



Town of East Hampton

300 Pantigo Place, Suite 107

East Hampton, NY 11937

Phone: 631-324-0496

Fax: 631-324-1476



Application #: \_\_\_\_\_

Office Use Only

Form 1: Septic Upgrade Eligibility Verification Form

Date: \_\_\_\_\_

A. Contact Information:

Owner Name (titled owner of property): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person (if different from owner): \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Site Location:

Site Address: \_\_\_\_\_ District \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Suffolk County Tax Map #: (Example. 300-162-10-5.002)

B. Required Documentation and Information:

Proof of Ownership Supplied to Department (Y/N) \_\_\_\_\_

- Required documentation includes: 1. Property Deed; AND 2. Property Survey; AND 3. Valid Certificate of Occupancy (CO)

Completed and attached W-9 Form (Required) (Y/N) \_\_\_\_\_

Applied for and/or Received Suffolk County SIP and NYS SRF Grants? (Y/N) \_\_\_\_\_ Amount Awarded: \_\_\_\_\_

If you believe you meet the requirements for Low to Moderate Income, please submit your income tax returns, to qualify for the higher rebate amount.

C. Assignment of Incentive and Indemnification:

Do you want your selected installer to be paid directly by the Town? (Y/N) \_\_\_\_\_

Please review and sign below indemnification (required):

I understand that I may assign all or a portion of the rebate disbursement to the approved endor of my choosing. In doing so I agree that no contractual agreement or relationship exists between the Town of East Hampton and said endor for the services provided, and I assume all risk and responsibility for losses in connection with the services provided by said endor and agree to indemnify, defend and hold harmless the Town, its agents and employees, from any claim or loss, including litigation and attorney's fees arising from the provision of said services

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Department to Fill in Below:

Installation must be completed by (Date): \_\_\_\_\_

Eligibility Verification:

Property is located in the Water Protection District (Y/N) \_\_\_\_\_

Property owner meets Low to Moderate income criteria (Y/N) \_\_\_\_\_

Property owner supplied proof of ownership/W9 Form (Y/N) \_\_\_\_\_

System install not associated with new development/substantial expansion (Y/N) \_\_\_\_\_

Maximum Incentive Amount: Max up to \$15,000 / Max up to \$20,000

Incentive proceeds may be taxable. Please consult a qualified tax professional.