



Town of East Hampton
 300 Pantigo Place, Suite 107
 East Hampton, NY 11937
 Phone: 631-324-0496 Fax: 631-324-1476

Application #: _____
 Office Use Only

Form 1: Septic Upgrade Eligibility Verification Form

Date: _____

Contact Information:

Owner Name (titled owner of property): _____
 Home Address: _____
 Mailing Address: _____
 Telephone #: _____ E-mail: _____
 Contact Person (if different from owner): _____
 Telephone #: _____ E-mail: _____

Location and System Information:

Site Address: _____
 Suffolk County Tax Map #: District _____ Section _____ Block _____ Lot _____
 (Example. 300-162-10-5.002)

Residential Commercial

Single-Family Home (*Required for residential*) (Y/N) _____

Proof of Ownership Supplied to Department (*Required*) (Y/N) _____

Required documentation includes:

1. *Property Deed; AND*
2. *Property Survey; AND*
3. *Valid Certificate of Occupancy (CO)*

STAR Program Qualified (Y/N) _____

OR Proof of STAR Program Eligibility Supplied to Department (Y/N) _____

*Required documentation is the first two pages of the previous year's tax return (Form 1040, 1040A or 1040EZ). **Important:** Please remove your social security number from all pages*

Completed and attached W-9 Form (*Required*) (Y/N) _____

Applied for and Received Certificate for Suffolk County Grant? (Y/N) _____

Department to Fill in Below:

Installation must be completed by (Date): _____

Eligibility Verification:

Property is located in the Water Protection District (Y/N) _____
 Property owner income meets basic STAR eligibility requirement (Y/N) _____
 Property owner supplied proof of ownership/income/W9 Form (Y/N) _____
 System install not associated with new development/substantial expansion (Y/N) _____

Expected Rebate Amount (Dept. to Circle One): Max up to \$10,000 / Max up to \$16,000