



Washington County Oregon

Application for Onsite Septic Assistance Program

Primary applicant name		Primary applicant date of birth		
Secondary applicant name		Secondary applicant date of birth		
Street Address	City	State	ZIP Code	
Phone	Alternate Phone	Email		
Number of residents in house		Income Group	Below 80% MFI Above 80% MFI	

I would like to:

- Connect to existing sewer line
- Repair/replace existing septic tank *(only available for applicants under 80% MFI)*

This information is not used to determine eligibility:

Ethnicity	Hispanic	Non-Hispanic
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Race

- | | |
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| American Indian/Alaska Native | American Indian/Alaska Native and White |
| Asian | Asian and White |
| Black/African American | Black/African American and White |
| Native Hawaiian/Other Pacific Islander | American Indian/Alaska Native and Black/African American |
| White | Other multiple race combinations not specified |

By entering my name below, I (we) certify that the statements made in this application are true and are for the purpose of being qualified for the Washington County Onsite Septic Replacement Program. The above dwelling is my current residence that I occupy and intend to continue to occupy. I (we) authorize Washington County to contact and obtain, from any source, verification of the above information. The undersigned understands that income qualification, nor application date, does not guarantee availability of funds. Program process and timelines still apply.

If my application is approved, I, on behalf of myself, my heirs and assignees agree to defend, indemnify and hold harmless Washington County, its agents, officers, elected officials and employees from and against all claims, demands and judgments (including attorney fees) made or recovered against them including, but not limited to, damages to real or tangible property or for bodily injury or death to any person, arising out of, or in connection with products or services received through the Onsite Septic Replacement Program, including but not limited to damage, injury or death is caused or sustained in connection with the negligent performance or willful misconduct of any Contractor, or its employee, agents or subcontractors.

Primary applicant signature	Secondary applicant signature	Date
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Email completed form to cdbg@washingtoncountyor.gov