

Mid-Willamette Valley Council of Governments
100 High St SE
Suite 200
Salem OR 97301
Phone: 503-540-1612
Fax: 503-588-6094
www.mwvcog.org

Marion County Building Inspection
5155 Silverton Road NE
Salem OR 97305
Phone: 503-588-5147
building@co.marion.or.us



WILDFIRE RECOVERY RESIDENTIAL SEPTIC GRANTS JOINT APPLICATION

Applicant Information:

Applicant/ Property Owner (s) Full legal name (s): _____

Email address: _____ Primary Phone: _____

Mailing address (street, city, state, zip): _____

Septic System Information:

1. Septic Property Address (street, city, zip): _____
2. The total cost of the septic system repair or replacement): _____
3. Copies of itemized receipts or a paid bill of sale provided: **Yes** **No**
4. Has this property applied to received recovery and reimbursement funds specific to septic repair and replacement from any other source eg (Craft 3, FEMA, Insurance etc.): **Yes** **No**

If Yes, please submit copy of award letter from other source.

Applicant Property Owner (s) Income Information:

The Marion County grant program does not consider income in grant awards. The MWVCOG funding does consider income in determining the amount awarded.

1. In 2021, what was the gross annual income for the property owner(s)? _____
2. If requested, do you have documentation to prove your gross annual income? **Yes** **No** (N documentation needed at this time)
3. In 2021, was the property owner/applicant a participant in a public assistance program such as SNAP, WIC, TANF, HUD? **Yes** **No**

PLEASE READ BEFORE SIGNING: The terms “you,” “your,” and “yours,” where contained below, apply to all applicants for the Residential Wildfire Septic Recovery Joint Grant Application with MWVCOG and Marion County Building Inspection.

You are submitting this application jointly to the MWVCOG and Marion County Building Inspection. You certify that this application is true and complete.

MWVCOG and Marion County Building Inspection may verify this information from whichever sources it deems necessary and may provide others with information regarding your application information with MWVCOG and Marion County Building Inspection to the extent permitted by law. This application remains the property of the MWVCOG and Marion County Building Inspection.

By signing below, you agree to sign all required MWVCOG and Marion County Building Inspection grant application documentation prior to the disbursement of any approved funding and as a condition of final approval of MWVCOG and Marion County Building Inspection Wildfire Septic Recovery Grant funds.

By providing your e-mail address, you consent to sign any/all grant documents as an electronic transaction. The applicant(s) understand and agree that all applicable agreements shall be binding on each applicant(s) jointly and severally.

All financial information will be held confidential to the extent permitted by the Oregon public records law, ORS 192.311 to 192.478.

By signing this application, I attest to the following:

- The property referenced above was affected by the Labor Day fires in 2020 and the residential septic had to be repaired, replaced or otherwise modified as a result.
- The information contained in this form is accurate.
- I have not received, and do not anticipate receiving, assistance from insurance settlements, FEMA assistance, or any other state, local, federal, or private assistance for the repair or replacement of a septic system that, when combined with this grant program, would exceed the actual costs for eligible expenses incurred.

Further by signing this application, I agree to the following:

- I agree to transition my septic system to a future sewer system once the system is installed.
- I agree that the future sewer system, to the extent practicable, may use components of my septic system receiving a reimbursement grant.
- I agree that Santiam Disaster Services and my Disaster Case Manager can release information to MWVCOG/Marion County, and that MWVCOG/Marion County may share all information about my On-Site Septic Application to Santiam Disaster Services, and my Disaster Case Manager.

I hereby declare that the above statements are true to the best of my knowledge and belief, and that I understand they are subject to penalty for perjury.

Applicant _____ Date _____

Applicant _____ Date _____

You may submit this application by email to either: septic@mwvcog.org; or by mail to 100 High St SE, Suite 200, OR 97301

FOR OFFICE USE ONLY

Application No. _____
<input type="checkbox"/> Proof of property ownership provided
<input type="checkbox"/> Property wildfire affected
<input type="checkbox"/> Property within Zip Code Area (97038, 97342, 97346, 97350, 97358, 97360, 97375, 97381, 97383, 97384)
<input type="checkbox"/> Have not previously applied for septic recovery funds
<input type="checkbox"/> Receipts provided totaling system cost
<input type="checkbox"/> Septic authorization or permit approved or completed (Authorization # _____, Permit # _____)
<input type="checkbox"/> MWVCOG amount to award: _____
<input type="checkbox"/> Check Requested Date _____
MWVCOG Signed: _____ Date: _____
Jurisdiction:
<input type="radio"/> Detroit
<input type="radio"/> Idanha
<input type="radio"/> Gates
<input type="radio"/> Mill City
<input type="radio"/> Unincorporated Marion County
<input type="radio"/> Unincorporated Linn County
<input type="radio"/> Other: _____
<input type="checkbox"/> Marion County amount to award: _____
<input type="checkbox"/> Check Requested Date _____
Marion County Signed: _____ Date: _____