



TOWN OF SOUTHAMPTON
Department of Community Preservation
24 W. Montauk Hwy, Hampton Bays NY 11946
WWW.SOUTHAMPTONTOWNNY.GOV/CPF

For Office Use Only

INNOVATIVE AND ALTERNATIVE ON-SITE
Wastewater Treatment Systems (IA/OWTS) Rebate Application
For Replacement of Existing Septic Systems

Section 1: Property Location Information

Please print or type

Name of Applicant: _____

Property Location: _____ SCTM #: _____

Email: _____

Mailing Address: _____

| | | |
|---|--|-----------------------|
| Property is located in a Priority Area of the CPF WQIPP | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Applied for Suffolk County SIP Grant | <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount: _____ |
| Applied for NYS SSRP Grant | <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount: _____ |
| Any Outstanding Code Violations ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, explain _____ |
| Applying for Low to Moderate Income Incentive (individual(s) tax return(s) required) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Property was deemed a catastrophic failure by SCDHS | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Property is affordable housing under Chapter 216 of Southampton Town Code | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 2: Documents Required for Rebate after Installation

Provide the following to the CPF Department:

- ☐ Certificate of Electrical Compliance and Certificate of Wetland Compliance (if applicable)
- ☐ Invoices of actual costs paid for IA/OWTS installation and proof of payment(s)
- ☐ Green stamped survey or Inspector Certification Letter or Retrofit Letter from Suffolk County
- ☐ Invoice / Receipt Certification Form

Section 3: Assignment of Rebate and Indemnification – please initial next to each item and sign below

Initial

- I understand that I may assign all or a portion of the rebate disbursement to the installer with written consent prior to disbursement. In doing so I agree that no contractual agreement or relationship exists between the Town of Southampton and the installer for the service provided, and I assume all risk and responsibility for losses in connection with the services provided by the installer and agree to indemnify, defend, and hold harmless the Town, its agents, and employees, from any claim or loss, including litigation and attorney's fees arising from the provision of any services.
- I confirm that the rebate amount provided by the Town is not duplicative of any rebate or grant monies provided by another source. I understand that duplicative monies will be returned to the Town immediately or they will be recovered by the Town in a court of competent jurisdiction.
- I confirm that the subject property is NOT new construction.
- I authorize the subject property to be inspected by the Town if deemed necessary.

Applicant/Representative of Applicant Signature _____ Date: _____

Print Name _____

**** PLEASE SUBMIT THIS APPLICATION AND COMPLETED W-9 (WITH HOMEOWNER'S MAILING ADDRESS)**

TO THE EMAIL OR OFFICE ADDRESS PROVIDED BELOW**

Please note, an [Owner's Endorsement Form](#) is also required if application is being submitted on the owner's behalf.

**ALL APPLICANTS MUST SUBMIT A COMPLETE REBATE APPLICATION INCLUDING FINAL DOCUMENTATION
 WITHIN ONE YEAR OF THE COUNTY FINAL GREEN STAMPED PLANS**

**** Southampton Town - Department of Community Preservation**
24 W Montauk Highway, Hampton Bays, NY 11946
SepticRebate@southamptontownny.gov

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Income Eligibility Information (For Low to Moderate Income Eligibility)

- ☐ N/A – not submitted.
☐ Not Eligible Upon Review
☐ Income verified by most recent Federal or State Income Tax Return for eligibility of additional funding plus proof of extension, if applicable (not to exceed \$5,000)

CPF Manager – Town of Southampton Name: _____ Date _____

Approved Maximum Eligible Rebate

- ☐ \$20,000
☐ \$20,000 + \$5,000 LMI

CPF Manager – Town of Southampton Name: _____ Date _____

1-Year Extension Requested

- ☐ Approved New Expiration Date: _____
☐ Denied Reason: _____

CPF Manager – Town of Southampton Name: _____ Date _____

Approval and Disbursement Amount

Issue Check to: ☐ Applicant ☐ Installer

Application is approved for rebate disbursement in the amount of:

Name _____ \$ _____

Name _____ \$ _____

CPF Manager – Town of Southampton Name: _____ Date _____

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