

Department of Safety and Professional Services Industry Services Division	<h1 style="margin:0;">Owners Application</h1>	Wisconsin Fund – Private Onsite Wastewater Treatment System Replacement or Rehabilitation Financial Assistance Program
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Instructions For Property Owners: You may apply for a grant award for up to three years after the governmental unit has verified that the system is failing 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, zoning or health department office in the county where the property is located.	For DSPS Use Only
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PART A. TO BE COMPLETED BY THE PROPERTY OWNER Please print.

Owner #1*	SS# Last 4 Numbers	Owner #2	SS# Last 4 Numbers
Owner #3	SS# List 4 Numbers	Owner #4	SS# Last 4 Numbers

Address	City, State, Zip Code	Telephone Number ()
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*Grant awards will be sent to the address of this owner. If there are additional owners, attach documentation listing all owners and the last four numbers of their social security number.

1. Is this application for a principal residence or a small commercial establishment? If applying as a principal residence, do you (the owner) occupy this residence 51% of the year? If applying as a small commercial establishment, do you own the business occupying 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"/> Yes <input type="checkbox"/> No
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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.): _____
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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
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4. As the owner, are you a licensed plumber? If yes, are you engaged in the business of installing private onsite wastewater treatment systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Will a portion of the replacement system be funded by another program? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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6. How did you hear about this 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 year that the governmental unit determined your system was failing. 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 year that the governmental unit determined your system was failing.

If you or any owner listed above did not file an income tax return, contact your governmental unit for further instructions.

Property Owner's Certification. I certify that, to the best of my knowledge and belief, the information I have provided is true and correct on this form and all attachments.

Owner's Signature	Date Signed	Co-Owner's Signature	Date Signed
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Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].