

 <p>commerce.wi.gov Wisconsin Department of Commerce Safety and Buildings Division</p>	<h2>Owners Application</h2>	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*	Owner	Owner
Owner	Owner	Owner
Address	City, State, Zip Code	Telephone Number ()
*Grant awards will be issued in the name and address of this owner.		If there are additional owners, attach documentation listing all owners.
1. Is this application for a principal residence or a small commercial establishment? (Complete both if applicable.) 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"/> Principal Residence <input type="checkbox"/> 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? If yes, please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
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? If yes, explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
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.		
Owner's Signature	Date Signed	Co-Owner's Signature
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

1. VERIFICATION OF OWNERSHIP
 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. Yes No
 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 and incur the cost of replacement? Yes No
 Document used to verify ownership: _____ Document or Page Number: _____

2. Is a public sewer available to this property? Yes No

3. Has a previous grant been awarded for this property under this program? Yes No

4. Principal Residence evidence of income. Please indicate applicable annual family income: \$ _____
 Federal income tax form _____, Line _____, Year _____ **OR** Affidavit of _____, Year _____
 Small Commercial Establishment evidence of income. Please indicate applicable annual gross revenue: \$ _____
 Profit & loss form used: _____, Line _____, Year _____

5. Date of the Order or Determination of Failure: _____
 When was the existing failing system installed? Prior to 12-1-1969 12-1-1969 to 7-1-1978
 Vertical distance from the bottom of the existing infiltrative surface to a limiting condition: 0 to Less than 24" 24 to Less than 36" Equal to or greater than 36"

6. Private onsite wastewater treatment system failure caused by discharge of sewage to (check all that apply):
 Category 1 Surface water or groundwater.....
 A zone of saturation.....
 A drain tile or zone of bedrock.....
 Category 2 The surface of the ground.....
 Category 3 Back-up of sewage into the structure served.....

7. This request is for what type of replacement system: At-grade Conventional Experimental Holding Tank In-ground Pressure Mound
 If this request is for a system not listed at the right, please explain: _____

8. Uniform Sanitary Permit Number _____ Date Issued _____
 Plan Approval Number _____ Date Approved _____
 Experiment Approval Number _____ Date Approved _____

9. After reviewing this application, I have determined the applicant to be: Eligible Ineligible
 If ineligible, reason ineligible: _____

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.

Signature of Authorized Governmental Unit Representative	Title	Date Signed