

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:

Full legal name: _____
Email address: _____
Primary phone number: _____
Msg or work phone number: _____
Mailing address (street, city, state, zip): _____ If different than the address to receive
improvements (listed below): _____

Septic System Information:

Septic Property Address (street, city, zip): _____

Current proof of property ownership provided: Y/N

Has this property applied to receive or received recovery funds from any other source? (Craft 3, Marion County, Insurance etc.): Y/N.

Has a septic permit been issued for the property? Y/N. (If yes, provide permit number and date):

Has a septic authorization been approved? Y/N. (If yes, provide permit number and date):

Has there been a septic Certificate of Satisfactory Completion issued for the completed work on this property all work on septic repair or replacement been completed? Y/N.

The total cost of the septic system repair or replacement): _____

Copies of itemized receipts or a paid bill of sale provided: Y/N

Applicant agrees to connect to any future municipal wastewater treatment system if it becomes available Y/N.

Septic Repair Work Performed:

Annual Household Income Information (Members 18 and older):

INCOME SOURCE	APPLICANT	CO-APPLICANT	OTHER	VERIFICATION
Wages				
Social Security Income				
Unemployment				
Welfare				
Pension				
Child Support/Alimony				
Interest/Dividends				
Other				
Total				
Total Household Income				

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 municipal sewer system once the system is installed.
- I agree that the future municipal sewer system, to the extent practicable, may use components of my septic system receiving a reimbursement grant.

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 X _____ **Date X** _____

Applicant X _____ **Date X** _____

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

FOR OFFICE USE ONLY

Application No. _____

- Proof of property ownership provided
- Property wildfire affected
- Property within Zip Code Area (97038, 97342, 97346, 97350, 97358, 97360, 97375, 97381, 97383, 97384)
- Have not previously applied for septic recovery funds
- Receipts provided totaling system cost
- Septic authorization or permit approved or completed (Authorization # _____, Permit # _____)
- MWVCOG amount to award: _____
- Check Requested Date _____

MWVCOG Signed: _____ Date: _____

Jurisdiction:

- Detroit
- Idanha
- Gates
- Mill City
- Unincorporated Marion County
- Unincorporated Linn County
- Other: _____

- Marion County amount to award: _____
- Check Requested Date _____

Marion County Signed: _____ Date: _____