Owner's Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

Location of Property \_\_\_\_\_

Structure Served: Single Family Dwelling  Multi Family Dwelling  Commercial or Other  Specify \_\_\_\_\_Water Supply: Public  Well  Other  \_\_\_\_\_

## FINANCIAL NEED:

The unit is Residential  Non-residential   
Owner occupied  Not owner occupied  Vacant

Failure of the on-site sewage system was determined by the Amador County Environmental Health Department. Yes \* No I have obtained a cost estimate from an engineer or licensed contractor to repair/replace the on-site sewage system. Yes \* No I am currently able to contribute financially toward the repair/replacement of the on-site sewage system. Yes  No 

If yes, the amount that can be contributed \_\_\_\_\_

I have already contributed financially toward the repair/replacement of the on-site sewage system Yes \* No 

If yes, the amount contributed \_\_\_\_\_

\*Please attach documentation to support these "yes" responses

## FINANCIAL INFORMATION:

Homeowner's income – please list annual income received from:

Salary and wages \_\_\_\_\_

Interest and Dividends \_\_\_\_\_

Financial assistance \_\_\_\_\_

Rent \_\_\_\_\_

Other \_\_\_\_\_

Other household income – list name(s) and source(s) \_\_\_\_\_

Please attach copy of most recent pay check stub, bank statement, and any other documentation available.

Name and relationship of individuals residing in the home

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

List any additional on the back of this sheet

I hereby certify that I prepared this application and that all information provided is factual to the best of my knowledge and that falsification of any information contained herein or attached hereto may be justification for disqualification from the program. I also certify that the construction of repairs pursuant to this assistance program will be done and inspected in accordance with Amador County ordinances and State laws. I understand that an incomplete application will not be processed. I hereby authorize representatives of this County or their agents to take action as may be necessary to verify the information provided.

PROPERTY OWNER/AGENT \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\*Please attach documentation from the property owner providing authorization if signed by an agent. Authorization received \_\_\_\_\_