



## Town of Chincoteague Septic Assistance Grant Application:

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Applicant \_\_\_\_\_

(Town Office Use Only)

*The State of Virginia, through the Department of Environmental Quality (DEQ) has appropriated a total of \$75,000,000 in ARPA funds for septic, straight pipe, and sewer collection system repair, replacement, and upgrades. Of this total, approximately \$5,000,000 will be allocated to local partners to develop and implement a funding program for projects that provide septic system repair, replacement and upgrades as the wastewater treatment solution. The Town of Chincoteague was successful in procuring \$912,390 of this total to assist eligible residents in the high cost of the repair or replacement of a failing septic system.*

### Eligibility Statement

Eligible projects must be located within the incorporated limits of the Town of Chincoteague. Applicants must be full-time residents of the Town of Chincoteague and the proposed project must serve their primary residence. Selected applicants will be reimbursed for the cost of qualifying work associated with the direct replacement of a failing septic system in accordance with included guidelines. Applications for non-residential use will not be considered. Applicants should familiarize themselves with the enclosed requirements prior to submitting the application.

### Income & Cost-Share Rates/Caps

#### Cost-Share Rate:

- Participants whose household income exceeds the area median income for the locality in which the property is located are eligible for up to 50% cost-share.
- Participants whose household income is at or below area median income for the current fiscal year are eligible for at least 50% and up to 100% cost-share.

#### Cost-Share Minimum and Maximum:

Cost-share must meet a minimum payment of \$250 per project. Participants approved for up to 100% cost-share are limited to a maximum payment amount of \$40,000 per project. Participants approved for up to 50% cost-share are limited to a maximum payment of \$20,000 per project. Projects that exceed that cost require further review and approval by DEQ.

#### Income Verification:

The Town of Chincoteague will verify income for all applicants. Income will be verified using the applicant's W-2 and a copy of the most recent tax filing (1040, etc.) or statement that they did not earn enough income to file taxes (Statement should include the minimum funding amount needed to require to file taxes).

Applicant Information

Applicant Name: \_\_\_\_\_

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

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

Phone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Project Location: (Physical Address): \_\_\_\_\_

Owner's gross household income (As reported to the IRS in 2023): \_\_\_\_\_

Is this your primary residence? \_\_\_\_\_ (Y/N)

How long have you resided in this house? \_\_\_\_\_

How many fulltime occupants live in the structure served? \_\_\_\_\_

Installation date of existing failing system. \_\_\_\_\_

Project Information

Project Location: \_\_\_\_\_

Project Description (scope): \_\_\_\_\_

Address of the structure served: \_\_\_\_\_

Replacement Cost Estimate: \_\_\_\_\_ Prepared By: \_\_\_\_\_

Number of VDH Approved Bedrooms: \_\_\_\_\_

**NOTE: GRANT FUNDS CANNOT BE USED TO INCREASE THE CAPACITY OF AN EXISTING SYSTEM.**

Does the existing system serve more than one structure? (Y/N)

Does the existing system serve an area used for commercial activity including a short or long term rentals? (Y/N)\_\_\_\_. (Approved Home Occupations are not considered commercial activity.)

Have you been issued a Notice of Alleged Violation (NOAV) for this system from the health department? \_\_\_\_\_(Y/N)

Has the system been inspected by a qualified sewage professional? \_\_\_\_\_(Y/N)

Inspector: \_\_\_\_\_ Date of Insp: \_\_\_\_\_

What other Evidence do you have of system failure?

*\*\*Please include any pictures of the system that are appropriate.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supporting Documents Included with this application:

1. \_\_\_\_ Proof of residency \* (Driver's License, Passport Etc.)
  2. \_\_\_\_ Most Recent IRS Form (W-2) \*
  3. \_\_\_\_ Latest IRS Income Tax Return (1040) \*
  4. \_\_\_\_ Notice of Alleged Violation (NOAV) From Virginia Health Dept. \*
  5. \_\_\_\_ System Inspection Report \*
  6. \_\_\_\_ Pictures of Failure.
  7. \_\_\_\_ Existing VDH system permit.
  8. \_\_\_\_ Existing VDH system design drawings or Sketches.
  9. \_\_\_\_ New system engineering drawings, calculations, soil reports.
  10. \_\_\_\_ New system contractor estimates.
- **Required Document**

*Note: While items 6-10 are not required for the submission or approval of this application, any additional information provided to the selection committee could enhance that applicant's chances of selection.*

Methodology:

The Selection Committee will recommend applications to receive cost-share assistance to the Town Council for approval. The Committee shall consider the following in determining cost-share funding priorities:

- Applicants household income in relation to the project cost,
- the condition of the applicant's existing system and it's impact on public health.
- Effect of correction of septic deficiency on water quality,
- Method of correcting septic deficiency and ease of maintenance.
- Occupancy status of the structure.

I certify that the information provided on this application is truthful and accurate to the best of my knowledge, and that I have complied with all provisions as described herein.

\_\_\_\_\_  
*Signature of Applicant*

DATE: \_\_\_\_\_

\_\_\_\_\_  
*Applicant: Print Name*