2025-2026
BRAZORIA COUNTY
COMMUNITY DEVELOPMENT
OSSF REPLACEMENT PROGRAM

ON-SITE SEPTIC SYSTEM REPLACEMENT APPLICATION

PLEASE READ THIS SHEET BEFORE COMPLETING APPLICATION

Brazoria County can provide financial assistance for the installation of a replacement septic system for your home on your property. **To qualify for this assistance**, **(1) you must have lived on the property and be the owner of record for a period of five years, (2) all property taxes must be current, and (3) the total family income must not exceed the maximum income limits set for the program**. After receipt of application, the application will be screened for completeness and all information related to homeownership, taxes, and income must be verified to determine eligibility. The maximum income limits are as follows:

Family Size	Maximum Income Limit
1	$ 70,600
2	$ 80,650
3	$ 90,750
4	$ 92,900
5	$ 108,900
6	$ 116,950
7	$ 125,000
8 or more	$ 133,100

The financial assistance will be provided in the form of a forgivable loan that will be forgiven after five years. **A lien will be filed for the total cost of the septic system for your home. It will be filed for record against your property in order to enforce the loan requirements. During the term of the lien, you may not receive equity from the home.**

All applicants will be required to file a complete application before they can be considered. If your application is not complete, your application will move to the bottom of the list. You must use the correct legal name for each member of your household as it appears on the Social Security card. All adult members of the household must sign certifying the information pertaining to them. All completed applications must be returned to Stephanie Ebarra or Virginia Morris, Brazoria County Community Development Department which is located at 1524 E. Mulberry, Suite 162, Angleton, Texas, 77515. If you have any questions, please feel free to contact Stephanie at the Brazoria County Community Development Department at (979) 864-1961 during normal work hours between 8:00 a.m. to 5:00 p.m. Monday through Friday.

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY APPLICANT AND SPOUSE

Program Requirements

In order to qualify for this program, you must meet the income qualifications, your septic system must be failing to function, and must have adequate property to install a new system. You must have owned and lived on the property that the septic system will be installed for the last 5 years, and taxes must be current. ***The program does not install new systems, this is a replacement only program****.*

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I. HOUSEHOLD COMPOSITION

It is important that we have your house address as well as your mailing address. If they are different, supply both addresses. List all family members that live in your home. Give all the needed information asked. Complete for all persons who will be living in your home listing head of household first.

Applicant's Name _____

Mailing address _____

Physical Street address _____
(Address or P.O. Box) *(City)* *(State)* *(Zip code)*

Home Phone #_____ Other Phone #_____

Adults

Complete Legal Name	Sex (M/F)	Date of Birth	Race*	Social Security No.	Relation to Head.
					HEAD

Children

Complete name	Sex (M/F)	Date of Birth	Race*	Social Security No.	Relation to Head

**Use the following codes for identifying your race or ethnicity:*

White (W) *(not of Hispanic origin) - All persons having origins in any of the peoples of Europe and the Middle East.*
Black (B) *(not of Hispanic origin) - All persons having origins in any of the Black racial groups.*
Hispanic (H) *- All persons of Mexican, Puerto Rican, Cuban, Central of South American or other Spanish culture, regardless of race.*
American Indian *or* ***Alaskan Native (AI)*** *- All persons having origin in any of the original peoples of North America.*
Asian *or* ***Pacific Islander (AP)*** *- All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. Also persons from the Indian subcontinent, including peoples with national origins from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim and Sri Lanka.*
Other (O) *- All persons of origins not identified above.*

Marital status of applicant: ☐ Married ☐ Separated ☐ Unmarried (single, divorced, or widowed)

Are you and your spouse a US Citizen or permanent resident? ☐ Yes ☐ No (**provide** copies of social security card, birth certificate, Naturalization certificate, or voter's registration card)

Is anyone in your household who is 18 or older a full-time student? ☐ Yes ☐ No

If yes, list name(s) _____

II. TOTAL HOUSEHOLD INCOME

List below all money earned or received by everyone living in your household. This includes money from ***alimony, baby-sitting, cash benefits, child support, pension, rental income, retirement, self-employment, Social Security, SSI, unemployment, Veterans benefits, wages, worker's compensation, and include any income from bank accounts, stocks, dividends, etc.*** Please give the person's name who receives the income. If one family member has more than 1 (one) income, please use 2 lines.

Name of Household Member Receiving Income	Income Source (Please specify Wages, Social Security,, Child Support, Self-Employment, etc)	Amount (Specify if weekly, monthly, or annually)

- Is there any other income not listed above? ☐ Yes ☐ No

  If yes, list _____

- Do you or anyone in your household have a checking or savings account? ☐ Yes ☐No

  If yes, list _____

- Is the head of household or spouse a member of the Armed Services? ☐ Yes ☐ No

  If yes, list _____

- Have you or your spouse filed for bankruptcy? ☐ Yes ☐ No

  If yes, when _____

III. ASSETS

Do any family members have or receive income from the list below. Please mark all assets that your family has and list the value. If you do not have any of the items, please write the word **NONE** on the line.

