



A-NPDC

ACCOMACK-NORTHAMPTON PLANNING DISTRICT COMMISSION

P.O. BOX 417 • 23372 FRONT STREET • ACCOMAC, VIRGINIA 23301

(757) 787-2936 • TOLL FREE (866) 787-3001 • FAX: (757) 787-4221

WEBSITE: www.a-npdc.org

October 1, 2019

Greetings,

The Virginia Department of Environmental Quality (VDEQ) has offered the A-NPDC funds to take action to improve the Chesapeake Bay Watershed in Accomack County, Northampton County, and in the EPA approved watersheds for the Gulf, Barlow, Mattawoman, Jacobus, and Hungars Creeks and Kings Creek, which have bacterial levels exceeding recommended levels. Depending upon your location, income, and other eligibility factors, you or your landlord could qualify for up to 100% aid to have the onsite septic system on this property pumped, repaired, or (if deemed necessary) replaced. If you are interested in this service, please complete the included application and return with all required forms/documentation via post, email, or in-person at your earliest convenience. Deadline November 8, 2019.

Sincerely,

Bobbie Jo Wert
Director of Housing Development

Shannon L Alexander
Coastal Resources Program Manager

Required Form/Documents:

- Application for Residential On-site Sewage Systems Assistance
- Income/Asset Checklist **with all supporting documents to verify income**
- Proof of ownership (Deed of Trust, Will or Affidavit of heirs, etc.)
- W-9
- Copy of most recent tax filing (1040, W-2s, 1099, etc.) **OR** Notarized Statement you did not earn enough income to file taxes, see table below.

Application for Residential On-site Sewage (Septic) Systems Assistance

Eastern Shore Septic Pump-Out Program

Office Use ONLY

Location of the Unit:

- Resident of Accomack County
- Eastville BMP Implementation Plan Watershed (See attached map)
- Resident of Northampton County (Not in Eastville BMP Watershed)

Date of Application: _____

Program: AC NC EBMP

Chesapeake Bay Watershed:
 Yes No

Instructions: Complete all sections of this application. The information you provide will help determine your eligibility.

Part I General Information

Head of Household (When You Get Assistance) FULL Name: _____			
Mailing Address (PO Box): _____		911 or Street Address: _____	
City: _____	State: _____	Zip: _____	City: _____ State: _____ Zip: _____
Date of Birth: _____/_____/_____	Age: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
Telephone Numbers (Please indicate the telephone numbers where we can best reach you.)			
1. (____) _____ - _____ 2. (____) _____ - _____ 3. (____) _____ - _____			

Part II Household Member Information

Household: List Adults first (INCLUDE YOURSELF), then children.
 Starting on the first line for the Head of Household, please supply the following information for all adults and children that will live in the assisted housing unit.

Last Name	First Name	Social Security Last 4#	Date of Birth	Age	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	Self
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Part III Income Information

Income: Must provide proof
 Please **MARK YES OR NO FOR ALL TYPES OF INCOME YOU RECEIVE** for each family member age 18 or older for wages, worker's compensation, social security, SSI, disability, welfare assistance, unemployment benefits, retirement payments, child support, military pay, periodic gifts, barter income, and business or professional income. **(REPORT ALL INCOME INCLUDING SELF EMPLOYMENT or PEOPLE/AGENCIES THAT PAY YOUR BILLS ON A REGULAR BASIS.)**

<input type="checkbox"/> Y <input type="checkbox"/> N Employment	Person: _____	Where: _____	Hourly Rate: \$ _____	Avg. Hours per Week: _____
<input type="checkbox"/> Y <input type="checkbox"/> N Employment	Person: _____	Where: _____	Hourly Rate: \$ _____	Avg. Hours per Week: _____
<input type="checkbox"/> Y <input type="checkbox"/> N SS	Person(s): _____	Amount: \$ _____	W B S M	
<input type="checkbox"/> Y <input type="checkbox"/> N SSI	Person(s): _____	Amount: \$ _____	W B S M	
<input type="checkbox"/> Y <input type="checkbox"/> N SSI	Person(s): _____	Amount: \$ _____	W B S M	
<input type="checkbox"/> Y <input type="checkbox"/> N Child Support	Person(s): _____	Amount: \$ _____	W B S M	
<input type="checkbox"/> Y <input type="checkbox"/> N Disregard	Person(s): _____	Amount: \$ _____	W B S M	
<input type="checkbox"/> Y <input type="checkbox"/> N Food Stamps	Person(s): _____	Amount: \$ _____	W B S M	
<input type="checkbox"/> Y <input type="checkbox"/> N TANF	Person(s): _____	Amount: \$ _____	W B S M	
<input type="checkbox"/> Y <input type="checkbox"/> N Unemployment	Person(s): _____	Amount: \$ _____	W B S M	
<input type="checkbox"/> Y <input type="checkbox"/> N Self-Employment	Person(s): _____	Amount: \$ _____	W B S M	
<input type="checkbox"/> Y <input type="checkbox"/> N Other:	_____			

Note: W=Weekly B=Bi-Weekly S=Semi-Monthly M=Monthly

Include Tips, Pension, Overtime and ALL Monies you receive regularly to pay bills, etc.

