



**OSS Cost Share Program Application**

You must completely fill out all information in this application and turn in all documents in order for your application to be processed. If information or documents are missing, your application will not be reviewed until received. Once we have received a complete application packet, please expect a response from us within 30 days. Thank you

Applicant Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Marital Status: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Address where septic system is located: \_\_\_\_\_

Parcel# \_\_\_\_\_

Has the septic system been professionally inspected? Yes      No      If yes provide date: \_\_\_\_\_

Company Name: \_\_\_\_\_



**Please choose one answer per question for both applicant and co-applicant if applicable**

<b>Applicant</b>		<b>Co-Applicant</b>	
Do you own or rent the property where septic system is located?	Rent Own	Do you own or rent the property where septic system is located?	Rent Own
Do you live at the property where the septic system is located?	Yes No	Do you live at the property where the septic system is located?	Yes No
Have you been declared bankrupt in the last 7 years?	Yes No	Have you been declared bankrupt in the last 7 years?	Yes No
Have you had any property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	Yes No	Have you had any property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	Yes No
Are you presently delinquent or in default on any federal debt or other loan, mortgage, financial obligation, bond, or loan guarantee?	Yes No	Are you presently delinquent or in default on any federal debt or other loan, mortgage, financial obligation, bond, or loan guarantee?	Yes No

I/We hereby apply for the cost share described in this application. I/We certify that I/We made no misrepresentations in this application or in any related documents, that all information is true and complete, and that I/We did not omit any important information. I/We agree that any property undergoing repair will not be used for any illegal purpose. Cost share provider is authorized to verify with other parties and to make any investigation of my/our credit, either directly or through any agency employed by the provider for that purpose. I/We understand that the cost share provider may retain this application and any other credit information cost share provider receives, even if no cost share is granted.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



**Please list each household member's name, date of birth, and annual income**

<b>Full Name (include applicants)</b>	<b>Date of Birth</b>	<b>Annual Gross Income</b>

**For individuals 18 years of age and over, please submit photocopies of the following to verify identity:**

- Social Security Card

**And one of the following:**

- Photo ID
- Medical Card
- Birth Certificate

**For individuals who are under 18 years of age, please submit a photocopy of one of the following to verify identity:**

- Social Security Card
- Medical, legal, tax or education document displaying full name and social security number



## Declaration of Household Income

**Income is defined as, but is not limited to the following:**

Wages from an employer, unemployment insurance, child support received, military or other pension payments, social security, supplemental security income, monetary gifts, TANF (Temporary Assistance for Needy Families), investments or money received through self-employment.

**DOCUMENTATION REQUIRED**

**Two years of Tax returns for applicants must be provided. All household members must send proof of income in the following form:**

- Earned Income: Pay stubs or W4.
- Unemployment Compensation: Pay stubs or an income print-out from the unemployment office.
- Social Security, VA benefits or pension: Determination letter or bank deposits print-outs
- Self-employed: Claiming deductions - Provide Tax return; Not claiming deductions – Complete 'Declaration of Miscellaneous Income' form below
- Child Support Received or Paid: DSHS statements or processed check copies
- Occasional, non-taxed income: Complete 'Declaration of Miscellaneous Income' form below
- TANF or GAU: Determination letter or statements from DSHS

How do you plan to pay for any portion not covered by this grant? We are able to provide resources in the case that you need them.



**Declaration of Monthly Income**

<u>INCOME TYPE</u>	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Earned Income		
Unemployment Compensation		
Social Security Income		
VA Benefit/ Disability Income		
Pension or Retirement		
Self Employed		
Alimony/Child support		
Occasional, non-taxed Income		
TANF or GAU		
Investments		
Other		
<b>Total</b>	\$	\$
<u>MONTHLY BILLS</u>	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Mortgage & Land Payment		
Property Taxes <small>(if not included in mortgage payment)</small>		
Home Insurance <small>(if not included in mortgage payment)</small>		
Utilities		
Car Payments		
Insurance		
Child Care		
Average Credit Card Payment		
Alimony/Child Support		
Student Loans		
<b>Total</b>	\$	\$



**Declaration of No Income**

I, \_\_\_\_\_ do hereby declare that I have not received any income for the month/year listed here:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

The reason I have not received any income for the months/years listed above is due to:

I have been meeting my basic needs for food, shelter, and utilities in the following ways:

Food: \_\_\_\_\_

Shelter: \_\_\_\_\_

Utilities: \_\_\_\_\_

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

Applicant Signature \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_

State of Washington, County of \_\_\_\_\_

NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (they) signed this instrument and acknowledged it to be (their) free and voluntary act for the uses and purposes mentioned in this instrument.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON



**Declaration of Miscellaneous Income**

Please use the table below to list any miscellaneous income for the past 4 months.

I, \_\_\_\_\_ do hereby declare that I have received income in the months, amounts, and from sources listed in the table below:

Applicant			Co-Applicant		
Month	Source	Amount	Month	Source	Amount

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement under penalty of prosecution if I knowingly give false information, which results in assistance received for which I am not eligible.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date