



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 vendor of my choosing. In doing so I agree that no contractual agreement or relationship exists between the Town of East Hampton and said vendors for the services provided, and I assume all risk and responsibility for losses in connection with the services provided by said vendors 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.