Part IV Asset Information

Asset Must provide proof of value or amount in account
 List all assets of all members of your household (use back of application if additional room is needed)
 Please **MARK YES OR NO FOR ALL TYPES OF ASSET YOU HOLD** for each family member

<input type="checkbox"/> Y <input type="checkbox"/> N Savings Account	Person(s): _____	Value or Amount in Account: \$ _____
<input type="checkbox"/> Y <input type="checkbox"/> N Checking Account	Person(s): _____	Value or Amount in Account: \$ _____
<input type="checkbox"/> Y <input type="checkbox"/> N Debit Card	Person(s): _____	Value or Amount in Account: \$ _____
<input type="checkbox"/> Y <input type="checkbox"/> N Real Estate	Person(s): _____	Value or Amount in Account: \$ _____
<input type="checkbox"/> Y <input type="checkbox"/> N Other:	_____	

Part V Unit Information

Unit Information:				
How long have you owned the house? _____ How long have you lived in the house? _____				
Mark Yes or No				
Do you own your house?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you rent your house?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, provide Landlord's Name, Address and Phone Number:				
Does your house have an indoor bathroom?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have a septic system?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	If yes, is your septic system failing?	<input type="checkbox"/>	Yes	No
<input type="checkbox"/>	If yes, what type of sewage disposal system do you have?			
<input type="checkbox"/>	If yes, where is the Septic Tank located on the property?			
Is your house connected to Town sewer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Part VI Applicant Certification and Authorization

The undersigned applicant certifies that all information provided in this application and all information furnished in support of this application is given for the purpose of obtaining financial assistance or housing improvements, and is true and complete to the best of the applicant's knowledge and belief.

The undersigned applicant certifies that he/she is the owner or legal tenant of the property described above, and that the property is their legal residence.

The undersigned agrees to allow access to their property for the purposes of pumping the septic tank, and hereby agrees to indemnify and hold harmless the Accomack-Northampton Planning District Commission, their agents and employees from and against any and all claims for injuries or damages to persons or property of whatsoever kind of character asserted or arising from the work performed.

The undersigned applicants hereby authorizes their employer, the Department of Social Services, the Social Security Administration, and any other agency that provides financial benefits to the applicant to release all benefit information to the Accomack-Northampton Planning District Commission for the purposes of determining the eligibility of the applicant for assistance.

_____	_____
PRINTED NAME OF APPLICANT	PRINTED NAME OF APPLICANT
_____	_____
SIGNATURE OF APPLICANT	SIGNATURE OF APPLICANT
DATE	DATE

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. TITLE 18, SEC. 101, PROVIDES: "WHOEVER IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES.....OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATION, OR MAKES OR USES ANY FALSE WRITING OR DOCUMENT KNOWING THE SAME TO CONTAIN ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, SHALL BE FINED NOT MORE THAN \$10,000.00 OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."

Return completed application & required document to:

A-NPDC
Attn: Bobbie Jo Wert
P.O. Box 417; 23372 Front Street
Accomac, VA 23301
info@a-npdc.org
(757) 787-2800
Virginia Relay # 711



Accomack-Northampton Planning District Commission



Accomack-Northampton Regional Housing Authority



Eastern Shore of Virginia Housing Alliance



INCOME / ASSET CHECKLIST

1. Do you or any of your household members receive income from ANY of the following sources?

Yes	No	Income Source	Verification Required
		Employment	2 recent and consecutive paystubs
		Unemployment Benefits	Current Statement of Benefits
		Social Security/SSI/SSDI	Current Statement of Benefits
		Food Stamps (SNAP)	Current Statement of Benefits
		TANF	Current Statement of Benefits
		Child Support – Court Ordered	Current 12 Month Statement
		Child Support – Private Agreement	Notarized Statement
		Child Support Disregard Payment	Current Statement of Benefits
		Veteran Benefits	Current Statement of Benefits
		Pension/Retirement	Current Statement of Benefits
		Alimony	Current Statement of Benefits
		Workmen’s Compensation	Current Statement of Benefits
		Military Pay	Current Statement of Benefits
		Lottery Winnings	Proof of Winnings and how spent
		Tuition Reimbursement/Financial Aide	Statement for Financial Aid Dept
		Money received from Non-Household Members	Notarized Statement
		Income earned from a business or property owned	Most recent tax return and current self-employment records
		Self-employment/Side Jobs/Side Work	Notarized Statement of earnings
		Other:	Notarized Statement

