

SHELLFISH GROWING AREA

Thurston County Public Health and Social Services

Homeowner Grant Program for Septic System Maintenance



Need financial assistance for basic septic system maintenance? Thurston County has a small grant program for homeowners who live in certain Shellfish Protection Areas. The grant program provides up to \$500 to qualifying homeowners for septic system inspections, tank pumping, tank access riser installation, and minor system repairs.

Do You Qualify?

- (1) Homeowners must have an annual household income less than \$48,566 or be currently enrolled in the Senior/Disabled Property Tax Exemption or Deferral Program.
- (2) The home must also be your primary residence.

Homeowners must submit a grant application (last page of brochure) complete with the required documentation.

ELIGIBILITY REQUIREMENTS

- Your residence must be within Dana Passage, Totten, Eld, Henderson, Nisqually, and northern portion of Budd Inlet shellfish growing areas, and
- Your residence must be a single-family home served by a septic system and,
- You must own the property and,
- It must be your primary residence,

And EITHER ...

- You are currently enrolled in the Senior/Disabled Property Tax Exemption or Deferral Program (administered through the Thurston County Assessor's Office) OR
- Your total household income is under \$48,566.

Grants Can Be Used to Do the Following:

- Inspections – such as digging up tank or performing a stick test
- Pump a septic tank
- Pump a pump chamber
- Install access risers over septic tank lids
- Minor repairs – those not requiring a permit, such as repairs of baffles in the septic tank, tank cracks, broken pipes or grouting, and pump floats
- Pump replacement

Grants Cannot Be Used For:

- Disposal component repairs, i.e. drainfield
- Repairs requiring a permit
- Restoration activities, i.e. terra lifting
- Additives, i.e. bio-enzyme injections
- Video camera work

Grant Conditions:

- Two (2) cost estimates (bids) for the work must be provided and listed under question number eight.
- Owner contribution: Property owners must pay for at least 25% of the cost of the eligible work. This can be cash or “in-kind” work, such as digging. The amount of all anticipated “in-kind” labor must be submitted with the application. (In-kind labor is calculated at \$15 per hour.)
- Work must be done by a licensed/certified professional.
- Payment will be made directly to the company providing the work.
- Grant amount limit is \$500.
- Grants are for owner-occupied, single family residences.
- One grant allowed per parcel within a 3-year time frame.
- Grant must be approved BEFORE work is done.

Questions about this program?
Contact us at 360-867-2644 or pattonk@co.thurston.wa.us

Home Ownership

These grants are available for your principal home. The property must be your principal home when you apply for the grant. You must occupy the home for at least six months each year.

You must own the home, either in total (fee owner) or as the purchaser (mortgagee, deed of trust) or as a life estate, including a lease for life.

A home owned by a married couple or co-tenants is considered owned by each spouse or co-tenant. (A co-tenant is a person who has an ownership interest in the residence and lives in the home.)

Property used as a vacation home is not eligible for the program.

Household Income

Household income includes ALL your income as well as that of your spouse and any co-tenants. Total income for the household may not exceed \$48,566.

Household income does NOT include:

- The income of a person, other than a spouse, who does not have ownership interest and lives in your home. However, the application must show any income the person contributes to the household.
- The income of a person who has ownership interest and lives someplace else.

COMPUTING INCOME

The maximum amount of annual income you can receive to qualify for the exemption is \$48,566. Eligibility is determined by the HOUSEHOLD income you receive during the year you apply.

Income includes all sources, whether or not they are taxable for federal income tax purposes.

To calculate your annual income, add all income sources (list follows). From that total, subtract any allowable deductions (see list). If the final figure is \$48,566 or less, you are eligible to apply for the grant.

Common sources of income include:

- Social Security benefits
- Wages, salaries, and tips
- Retirement benefits
- Pension and annuity receipts, including retirement bonds, Individual Retirement Accounts (IRAs), and distributions from Keogh plans. An annuity is a payment of a fixed sum of money received at regular intervals, such as unemployment compensation, disability payments, and welfare receipts (except for amounts received for the care of dependent children).
- Interest and dividend receipts
- Business income (depreciation and business losses may not be deducted)
- Rental income (depreciation and rental losses may not be deducted)
- Capital gains

Allowable Deductions

• Costs of Medicare Plan B Health Care Insurance

Note: NO other health insurance premiums can be deducted, only Medicare Plan B.