☐ Real Estate	$_____	☐ Trusts	$_____
☐ Stocks	$_____	☐ Bonds	$_____
☐ Certificates of Deposit	$_____	☐ Insurance Settlements	$_____
☐ Retirement/Pension Fund	$_____		

Do you own any additional Property listing you as the owner of record? ☐ Yes ☐ No

IV. HOUSING

Do you have a Warranty Deed listing you as the owner of record? ☐ Yes ☐ No

Do you owe any taxes to the Brazoria County? ☐ Yes ☐ No If yes,

Do you have a current payment arrangement with Brazoria County Tax Assessor? ☐ Yes ☐ No

Have you ever received any type of federal financial assistance for home improvements?

☐ Yes ☐ No If yes, When? _____ What type? _____

V. ITEMS TO BE RETURNED WITH THIS APPLICATION (These items must accompany this application to be considered complete. If any information is missing, it will delay the application process.)

1. Copy of Citation from Environmental Health Dept. (copy of letter for compliance time frame)
2. 2026 Income Tax Return and copies of all W-2's for 2026, if filed (If not 2025 tax record required)
3. Income Documentation (last four paycheck stubs, SS award letter, etc.),
4. Tax receipt showing all taxes paid. Do not submit appraised value documentation,
5. Warranty Deed showing **property ownership in applicant's name**,
6. Copies of Social Security Cards for **all** persons living in the home
7. Copies of Driver's Licenses for **all** members over the age of 18
8. Copy of Permanent Residency Card, Passport, or Copy of Naturalization Certificate for Head of Household and spouse, if applicable
9. Copy of most current electric or water bill
10. Complete copies of last two months Bank Statements for **all** checking and savings accounts. Please make sure to copy all pages, front and back, if applicable and including Cash App, Venmo, PayPal, Chime, etc.

Applicant's Certification

I hereby certify that the information and statements made on this application and all information furnished in support of this application are true and correct to the best of my belief and knowledge and that I understand that giving false or fraudulent information in connection with this application is prohibited by law and may be grounds for denial. I also understand that the County will obtain the necessary verification and documents required to consider this application and will duly give my authorization for such verification. I agree that the property repaired under this program will be used as my principal residence, and that temporary subleases will not be allowed. I also agree that I will not hold any representatives, agents, officials, or employees of Brazoria County, liable for any acts, other than illegal acts, in connection with the administration and implementation of the County's OSSF Program.

Applicant's Signature	Date
Spouse's Signature	Date

Penalty for False or Fraudulent Statement: U.S. C., Title 18, 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or make any false writing or documentation knowing the same to contain any false, fictitious statement or entry shall be fined not more than $10,000.00 or imprisoned not more than 5 years, or both."

BRAZORIA COUNTY COMMUNITY DEVELOPMENT
OSSF PROGRAM

1524 E. Mulberry, Suite 162, Angleton TX 77515
(979) 864-1427 Phone (979) 864-1089 Fax

AUTHORIZATION FOR RELEASE OF INFORMATION

I,_____, Authorize any duly accredited representative of the Brazoria County Community Development Dept to obtain any information relating to my activities from current and former employers, criminal justice agencies, financial or lending institutions, Social Security Administration, medical institutions, State Wage Employment Agents, Public Aid, consumer credit reporting agencies and any other source providing income and/or assistance relative to my eligibility and suitability for the OSSF Program assistance. This information may include but is not limited to my residential performance, criminal history record, arrest and conviction, medical and financial information.

I Further Authorize the Brazoria County Community Development Dept staff and any other authorized agency to request criminal history record information about me from criminal justice agencies, for the purpose of determining my eligibility for participation in the OSSF Program, with assignment to, or retention in the Brazoria County OSSF Program.

I Direct You to Release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have made with you previously to the contrary.

I Understand that the information you release is for official use by the Brazoria County OSSF Program and that these users may redisclose the information you release as authorized by law.

I Release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me for a period of 15 months from the date of my signature. I hereby release and hold harmless Brazoria County Community Development Dept and its representatives, employees and commissioners from any and all liability or damages whatsoever.

Signatures of:

_____	_____	_____	
Head of Household	**Date**	**SS # of Head of Household**	
_____	_____	_____	_____
Spouse	Date	Other Family Member 18 or older	Date
_____	_____	_____	_____
Other Family Member 18 or older	Date	Other Family Member 18 or older	Date
_____	_____	_____	_____
Other Family Member 18 or older	Date	Other Family Member 18 or older	Date