2. Do you or any of your household members have any of the following types of assets?

Yes	No	Asset Source	Verification Required
		Checking Account	Most recent 3 months Bank Statement
		Savings Account	Current Balance
		Payroll or Social Security or other Debit Card	Current Balance
		Whole Life Insurance	Copy of Policy including Cash Value
		Term Life Insurance	Copy of Policy including Cash Value
		Cash at home or anywhere else: Amount \$ _____	Notarized Statement
		Certificate of Deposits	Most recent statement
		Money Market Account	Most recent statement
		Trust Funds	Most recent statement
		Stocks/Bonds/Treasury Bills	Most recent statement
		Individual Retirement Accounts (IRA)	Most recent statement
		Lump Sum Receipts	Most recent statement
		Real Estate	Tax Documents
		401 (k) or 403 (b)	Most recent statement
		Other Investments	Most recent statement

3. Has any household member disposed of any assets within the last two (2) years? Yes No

I CERTIFY THAT THE CASH VALUE OF THE MY HOUSEHOLD’S ASSETS IS LESS THAN \$5,000

I CERTIFY THAT THE CASH VALUE OF MY HOUSEHOLD’S ASSETS IS GREATER THAN \$5,000

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand (s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in termination.

Applicant Signature

Date

Applicant Signature

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
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-	-	-	-					
or								
Employer identification number								
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-	-	-	-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

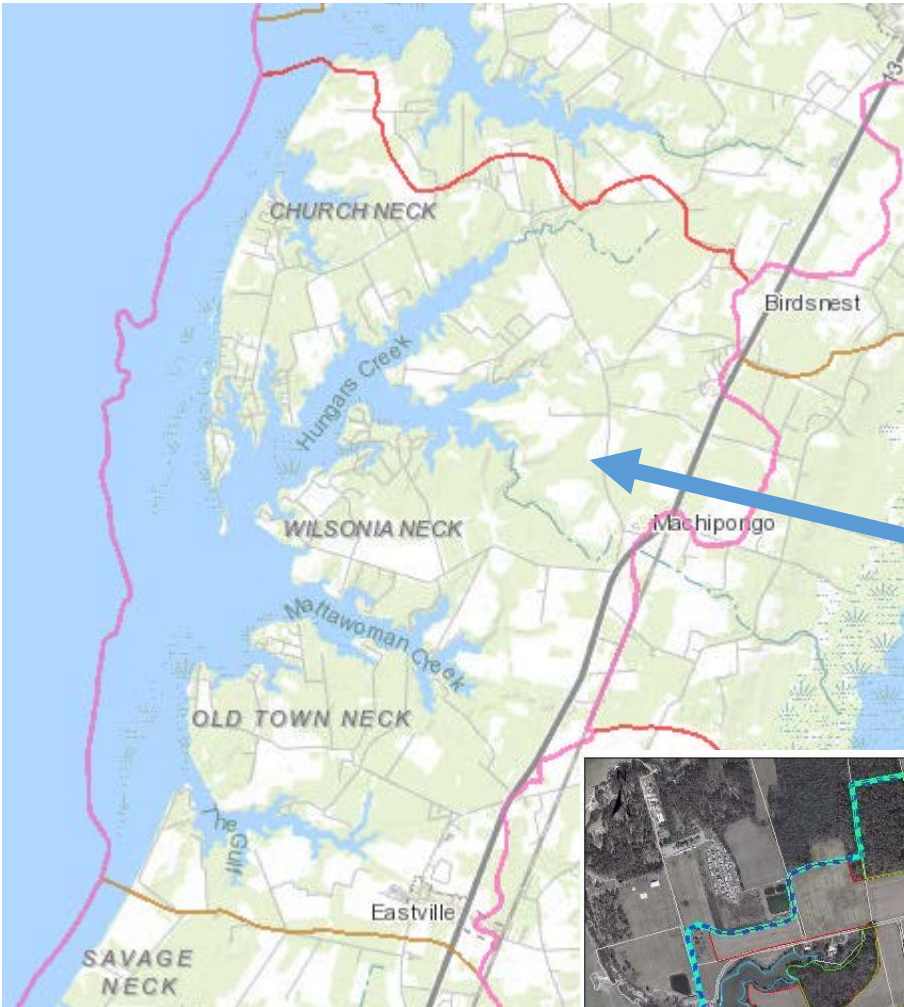
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

BMP Implementation Plan Watersheds:

The Gulf, Hungars, Jacobus, Mattawoman, & Barlow Creeks Impact area is approximately between Birdsnest & Eastville (within red, pink, orange lines)

AND

Kings Creek Impact area immediately around and east of the waterway, much of the town of Cheriton is included (within blue dotted line).



**Units Located
in these Areas**

