



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)*

Gross Median Family Income (MFI) as determined by HUD 2023-2024	
# in Household	80% of MFI
1	\$63,150
2	\$72,200
3	\$81,200
4	\$90,200
5	\$97,450
6	\$104,650
7	\$111,850
8	\$119,100

This information is not used to determine eligibility:

Ethnicity Hispanic Non-Hispanic

Race

- 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 _____

Email completed form to cdbg@washingtoncountyor.gov