

**Cayuga County Health Department – Environmental Division
Septic System Inspection Voucher Program**

Instructions: Please answer the following questions completely and to the best of your ability:

Part I

Applicant's Name		
Address		
City	State	Zip
Phone number:	e-mail	
Co-Applicant's Name		
Address		
City	State	Zip
Phone number:	e-mail	

Part II

Please note that for the purpose of determining family income, the term "family" means a group of individuals who are living together as one economic unity. Total Number of people in your "family" _____.

Name	Age	Relationship to you

Part III

Does anyone in the "family" receive income from any of the following sources? If so, check the box indicating the source. Use the full name of the family member(s), the GROSS income amount (before taxes). For self-employed individuals insert the Net Income (after business expenses) in the amount column. Indicate whether the income frequency is weekly, monthly, or yearly.

Source	Family Member	Amount	Income Frequency
Public Assistance/AFDC/SSI		\$	per
		\$	per
		\$	per
Wages/Salary		\$	per
		\$	per
		\$	per
Name & Address of Employer:			
Self-Employment		\$	per
		\$	per
*Other – Please Specify		\$	per
		\$	per

Part IV

I (we) hereby certify that all the above information is true and correct. I (we) understand the following:

- This information is being given in connection with the receipt of grant funds.
- Program officials may verify the information on this form.
- Deliberate misrepresentation of information may subject me (us) to repayment of grant monies received from the Cayuga County Health Department.

Signature _____

Date _____

Signature _____

Date _____

**Cayuga County Health Department – Environmental Division
Septic System Inspection Voucher Program**

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

Required by New York State Public Officers Law, Article 6-A, Section 94.1

This information which you are providing on this application is being requested for the sole purpose of determining the eligibility of applicant(s) to obtain grant monies for a **routine** inspection of our septic system as required under the sanitary code.

*Includes, but is not limited to interest, dividends, rental income, income from estates or trusts, foster child payments, unemployment insurance, social security, disability, spousal support, child support, pensions, and any other cash received or withdrawn from any source.