



TOWN OF WESTPORT
WESTPORT, MASSACHUSETTS 02790

OFFICE OF BOARD OF HEALTH
856 MAIN ROAD

Tel: (508) 636-1015
Fax: (508) 636-1016
Health@Westport-MA.gov
westport-ma.com

Matthew J. Armendo
Director

Fund 20
Low Interest Septic Loan Program
Screening Application

1. Name: _____
2. Property Address: _____
3. Phone #: _____ Email: _____
4. Has the septic system been inspected or under contract to be inspected by a Certified Title 5 Inspector? Yes No . If inspected, does the report state the system is failed? Yes No .
5. Have you hired a system designer and/or installer? Yes No
6. Total number of people residing in the home _____.
7. What is the total gross (pre-tax) annual income (such as wages, business income, child support or alimony, investment dividends & disbursements, social security & pension benefits) received by all household members 18 years or older? \$_____.
8. Please circle the box for the total number of people residing in your home.

	1-Person family	2-Person family	3-Person family	4-Person family	5-Person family	6-Person family	7-Person family	8-Person family
Low	\$48,450	\$55,400	\$62,300	\$69,200	\$74,750	\$80,300	\$85,850	\$91,350
Moderate	\$60,550	\$69,200	\$77,850	\$86,500	\$93,420	\$100,340	\$107,260	\$114,180

9. Does the total liquid personal assets (e.g., cash, stocks or bonds) of all property owners residing in the home exceed \$95,000.00 in value? Yes No .
10. Does the assessed value of your home exceed \$450,000? Yes No .
11. Is the property listed above your primary residence? Yes No .
12. Is your real estate tax or other municipal obligations paid up to date? Yes No .

*See #6 of the Frequently Asked Questions Form for Details.

The undersigned agree to sign a betterment agreement with the Town of Westport to pay the required costs of the septic system upgrade and the associated fees for processing the application. The undersigned are aware that the loan amount will be treated as a municipal betterment obligation on their property tax bill.

Applicant

Date

Applicant

Date

*The Fund 20 Septic Program reserves the right to request financial documents and other additional information to verify the accuracy of all application statements as per the program guidelines.

Contact Person: Nelia Williams (508) 858-1008 or Email: williamsn@westport-ma.gov

BOARD OF HEALTH USE ONLY	
Project Number: _____	Date Received: _____
Date Accepted: _____	Property List No.: _____