2018 - 2019
BRAZORIA COUNTY
COMMUNITY DEVELOPMENT
OSSF REPLACEMENT PROGRAM

ON-SITE SEPTIC SYSTEM REPLACEMENT
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:

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Maximum Income Limit</th>
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<tbody>
<tr>
<td>1</td>
<td>$50,350</td>
</tr>
<tr>
<td>2</td>
<td>$57,550</td>
</tr>
<tr>
<td>3</td>
<td>$64,750</td>
</tr>
<tr>
<td>4</td>
<td>$71,900</td>
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<tr>
<td>5</td>
<td>$77,700</td>
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<tr>
<td>6</td>
<td>$83,450</td>
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<tr>
<td>7</td>
<td>$89,200</td>
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<tr>
<td>8 or more</td>
<td>$94,950</td>
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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 Jennifer Crainer, 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 Jennifer at the Brazoria County Community Development Department at (979) 864-1220 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.
# 2018 – 2019 BRAZORIA COUNTY ON-SITE SEPTIC APPLICATION

## 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.

<table>
<thead>
<tr>
<th>Applicant’s Name</th>
<th>Mailing address</th>
<th>Physical Street address</th>
<th>Home Phone #</th>
<th>Other Phone #</th>
</tr>
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<tr>
<td></td>
<td></td>
<td>(Address or P.O. Box)</td>
<td>(City)</td>
<td>(State)</td>
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</table>

**Adults**

<table>
<thead>
<tr>
<th>Complete Legal Name</th>
<th>Sex (M/F)</th>
<th>Date of Birth</th>
<th>Race*</th>
<th>Social Security No.</th>
<th>Relation to Head</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HEAD</td>
</tr>
</tbody>
</table>

**Children**

<table>
<thead>
<tr>
<th>Complete name</th>
<th>Sex (M/F)</th>
<th>Date of Birth</th>
<th>Race*</th>
<th>Social Security No.</th>
<th>Relation to Head</th>
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*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.

<table>
<thead>
<tr>
<th>Name of Household Member Receiving Income</th>
<th>Income Source (Please specify Wages, Social Security, Child Support, Self-Employment, etc)</th>
<th>Amount (Specify if weekly, monthly, or annually)</th>
</tr>
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- 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 Property 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? ___________________________

Was your home damaged from **Hurricane Harvey** or the subsequent **2017 flood event**?  ☐ Yes  ☐ No

Did you apply with FEMA?  ☐ Yes  ☐ No  **If yes, Please provide FEMA letter noting amount of assistance**

Was this used for repairs?  ☐ Yes  ☐ No  **If No, why not? ___________________________

____________________________________________________________

Was your home damaged from the **2016 flood event**?  ☐ Yes  ☐ No

Did you apply with FEMA?  ☐ Yes  ☐ No  **If yes, Please provide FEMA letter**

Was this used for repairs?  ☐ Yes  ☐ No  **If No, why not? ___________________________

____________________________________________________________

Did you receive any other type of assistance for either disaster (SBA, Long-term recovery, United Way, etc.)?  ☐ Yes  ☐ No  How much was the assistance? $______________
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. 2017 Income Tax Return and copies of all W-2’s for 2017,
2. Income Documentation (last four paycheck stubs, SS award letter, etc.),
3. Tax receipt showing all taxes paid. Do not submit appraised value documentation,
4. Warranty Deed showing property ownership in applicant’s name,
5. Copies of proof of citizenship of all persons living in the home (social security card),
6. Copies of Driver’s Licenses for all members over the age of 18,
7. Copy of most current electric or water bill,
8. Complete copies of last two months Bank Statements for all checking and savings accounts.
   Please make sure to copy front and back pages, if applicable.

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 makes 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."
AUTHORIZATION FOR RELEASE OF INFORMATION

I, ____________________________________, Authorize any duly accredited representative of the Brazoria County OSSF Program 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 OSSF Program 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 OSSF Program 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 ____________