- **Nursing home, boarding home¹, or adult family home²** – Non-reimbursed amounts you pay for your spouse, yourself, or co-tenant to live in a nursing home, boarding home, or adult family home.
- **Prescription drugs** – Non-reimbursed amounts you pay for prescription drugs.
- **Goods and services for in-home care** – Non-reimbursed amounts you pay for goods and services that allow you, your spouse, or co-tenant to receive in-home care, including medical treatments (such as diabetic testing supplies), physical therapy, Meals on Wheels (or similar meal delivery service), and household and personal care. Personal care includes assistance with preparing meals, getting dressed, eating, taking medications, and personal hygiene; special furniture and equipment, such as wheelchairs, hospital beds, and oxygen.

¹ *Boarding home* – offers room and board and assistance with daily living activities to seven or more residents who are not related to the person providing the services. May offer care for dementia, mental health, or developmental disabilities. Does NOT include independent living units in continuing care retirement communities or subsidized HUD housing. RCW 18.20.020 (1) (5)

² *Adult family home* – means a residential home that provides personal care, special care, room and board for one to six adults who are not related by blood or marriage to the person providing the services. RCW 70.128.010 (1)

SHELLFISH GROWING AREA HOMEOWNER GRANT APPLICATION

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| <p>1. Name: _____</p> <p>Spouse: _____</p> <p>Co-tenant: _____</p> <p>2. Present address: _____</p> <p>Mailing address, if different: _____</p> <p>3. Home phone number: _____ Work or cell phone: _____</p> <p>4. How many household members with ownership interest in the property are currently employed? ____</p> <p>4a. Where are the household members employed? _____</p> <p>_____</p> <p>5. Are you enrolled in the Senior/Disabled Property Tax Exemption or Deferral Program: Yes____No____</p> <p>If 'Yes', go to #6.</p> <p>If 'No', answer the following:</p> <p>5a. Gross annual household income, before deductions: _____</p> <p>(Please attach a copy of last year's tax return)</p> <p>5b. Amount per year received from any of the following: (attach copies of statements)</p> <p>Public assistance _____ Social Security benefits _____</p> <p>Veteran's benefits _____ Retirement benefits _____ Other _____</p> <p>5c. Amount of allowable deductions (list): _____</p> <p>_____</p> <p>6. This is my principal residence: Yes____No ____</p> <p>7. Describe the work you want done: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p style="text-align: center;">For office use only</p> <p>Tax parcel # _____</p> <p>Watershed _____</p> <p>Operational certificate required: Yes__ No ____</p> |
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8. Cost estimates: (Fill-in 2 Estimates)

BID #1: Business name*: _____

Business address: _____

Business phone number: _____

Cost estimate: _____ Date of estimate: _____

BID #2: Business name*: _____

Business address: _____

Business phone number: _____

Cost estimate: _____ Date of estimate: _____

* Businesses must be certified by Thurston County and/or licensed by Washington State Department of Licensing.
For Thurston County certification: www.co.thurston.wa.us/health or call (360) 867-2644.
For Washington State DOL licensing: <https://www.dol.wa.gov/> or call (360) 664-1575.

9. Owner's contribution: (describe "in-kind" work, if applicable, and number of hours) _____
Hours: _____

10. My principal residence is a single-family dwelling; I own the property and am responsible for the septic system serving the residence: Yes ___ No ___

I, _____, certify the above stated information is true and correct.
(Please Sign)

Signed: _____ **Date:** _____

"This project has been funded wholly or in part by the United States Environmental Protection Agency under assistance agreement PC-01J18001 to the Washington State Department of Health. The contents of this document do not necessarily reflect the views and policies of the Environmental Protection Agency, nor does mention of trade names or commercial products constitute endorsement or recommendation for use."

How to Apply:

Check that the following is complete:

- ☐ Signed and dated application form
- ☐ Copy of last year's tax return
- ☐ (if you answered No to #5)
- ☐ Other required documentation (see 5b)

Please detach and send completed application to:

Attention: Kathy Patton
Thurston County Environmental Health Division
412 Lilly Road NE
Olympia, WA 98506

Please call us for additional information about the program or for help determining if you live within the shellfish growing areas. The phone number is (360) 867-2644. Our office hours are Monday through Friday 8:00 AM TO 5:00 PM, except holidays.

If you are approved to receive a grant, you will receive written notice. In order to use grant funds, you must receive County approval BEFORE the work is done.

5/2020