



Owners Application

**Wisconsin Fund –
Private Onsite Wastewater
Treatment System
Replacement or Rehabilitation
Financial Assistance Program**

Instructions For Property Owners:

You may apply for a grant award for up to three years after you have received a determination of failure 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 or health department office in the county where the property is located.

TO BE COMPLETED BY COMMERCE

PART A. TO BE COMPLETED BY THE PROPERTY OWNER *Please print*

*Owner #1 (First Name, Middle Initial & Last Name)		Owner #2 (First Name, Middle Initial & Last Name)	
Owner #3 (First Name, Middle Initial & Last Name)		Owner #4 (First Name, Middle Initial & Last Name)	
Street Address of Owner #1	City, State, Zip Code	Telephone Number ()	
If there are additional owners, attach documentation listing all owners.		*Grant awards will be issued in the name and address of owner #1.	
1. Is this application for a principal residence or a small commercial establishment? (Complete both if applicable.)		<input type="checkbox"/> Principal Residence <input type="checkbox"/> Small Commercial Establishment	
If applying as a principal residence, do you occupy this residence 51% of the year? If applying as a small commercial establishment, do you own and occupy the small commercial establishment?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____			
4. As the owner, are you a licensed plumber or contractor engaged in the business of installing private onsite wastewater treatment systems?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Will a portion of the replacement system be funded by another program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: _____			
6. How did you hear about the Wisconsin Fund-Private Onsite Wastewater Treatment System Replacement or Rehabilitation 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 determination of failure. 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 order or determination of failure. If you or any owner listed above did not file an income tax return, contact your governmental unit for further instructions. Evidence of income will be kept on file at the governmental unit and is subject to verification by the Department of Commerce.			
Property Owner's Certification. I certify that, to the best of my knowledge and belief, the information I have provided on this form and all attachments are true and correct.			
Signature Owner #1	Date Signed	Signature Owner #2	Date Signed
Signature Owner #3	Date Signed	Signature Owner #4	Date Signed

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 attach additional documentation explaining.</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 order or verification of failure was issued or the system installed <u>and</u> incur the cost of replacement?</p> <p>Document used to verify ownership: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Document or Page Number: _____</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> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Is business listed on the profit and loss form owned by the owners listed on this application only?</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"/> Experimental</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. Uniform Sanitary Permit Number _____ Date Issued _____</p> <p>Plan Approval Number _____ Date Approved _____</p> <p>Experiment 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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