

Application - CDBG HSP Septic System Replacement - Missoula County

The information requested below is necessary to determine if you **may** qualify for the Missoula County Septic System Replacement program. Providing annual income and homeownership information are the first steps in the application process. Included in the definition of *annual income* are all payments from all sources received by the head of household (even if temporarily absent) and each additional member of the household who is age 18 or older. See *Income Verification and Sources of Annual Income* on the back of this sheet for a thorough description. The information you provide will be kept confidential. **There are three ways to submit this application: 1. Email it to grants@missoulacounty.us 2. Mail it to the mailing address at the end of this form. 3. Drop it off at the physical address at the end of this form.**

Name of Property Owner(s) _____

Property Address _____ Phone _____

Mailing Address (if different from Property Address) _____

Email address _____

1. Ownership—Do you own the residence at the address identified above? ☐ Yes ☐ No

2. Is the home on a permanent foundation? ☐ Yes ☐ No

3. Residency—Is this property your primary residence? ☐ Yes ☐ No

4. Household Size—What is the total number of persons in your household, including yourself? _____

5. Income—Is the total gross unadjusted annual income for all members of your household higher or lower than the income listed below in **Table A** for your household size?

Check one: ☐ Higher ☐ Lower

Table A – HUD income limits for persons at 80% of area median income by household size (effective June 1, 2026)

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income	\$60,700	\$69,350	\$78,000	\$86,650	\$93,600	\$100,550	\$107,450	\$114,400

If you checked **Lower** for Question 5, complete and sign this application, and return it as soon as possible via email at grants@missoulacounty.us. If you checked **"Higher"** you are not eligible for this program due to income.

6. Do you believe you have a failing septic system? ☐ Yes ☐ No
If so, please describe: _____

7. Do you have a water softener connected to your septic system? ☐ Yes ☐ No

8. Are you currently dealing with leaky faucets and/or running toilets? ☐ Yes ☐ No

9. Are you experiencing any other type of plumbing issues? ☐ Yes ☐ No
If so, please describe: _____

10. Have there been any additional bedrooms or bathrooms added to the original footprint of the home? ☐ Yes ☐ No
If so, when were the additions constructed: _____

11. Do you currently rent out any portion of your home or have an Accessory Dwelling Unit (ADU) on the property? (e.g., Vacation rental, apartment, etc.)
If so, please describe: _____

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Please provide the following information on your household characteristics. The information collected is used to ensure compliance with federal equal opportunity and fair housing requirements.

12. Is the head of household female? ☐ Yes ☐ No
13. Is the head of household age 62 or older? ☐ Yes ☐ No
14. Does any member of your household have a physical or mental disability? ☐ Yes ☐ No
15. Indicate the number of people in your household who are: White _____ Black or African American _____
American Indian or Alaskan Native _____ Asian _____ Native Hawaiian or other Pacific Islander _____
Black or African American and White _____ Asian and White _____
American Indian or Alaskan Native and White _____
American Indian or Alaskan Native and Black or African American _____ Other Multi-Racial _____
16. Is the head of household Hispanic? ☐ Yes ☐ No

✎ *I certify that the above information is true, accurate and complete to the best of my knowledge and belief. I understand that any misrepresentation, omission or false information may result in the denial of this application.*

✎ *I understand that if my septic system has failed and must be repaired or replaced, I am responsible for all costs associated with the repair or replacement of my septic system if this grant funding is not available to me.*

X _____
Signature Date Print Last Name, First Name

Include the following documentation with your application:

- ☐ Proof of occupancy & ownership (e.g., recorded deed, utility bills that include your name and address, receipt for property taxes, etc.);
- ☐ Proof of homeowner's insurance (certificate of insurance);
- ☐ Sources of annual income (see next page)

Acceptable Items for Income Verification Include:
Enclose income documentation to verify program eligibility.
(DO NOT SEND ORIGINAL DOCUMENTS)

- A copy of a recent wage or payroll stubs that cover the most recent 30 days,
- A copy of a social security or unemployment check for the most recent 30 days
- A copy of a recent bank statement (last 30 days) which shows automatic payroll or social security deposits,
- A copy of bank statements from all held accounts for the last 30 days (checking, savings, CDs, etc.).

Sources of Annual Income Include:

- GROSS amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses;
- The net income from operation of a business or profession or from rental or real or personal property (this includes gross receipts minus operating expenses received from the operation of an unincorporated farm or ranch);
- Interest and dividends;
- The full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts;
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;
- Public assistance;
- Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling; and
- All regular pay, special pay and allowances of a member of the armed forces (whether or not living in the dwelling) who is head of the family or spouse.

REMINDER

Submission of this form DOES NOT GUARANTEE participation in the program. This prescreening application is the first step in a multistep process for eligibility and possible participation in the septic system replacement program. Please refer to the flow chart and program handbook included in the pre-application packet for information on the application and program process.

You can either email the information to grants@missoulacounty.us, mail the information to Missoula County, Grants and Community Resources Department, 200 West Broadway, Missoula, MT 59802; or hand-deliver it to the office located at 131 East Main Street, Missoula.

IF YOU HAVE QUESTIONS CONTACT:

Missoula County Grants and Community Resources Department at (406) 258-4657, or grants@missoulacounty.us

