Cumberland County Residential Septic Financial Assistance Peter Francisco Soil & Water Conservation District
Applicant Form **Date:_____**

Name: _____

Mailing Address: _____

Physical/Home Address: _____
(If different than mailing address)

Home number: _____ **Cell number: _____**

Work number: _____ Best daytime phone number? ☐home ☐cell ☐work

Email address: _____

Are you the owner of the home? ☐yes ☐no

****The homeowner must make the application.****

What is the address of the property for which you are applying for financial assistance?

_____

For which type of project are you applying for financial assistance?

- ☐ **Septic tank pump out**
- ☐ **Repair**
- ☐ **Alternative system installation**

PETER FRANCISCO
SOIL AND WATER CONSERVATION DISTRICT
16842 WEST JAMES ANDERSON HWY * BUCKINGHAM, VA 23921
PHONE (434) 983-7923
SERVING BUCKINGHAM AND CUMBERLAND COUNTIES

Contract Number (For office use only)						**Application Date:**	
First Name:		**Middle Initial:**		**Last Name:**			
TMDL Implementation Plan/Project						**VA Fiscal Yr.:**	FY2027
Cumberland County Only							
Address:						**City/County:**	
State:		**Zip code:**		**S.S. Number or Tax ID:**			
Telephone Number:	**(H)**		**(W)**		**(M)**		

APPLICANT CERTIFICATION: I understand that applying to participate in any Peter Francisco Soil and Water Conservation District (PFSWCD) Non-Point Source (NPS) voluntary cost-share program(s) guarantees that being outside of the Slate River and Rock Island Watersheds that I will be funded a maximum financial assistance of:

Practice Code	Practice Name	Max Eligible Cost	**Max Financial Assistance**
RB-1	Septic Tank Pump-Out	$550.00	$550.00
RB-3	Conventional Repair	$7,500.00	$7,500.00
RB-4	Installation or Replacement	$12,500.00	$12,500.00
RB-5	Alternative System	$31,500.00	$31,500.00

I Certify the Following:

- I agree to maintain (i.e. not remove, damage, or destroy the septic system from the time I receive payment through the lifespan of the practice. I will keep vehicles and equipment off of the drain field and will not plant trees on/near the drain field. For projects completed in this current year, the lifespan begins January 1 of the year following payment.
- I agree to give PFSWCD access to my property for site visits periodically over the lifespan of the practice to ensure the system is still working properly and no damage has occurred. **The PFSWCD will contact me well in advance if a spot check is scheduled for my practice and the District will not enter my property without notice.**
- If property ownership changes before the lifespan of the practice ends, myself and the new homeowner transfer responsibility of the practice to the new homeowner.
- Cost-share funds are considered income. I am responsible for compliance with all tax requirements including requirements of the Internal Revenue Service. Funds received by participants in the amount of $600.00 or greater in a calendar year will be reported to the Internal Revenue Service (IRS) as income.
- The voluntary participation in this program does not relieve or relinquish me and my property from compliance with ordinances, laws, and regulations that may exist at any level of government. I agree to allow the release of information related to location and extent of BMPs associated with this contract.
- The system that is being pumped was not installed or pumped within the last five years.

Pump-Out Process:

1. Submit Contract, W-9, applicant form prior to Peter Francisco SWCD Board meeting (3rd Wednesday of each month)
2. Do not begin work until you receive an approval letter from Peter Francisco SWCD
3. After receiving the approval letter, contact the contractor to schedule a pump-out
4. Once pump-out is complete, submit a copy of invoice and inspection form completed by contractor to PFSWCD
5. Sign final contract Part III for Peter Francisco SWCD
6. Check will be issued by Peter Francisco SWCD

☑	**Residential Septic:** The PFSWCD NPS Program has a baseline of 100% cost-share funding. I understand that I can request that the cost-share payment be made directly to the contractor or technical service provider (TSP) for on-site septic tank pump-out. I understand that I must complete the "Assignment of On-Site Sewage Disposal Practices Cost-Share Payment Authorization Form" (TSP form) and submit this to PFSWCD in order for this to occur. I understand that the maximum cost-share payment I am eligible to receive is $550.00 based upon 100% of the total cost for the septic tank pump-out with a maximum eligible cost of $550.00. I understand that the cost-share payment I receive will be based upon the lesser of the total cost of the project or the maximum eligible cost of $550.00.

Applicant Signature:		**Date:**	

(Signed original to be retained by PFSWCD; a copy can be provided to the participant upon request. A completed contract contains Parts I, II, and III and copies of associated documentation.)

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

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.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

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

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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** ▶

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-INT (interest earned or paid)
- 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.*

Peter Francisco SWCD

NONPOINT SOURCE COST-SHARE PROGRAM

SEPTIC SYSTEM INSPECTION FORM

This form is to be completed at the time of the pump out (RB-1) and/or full inspection and non-permitted repair (RB-3R) by the contractor performing your septic pump out & inspection. This form must be completed in order for payment to be issued.

Name of Homeowner:
Address of System Inspection:
Size of Tank:
Notes of Effluent Removed (If applicable):
Condition of Septic Tank (circle one) **Good Fair Poor** **If poor, please explain:**
Condition of Tank Lid & Baffles **(circle one)** **Good Fair Poor** **If poor, please explain:**
Condition of Distribution Box and Lines (If applicable for repairs. Not applicable for pump outs.) **Good Fair Poor** **If poor, please explain:**
System Recommendation(s):
Repair Needs (If applicable):

Pumper/Contractor Name **Business Name**

Pumper/Contractor Signature **Date**

***This form is to be submitted with the invoice. Payment for a pump out or associated inspection will not be made without a completed inspection form.**