

MountainTrue/NCDHHS Waste Discharge Elimination Program Septic System Repair Assistance Grant Application

Date: _____

To apply for financial assistance the house with the failing septic system must be located in Buncombe, Henderson, or Cherokee Counties. You may be required to submit documentation to verify income and financial information. The amount of assistance available is based on financial need, availability of funds, and priority considerations related to potential for water quality improvement.

Applicant Information

Name(s): _____			
Street Address: _____		City: _____ Zip Code: _____	
County: _____		Home Phone: _____ Cell Phone: _____	

Household Information

Name: (First and Last)	Age	Relation to Homeowner
1)		
2)		
3)		
4)		
5)		
6)		

Gross Household Income Information

Source	Gross Income/Year/Household Member						Total
	1	2	3	4	5	6	
Wages							
Retirement/ Pension							
Social Security							
Public Assistance							
Child Support							
Other:							
Other:							
Total Household Gross Yearly Income:							

Liquid Reserve (all cash, checking and savings accounts and any other reserve accounts that could be converted to cash and made available to the household within 7 days):

How much cash do you have on hand? _____

What is the combined balance of all of your checking and savings accounts? _____

Applicant Certification

I certify that the information in this application is complete and accurate, and I understand that I may be responsible for re-payment of grants issued if inaccurate information is provided.

_____	_____	_____
Applicant Name (printed)	Applicant Signature	Date

**Please return Grant Application by email to gray@mountaintrue.org
or by mail to MountainTrue, ATTN: Gray Jernigan, 29 N. Market Street, Suite 610, Asheville, NC 28801**